020	physician
<b>MARYLAND</b> 21215-0020	in attending
AND 2	6 may be retained by the hocnital of
3YL	d by th
MAR	retaine
ORE,	may he
0	œ

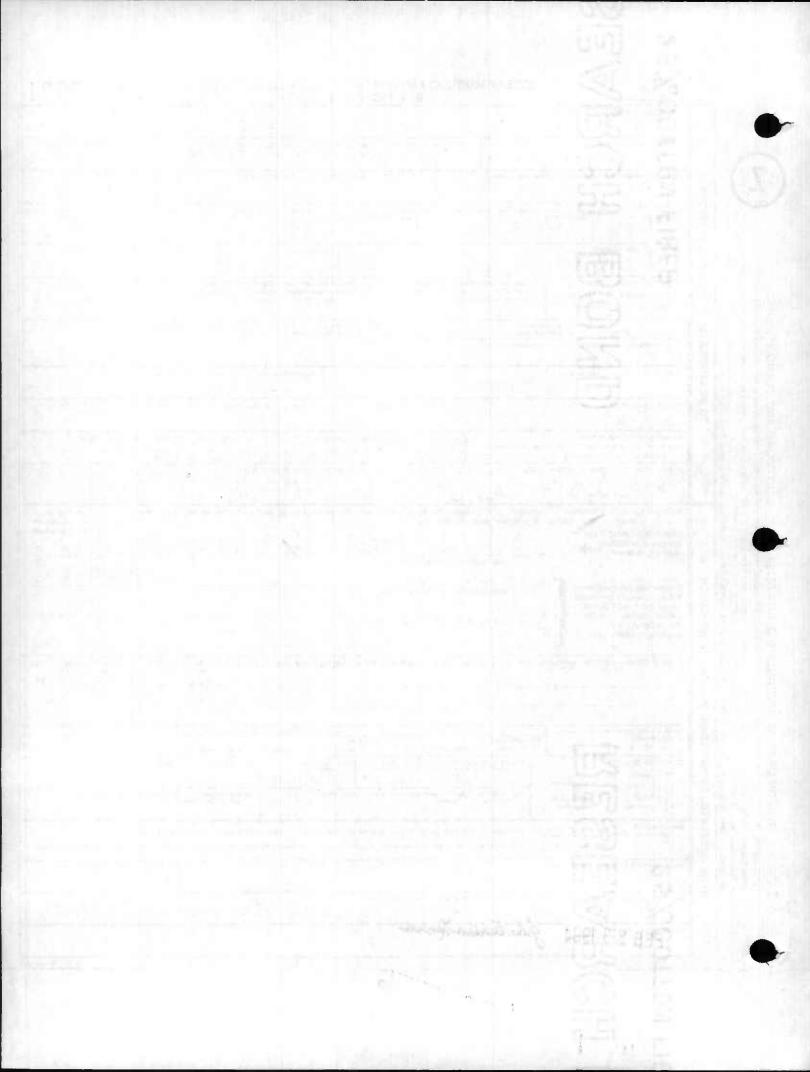
detached for use as the burial-transit permit.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3	2		Ħ
8	PIN		Po
etai	Sho		=
e	6.5		=
ay t	pag		ā
E	10		ust
9 6	rec		E
E	p je		90
E.	nen		E
de	e fu	-	ex:
afte	y th	NOV	Ca
Si	in b	re	ed
ğ	pa	9	E
О.	y fil	tion	幸
and a	etel	ema	ŧ,
A D	P	5	940
흦	00 6	urtai	9
exe	an	0 0	Tal.
2	clan	00	ne
ate	mysi	pd	T.
THE	0 0	iene	the
e	odin	EX.	0 7
att	rtte	tal	-
e de	he	Men	=
5	4	B	=
를	pa	th a	E E
ires	Sign	leal	2
Do	Le le	0	ho
Mg.	S De	Ä.	65
9	has	å	112
Ë	cate	State	Te
SIA	<b>STILL</b>	he.	0
S	S Ce	1	ď,
푼	E.	*	포
Se	After	leat	Ë
S	8	er c	
A	6	att o	28
OR.	)RE	OUR	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Julis after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
PIT	ER	in 7	邑
5	FUN	With	IAN
포	포	Pe	S.
TO	TO	E S	를
=	=	0	=

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			REG. NO	-	4 07001
	1. DECEDENT'S NAME (First, Middle, Last) LAWRENCE E.	MORGAN				2. DATE OF DEATH MONTH FEB. 19	, 1992	3. TIME OF DEATH 10:45A.M
	4. SOCIAL SECURITY NUMBER 231-18-9294	1 M 2 □ F		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/1/23	8.	BIRTHPLACE (State or Foreign Country) IRGINIA
TOR	99. FACILITY NAME (If not institution, give standard of the company of the compan	reet and number)			MA PARK	нти		Y OF DEATH NTGOMERY
DIRECTOR	10e. STATE 10b. COUNTY	NTGOMERY	10c. CITY,	TOWN OR LOCAT A KOMA	PARK			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	7108 CEDAR AVE.			101	20912			n of what country?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	2 NO	If yes, sp	ENDENT OF HISPANI ecity Cuben, Mexican 2 X NO Specify:		s or No— 14	Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION	16a. DECEDENT'S U	rk done during mo retired.)	ON st of working	U.S. G		GICAL AGENCY
BE COM	17. FATNER'S NAME (First, Middle, Last) LAWRENCE BYR	D MORGAN			18. MOTHER'S NAM MARY	IE (First, Middle, Meiden	Sumame)	
10 8	190. INFORMANT'S NAME (Type/Print) STEVE HUBBARD			AS 10		oute Number, City or Tow	n, State, Zip Ci	ode)
	20e, METHOD OF DISPOSITION  1 Description	oval from State	bb. PLACE AND DATE OF Imetery, crematory or othe EORGE WA	er niacal				y or Town, State LPHI, MD.
CASHING	21. SIGNATURE OF FUNDAL BEHRICE LIC	Byl				RAL HOME N.W. WAS		
	23. PART I. Enter the diseasea, or c ahock, or heart failura. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one gause on	each line.		de of dying, such	,	iratory arres	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF):		-	- 11		
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
CAL	PART II. Other aignificent condition	contributing to deeth	but not resulting in	the underlyin	g cause given in i	Part I. 24e. WAS AN PERFOI	RMED?	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	=-===	OTHER:	ACE OF DEATH (Che			
BY PHYSICIAN: MEDI	1 YES 2 NO  27. MANNER OF DEATN 1 Netural 5 Pending investigation	1 Inputient 2 ER/Ou 28s. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c. INJ	Residence (URY AT HK? YES 2 NO	Other (Specify) 28d. DESCRIBE NOW	NJURY OCCU	RED
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, term, str ecify)	reet, factory, offic	•	281. LOCATION (Street City or Town, Stete)	end Number or	Rural Route Number,
COMPLETED		CIAN: To the best of my kno						; cause(s) and manner so stated.
O BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	-			29c. LICENSE NUM		29d, DATE S	BIGNED (Month, Day, Year)
IF	30 NAME AND ADDRESS OF PERSON WHO	CTIME ETED CALLES OF O	FATN STEEL OF ST.	2-2-4)	V	Λ.		

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) ▶ 2/21/94



once.

notified at

must be

examiner

medical

等

event,

traumatic

0

0

IMPORTANT: II

BY 100

COMPLETED 28 Fed

BE

2

-
68760
w
-
-
-
-
4.00
w
_
BOX
$\sim$
_
$\sim$
_
~
-
-
_
_
- *
-
-
P.0.
-
(0
TAL RECORDS
-
_
-
-
$\sim$
4.6
( )
$\sim$
-
201
-
_
_
-
-
. "
-
-
-
-
-
OF VIT
11.
-
r 3
~
-
-
-
-
_
44
VISION
-
Diam.
Barrier .

5	a	ă	
)	8	8	
>	Du	52	
ī	E	33	
מבירושים, שלוו הלווף בילווף	6	2	
4	Tes	3 60	
3	dsc	the	
-	F	rtac	
ì	\$	8	
-	5	2	
	8	용	
[	i	용	
	2	5	
î	2	90	
	Пау	8	
5	9	용	
	96	File	
	E	Te C	
i	4	Der	
i	dea	2	٠.
	100	幸	Mal
	40	3	E
	S	2,	L
	2	3	0
	2	-	.5
9	hin	itely	EIII
	×	음	5
	2	DO	Tel.
?	5	b	Ē
,	8	20	10
1	2	cian	0
	98	JS.	8
	iffic	5	9
)	E S	ing.	ğ
	=	S.	H
7	dea	H	EE .
′	2	5	ž
	#	3	pul
5	\$	8	45
)	res	5	eal
Ĺ	1	S	H
	5	8	0
1	-	98	9
(	he	9	9
	-	S	Sta
•	M	in the	92
	Sic	8	PH
)	£	his	M
	9	Je.	=
	DING P	After	death
	ENDING P	JR: After 1	ter death
	ATTENDING P	CTOR: After 1	after death
	OR ATTENDING P	IRECTOR: After 1	ours after death
	L OR ATTENDING P	L DIRECTOR: After 1	hours after death
	YTAL OR ATTENDING P	RAL DIRECTOR: After 1	72 hours after death
	DSPITAL OR ATTENDING P	INERAL DIRECTOR: After 1	thin 72 hours after death
	HOSPITAL OR ATTENDING P	FUNERAL DIRECTOR: After 1	within 72 hours after death
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pa	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	e filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

TEN Amended, #1, GAS, Montgomery Co.
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE NUNZIATO MASTEN FOR Q L 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Nunziato Masten YEAR MASTEA 1994 FEB. 23 11:57 A M 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 110-16-0985A 1 X M 2 | F 68 NEW YORK JAN. 23,1926 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 14010 TRAVILAH ROAD ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT MARYLAND 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MONTGOMERY ROCKVILLE t YES ZY NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14010 TRAVILAH ROAD 20850 UNITED STATES 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 X Married Specify: WHITE 1 TYES 2 TO NO Specify: BY 3 Widowed 4 Divorced W.W.II COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 pr 5 +) MECHANIC SHEET METAI 9 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame, JOSEPH -MASTEN KATHERINE Di SALVATORE **BE** 19e. INFORMANT'S NAME (Type/Print) MASTEN AS # 10 2 GLADYS 20g METHOD OF DISPOSITION
1 A Burial 2 Cremetion 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE GERMANTOWN BAPTIST 2/28 GERMANTOWN, MD. 4 Donation 5 Other (Specify) 21, SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MURIEL H. BARBER FUNERAL HOME 20882 21525 LAYTONSVILLE ROAD LAYTONSVILLE, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory errest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel **Onset end Death** diseese or condition ANCREAT resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS, A CONSEQUENCE OF): If any, leading to immediate LIVER cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL LNUTRITION YES 2 WO OF DEATH?

5. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)					
t YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3								
27. MANNER OF DEATH    Netural 5   Pending investigation   Pending investigati	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY AT WORK?  M 1 VES 2 NO							
	28s. PLACE OF INJURY — At hon building, atc. (Specify)	ne, farm, street, fa	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

(Check only one)

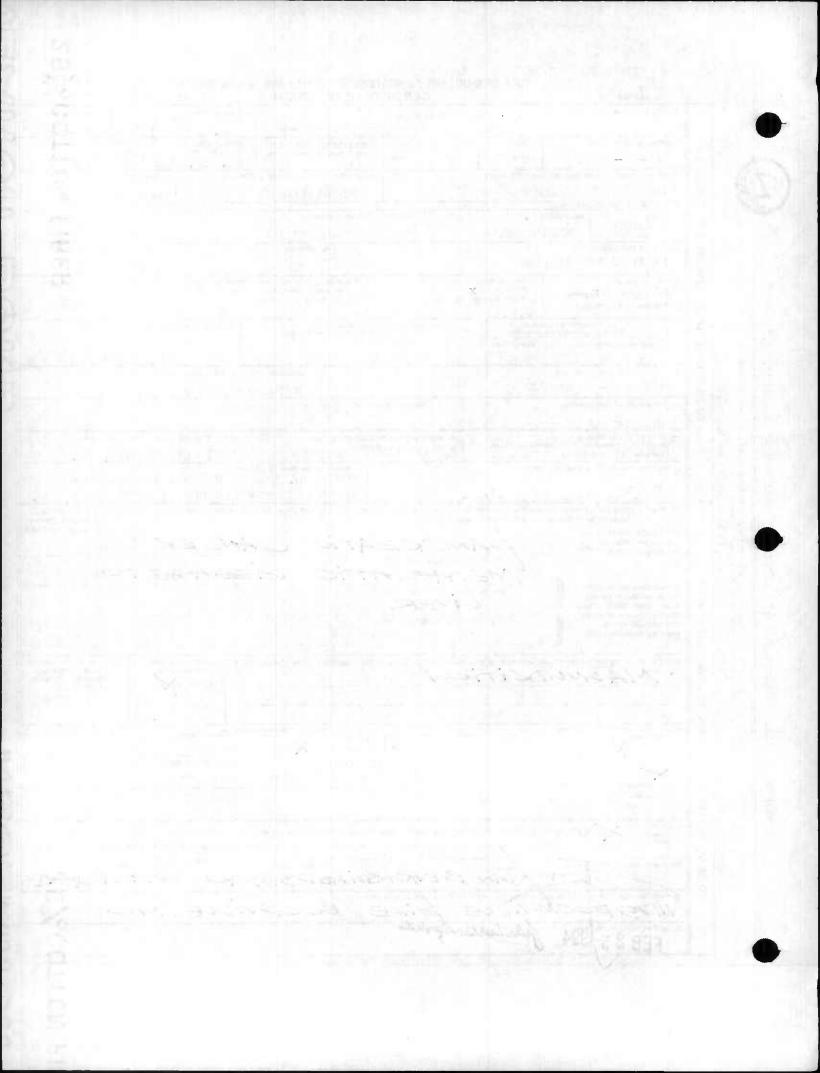
CERTIFVINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated

296. SIGNATURE AND FITTE OK CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)

IAN BACHOWSKI MO , FEB93 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IJEM 27) (Spr. Print

OCKVIDGE BOCKVILLE FEB 25

23



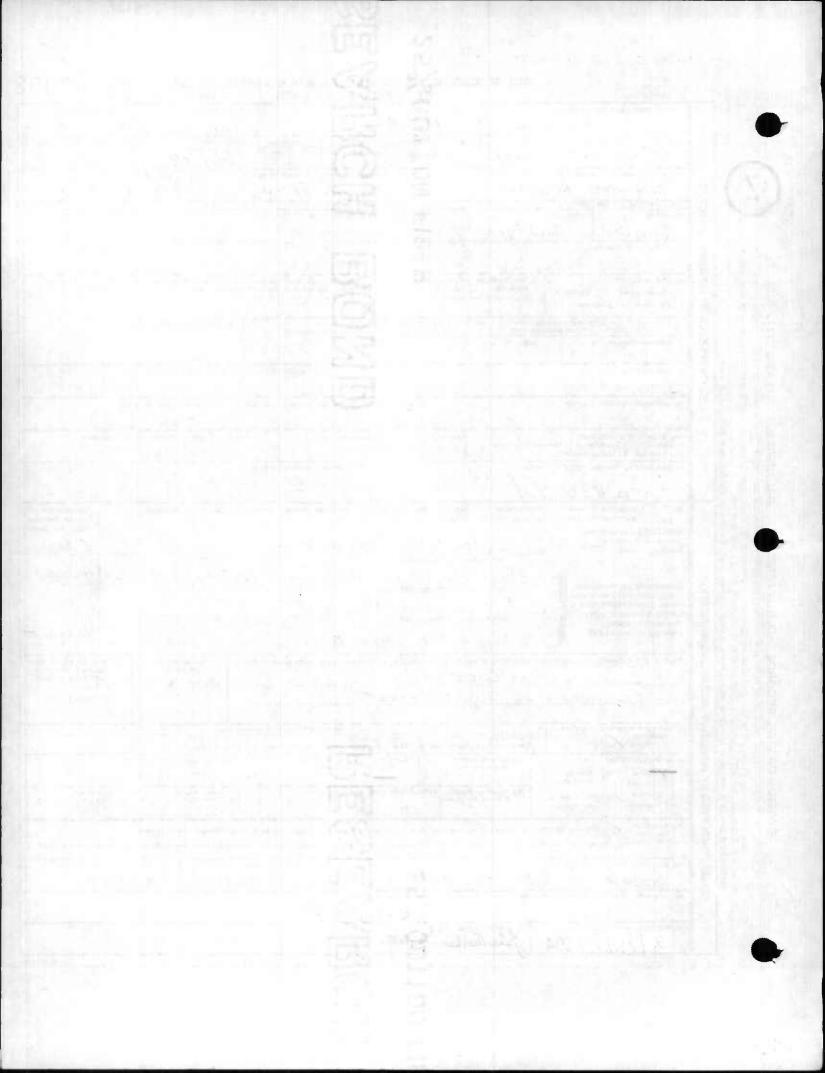
-	6	7	S show	)
1000	*		1	'
	BALTIMORE, MARYLAND 21215-0020	VYSICIAN: The law requires that the death certificate be executed within flours after death, Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Poor 1 1 2 annual with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal,	IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR				STATE	OF	MARY
٠,	 ECEDENT'S NAME	CC-	B Alminitia	f and			

## (LAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	MENTAL	REG. NO.	9	4 0/00	
1. DECEDENT'S NAME (First, Middle, Las Aet	hra F.				2. DATE OF MONTH	F DEATH DAY	1994	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 545-30-5643	5. SEX 6. AGE		IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month,	BIRTH 99, You 9	Coul	THPLACE (State or Foreign stry) W YORK	
110.1	e street and number)	9		Spurn		1	MONT	gomery	
Mary land	now toomeny	/	TOWN OR LOCA			_	10d. INSIDE CITY LIMITS?		
100. STREET AND NUMBER 401 RUSSell Aver				20877		1		WHAT COUNTRY? States	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE: IF YES, GIVE WAR OR	S 2 XNO	It yes, sp	CENDENT OF HISPA Becity Cuben, Mexic 2 NO Special	en, Puerto Ric		No- 14. RA	CE — American Indian, ck, White, atc.	
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12		16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Homemake	rk done during mo retired.)	ON sst of working		Home	ESS/INDUSTRY		
17. FATHER'S NAME (First, Middle, Lest) Leonard	F	ackler	Later 1	16. MOTHER'S NA		idle, Maiden Su	_	worker	
19e. INFORMANT'S NAME (Type/Print)			DDRESS (Street	and Number or Rural		City or Town,		WOINCI	
Carolyn M. Tayl				, Glyndo		2107	-		
1 Burial 2X Cremation 3 Re 4 Donation 6 Other (Specify)	emoval from State	ob. PLACE AND DATE OF emetery, cremetory or othe Baltimore—	r plecel		DATE		rel MI		
21. SIGNATURE OF FUNERAL SERVICE		M00827	Rapp	Funeral ist Ave,	Servi	ces, P	.A.		
23. PART I. Enter the diseases, o	or complications that cause. List only one cause on	ed the death. Do not						Approximata	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Inter	stitual		onia				Interval Betwee Onset and Dec	
	- Fractur	A CONSEQUENCE OF):	+ Hip	Status	Post	Hip Pr	osthesi's	4 weeks	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Civrol	A CONSEQUENCE OF):	the L	iver		-		1 year	
that initiated events resulting in death) LAST		A CONSEQUENCE OF):	pe A					Unkeaus	
	iona contributing to deeth a of Colona a of Nigh	/		g ceuse given in		PERFORME	D?	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C					
27. MANNER OF DEATH	1 A Inpatient 2 ER/OL 26e. DATE OF INJURY	Y 28b, TIME	OF 28c, IN.	IURY AT			URY OCCURED		
1 Natural 6 Pending 2 XXAccident Investigation	(Month, Day, Year)  JAN. 25, 1			YES 2 NO	FELL G	ETTING (	OT OF BE	D	
3 Suicide 6 Could not be determined	building, stc. (Sc	RY — At home, farm, stropecify)  NURSING		:0	261. LOCAT City or GAITHE	TON (Street and Town, State) A RSBURG,	Number or Rure SBURY RE MD.	TIREMENT HOME	
1	YSICIAN: To the best of my kno							(a) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIF	Boelle	MR	inn	29c, LICENSE NU M D 00		2	ed. DATE SIGNE	10 (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON O	Richard	BOEIKO	o M.	D,					
31. DATE FILEN (Month, Agy, Mar)	1 Julia David								

DHMH-16 Rev 1/89



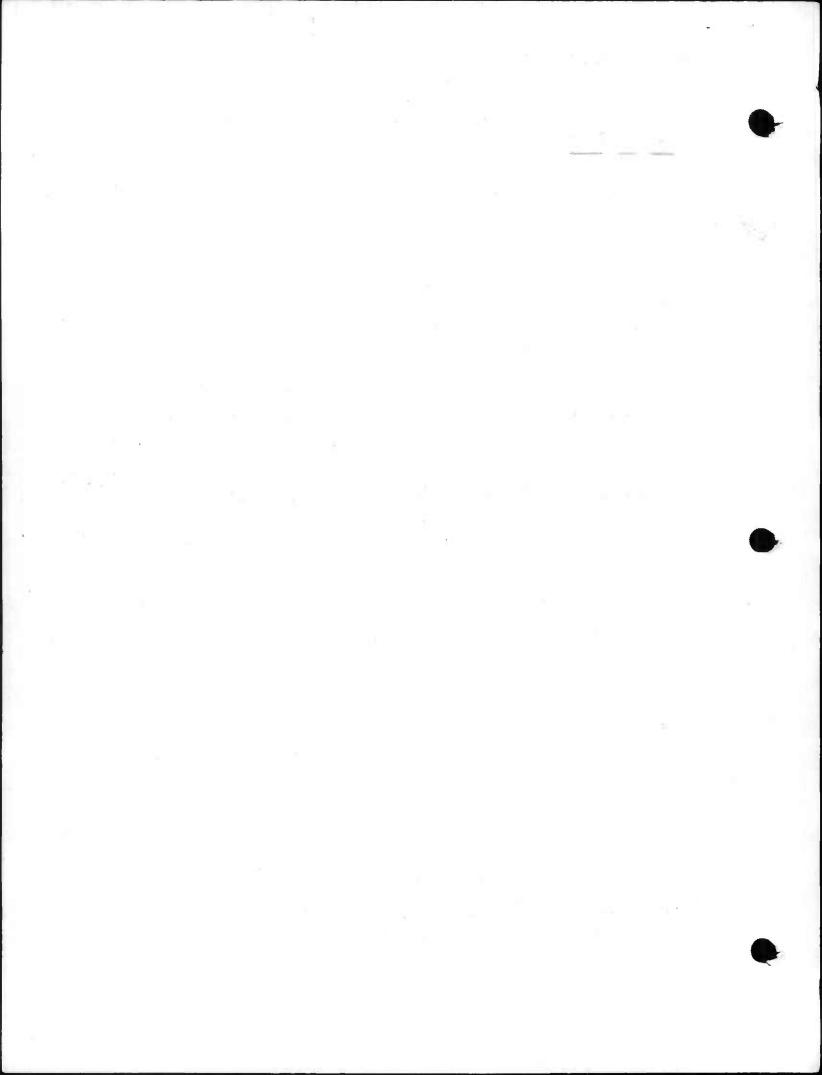
11340 Pembrooke Square, Suite 213, Waldorf, Maryland 20603

Krishan Mathur, 31. DATE FILED (Month, Day, Year)

FEB 25 1994

32. REGISTRAR'S SIGNATURE

Luka Davidson



	FOR
1	STATE
•	REGISTRAR

01	0	7	0	0	
94	U	1	U	U	-

1 - STATE REGISTRAR		STATE OF M		/ DEPAI ERTIF					MEN	TAL HYGIEN REG. NO.	_	91	0700
1. DECEDENT'S NAME First,	h	NR	ALPH (()	J.	NOF	RCIO				DATE OF DEATH	7 -	94	3. TIME OF DEATH 7:10 P.
4. SOCIAL SECURITY NUMBER 579–26–1593	V	5. SEX	6. AGE (In yrs. I	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	AF	ATE OF BIRTH Month, Day, Year) RIL 14,	192	8. BIRT Coun WA	HPLACE (State or Foreign
90. FACILITY NAME (If not ins HOLY CROS	SS HOS	et and number) SPITAL					R SPR		EATH		14.0	NTGO	
RESIDENCE OF DEC	10b. COUNTY			10c. CII	ry, town o	OR LOCAT	TON						10d. INSIDE CITY
MARYLAND	MONT	GOMERY		WI	HEATC	N							LIMITS?
100. STREET AND NUMBER						101	. ZIP CODI	E			10g. CIT	TIZEN OF	WHAT COUNTRY?
12801 L	ITTLET(	ON STREE	ET					2090	06			USA	
11. MARITAL STATUS  1 Never Married 2 X 3 Widowed 4 Divor	Married	12. WAS DECEDENT FORCES? 1) IF YES, GIVE WA 1951-	YES 2 ROR DATES	ARMED NO		If yes, sp		n, Mexica	nn, Pu	RIGIN? (Specify Yee arto Rican, etc.)	or No-	14. RAC Blac Spec	E — American Indien, ik, White, etc.
15. OECE	DENT'S EOUCA	TION		DECEDENT'S						16b, KIND OF BUS	SINESS/IN	DUSTRY	***************************************
Elementary/Secondary (0-		College (1-4 or 5+)	- 4	ite. Do NOT u	retired.)	during mo	St OF WORKIN						
12	1.0		MA	NAGEI	R					TELEPHO			
17. FATHER'S NAME (First, Mic		RCIO								irst, Middle, Maiden		D.A.	
19a. INFORMANT'S NAME (TV		NCIU		19b. MAIL IN	ADDRESS	S (Street o		MPI		Number, City or Tow	MATE		
	NORCI	0								WHEATON			26
20a. METHOD OF DISPOSITION	ON		20b. PLACE	E AND DATE	OF DISPOS	SITION (Na			1				own, State
Burlel 2 Cremation 4 Donation 5 Other				COF I			METE	RY	12	/22 SIL	VER S	SPRII	NG. MD
21. SIGNATURE OF UNERAL	SERVICE LICE	NSEE	lad	0	FR	ANC	IS J.	COI	LLI	NS FUNE	RAL I	HOME	
Sequentially list condition in any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injurity that inlitated events resulting in death) LAST	late IG y c.	DUE TO (	OR AS A CONS	EQUENCE O	et	7	?pu	ulm we		tacker hemon hemo	oria	fe	
PART II. Other aignificant part ii. Other aignificant part ii. Other aignificant part ii. Other aignificant part iii. Other aignificant part iii. Other aignificant part iii. Other aignificant part iii. Other aignificant	MEDICAL		leath but not	t resulting	in the un		g cause (			VES 2 Climite 2/18	IMED?	24	b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		e 5 🗆 Re	sidence	8 🗆	Other (Specify)			
27. MANNER OF OEATH		28e. DATE OF I (Month, De)		28b, TIA	ME OF JURY	28c. INJ WO	URY AT		28d.	DESCRIBE HOW I	NJURY OC	CURED	
Natural 5 F	ending westigation				М	1 🗆 1	/ES 2 [	] NO					
	could not be etermined	26e. PLACE OF building, e	INJURY — At I	home, ferm,	atreet, fact	lory, offic			281.	LOCATION (Street of City or Town, State)	and Numbe	or Aural	Route Number,
29b. SIGNATURE AND TITLE	OF CENTIFIER	n	imination end/o	or Investigation	on, in my d		eath occur		time,		d due to t	the cause(	e) and manner se stated  (Month, Day, Year)
30. NAME AND ADDI SS OF	be F	ox My	10	313	60	e01 (	S M	ave		Sive 51	) ( mg	0	
FEB 2	1994	32. MEGISTRAN	udson-1	andell		)							

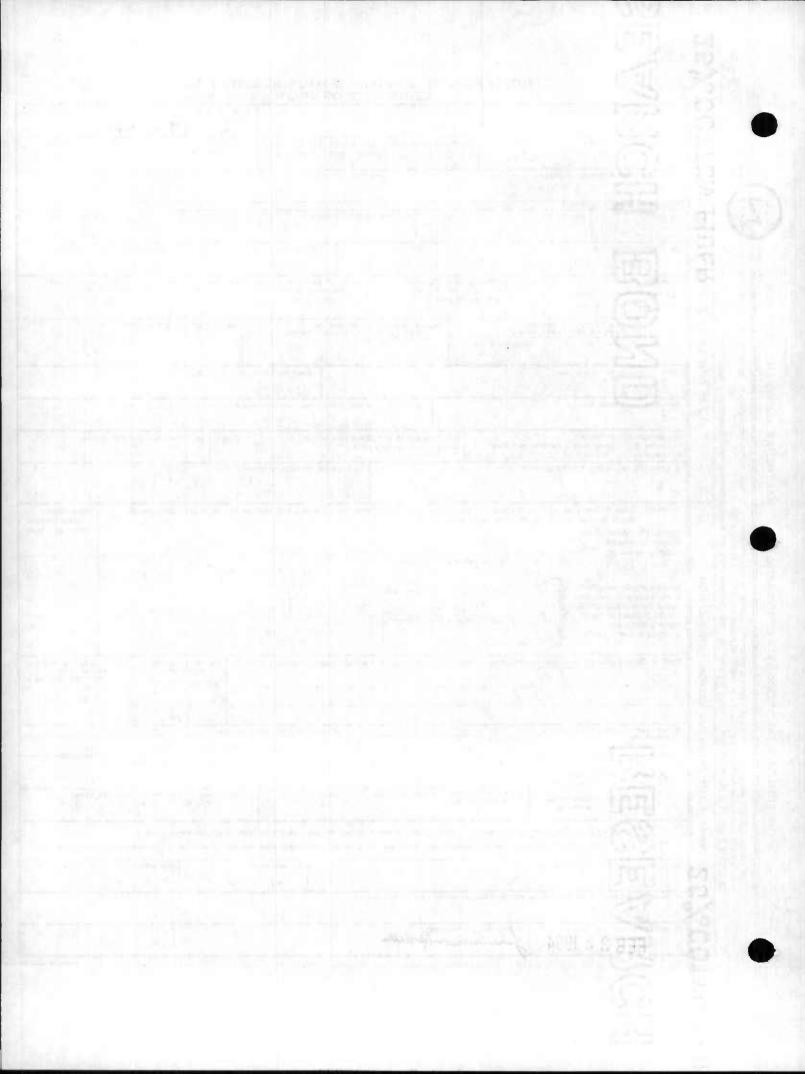
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

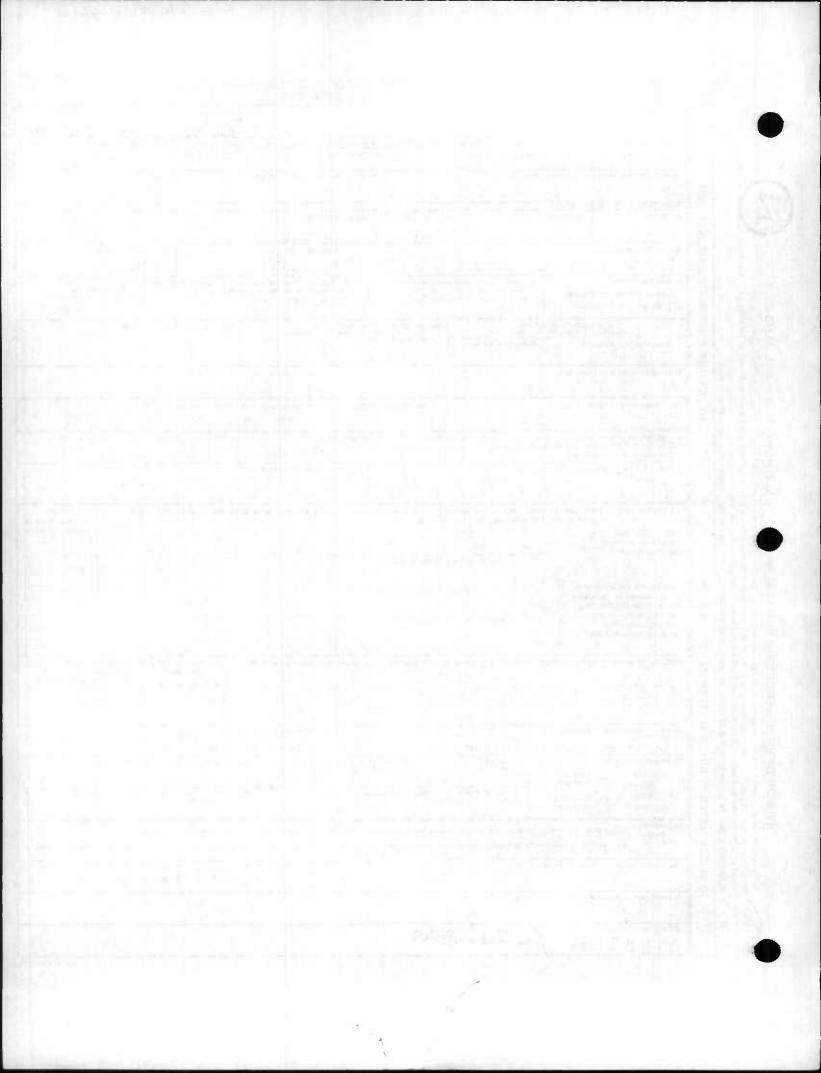


31. DATE FILED (MO)

2 1994

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF		HEALTH AND	MENTAL HYGIEI		4 07006
	1. DECEDENT'S NAME (First, Middle, Last)	VILBUR	NICHOLSO	N		2. DATE OF DEATH MONTH 023	20-19	3. TIME OF DEATH
-1	705-07-5886	1 ⊠ M 2 □ F	AGE (In yrs. last birthday) 84 yrs.	IF UNDER 1 YEA	'S HOURS MIN.	7. DATE OF BIRTH  1 Month, Pay Year)  12-06-1	0.	BIRTNPLACE (State or Foreign Country) Maryland
TOR	98. FACILITY NAME (If not institution, give stre Greater Laurel I RESIDENCE OF DECEDENT		lle Hosp.		worlocation of baurel	EATH		of DEATH ICE Georges
FUNERAL DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  Maryland Prince Georges Laurel							
IERAI	15605 Birch Rur	n Terrac	ce		10f. ZIP CODE 2070	7		S.A.
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 22 700	II yes	DECENDENT OF NISPAI , specify Cuban, Maxica YES 2 X NO Specif		14 or No.—	Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 6 th			USUAL OCCUP. work done during se retired.)  Drer	ATION most of working	16b. KIND OF BI	USINESS/INDUS	TRY
BE COM	17. FATHER'S NAME (First, Middle, Last) Samuel Nicholso	on			The state of the s	ME (First, Middle, Maide		
TO B	10a. INFORMANT'S NAME (Type/Print) Peggy Greene (N	Niece)				Route Number, City or To		MD 20707
	20e. METNOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remov	al from State	20b. PLACE AND DATE	OF DISPOSITION	I (Name of	DATE 20c, L	OCATION — CIT	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICES	Jul. Su	owder	SNOW		ERAL HOMI		<i>A</i> .
	23. PART I. Enter the disease, or co shock, or earl fellure. LI IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that cat only one cause Sepsi	on each line.	not enter the	mode of dying, suc	h as cardiac or res	piratory arrea	t, Approximate Interval Between Onset and Death
z		DUE TO (O	R AS A CONSEQUENCE O	F):				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		R AS A CONSEQUENCE O					
PHYSICIAN: MEDICAL CE	PART II. Other aignificent conditions COPONARY AR INOPERABLE PENALEAL FALL	contributing to de TERY CARCA	DISEASE	In the underly	ying ceuse given in EHYDRA CHROMI		PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ICIAN		HOSPITAL:	TER TE 1931	OTHER:	PLACE OF DEATH (CH			
	27, MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF IN (Month, Day,		E OF 28c.	INJURY AT WORK?  YES 2 NO	6 United (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUI	RED
тер ву	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF I building, atd	NJURY — At home, lerm, c. (Specify)			28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CHECK ONLY ONE) 2 MEDICAL EXAMINER:							cause(s) and manner as stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	aig m	D		29c. LICENSE NU		29d. DATE S	HIGHED (Month, Day, Year) - Z () - 9 4

LAUREL



BA
68760,
BOX
, P.O.
RECORDS,
VITAL
NOF
DIVISION

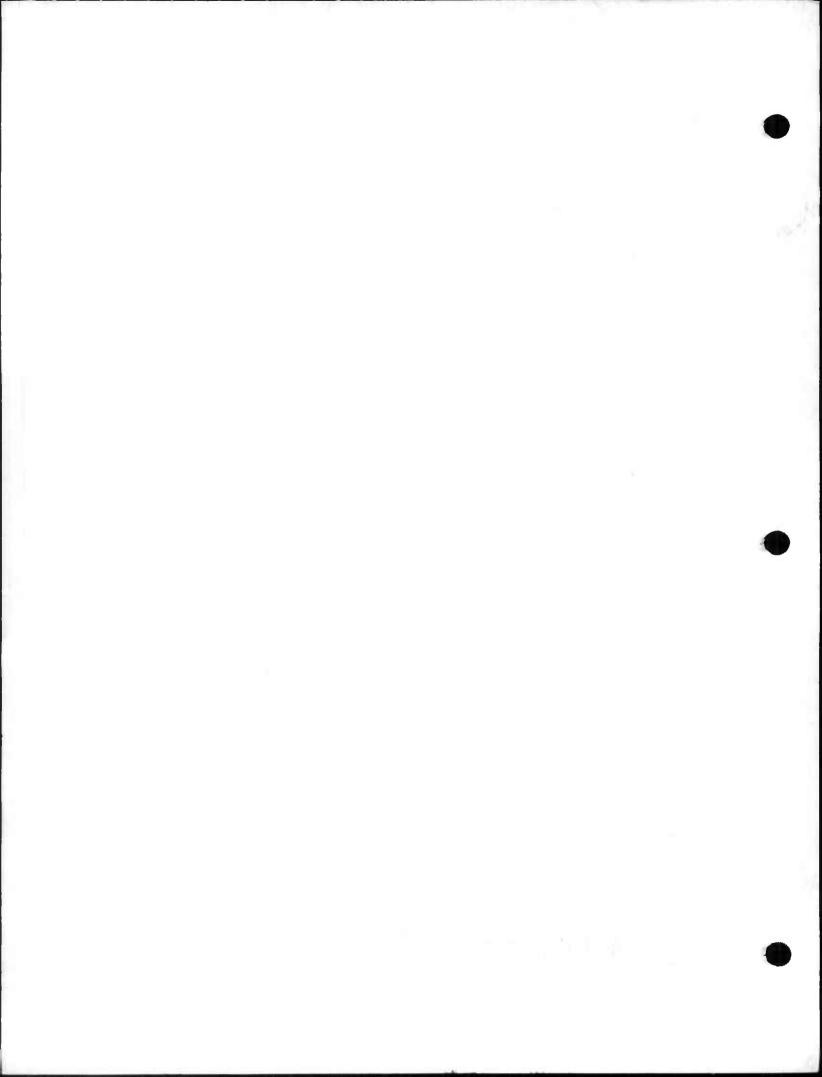
- On	of the second	
200	H.	and a
	- B	
_	nsıt	
ciar	-tra	
HyS.	wurja	
D D	d a	
ngi	as th	
atte	Se	
I Or	lor u	
pita	9	
2	tach	80
the	e Ge	2
9	D D	R
aine	Pour	6
ret	S	to C
be /	age	9
E	or, p	te
e 6	ecto	Ē
29	6	Jer
E.	nera	E
de	e f	exa
afte	by th	63
Sin	in the	pe
20	lled .	E
22.0	ily fi	#
ŧ.	plete	ent
pe	al.	8
COCU	pro	atic
9	r to	E
ate	ysic	15
tifica	and E	he
Sec	Hyain	0
eath	after	V. 0
he d	the	nic
at th	and of	>
th S	alth de	an
gire	Sign	MO
Je /	beer	-
3	Dep	23
Ĕ	ate la	E
Ä	tific.	F
SC SC	10 th	6
£	this	rke
Se	fter	E
2	R: A	-60
A	S aff	28
8	DIR	tem
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit need within 72 hours after death with the State Deut, of Health and Mental Moreine prior to burial, cremation, or removal	=
Sp	NE F	X
EH	E I	M
三	표를	0
2	2 %	E

1994

31. DATE FILED (Month, Date FEB 2

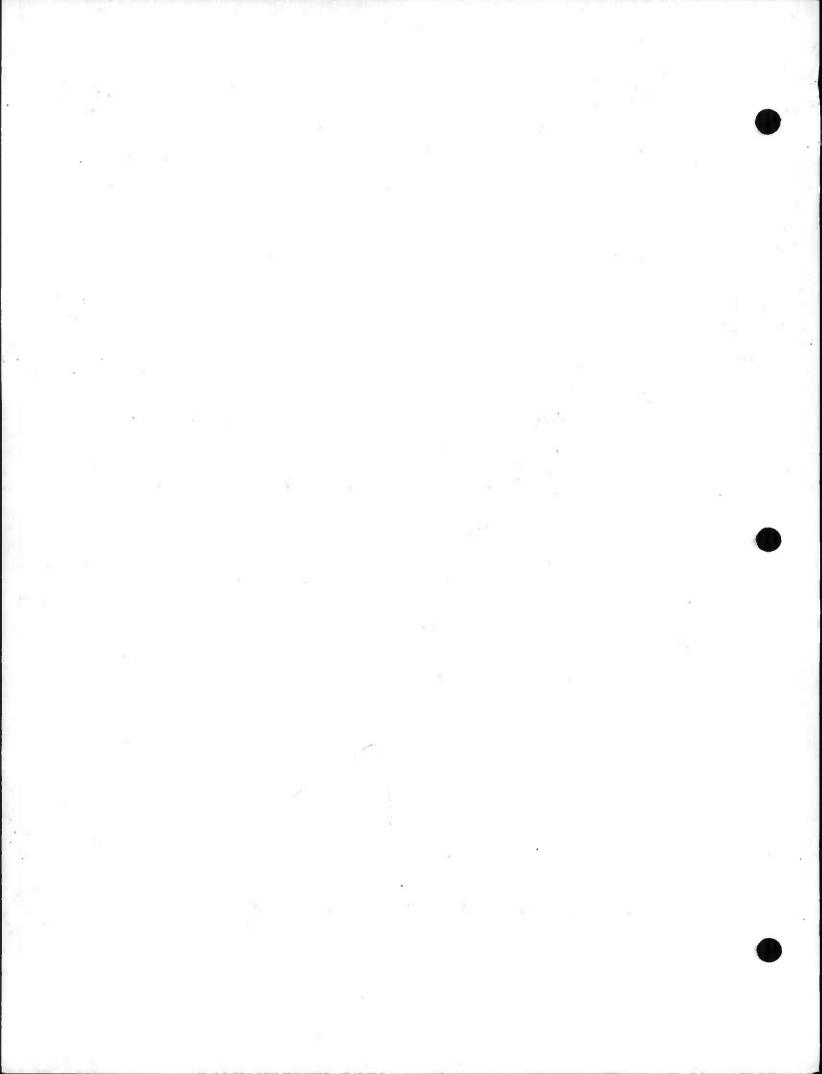
Guttistan Handel

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C				HEALTH DEAT		MENTA	AL HYGIEN	L .	}	07007
	1. DECEDENT'S NAME (First, Middle, Last)		ESA M.	O'CON						E OF DEATH			3. TIME OF DEATH
	TEREJA	OCONNELL					MONTH DA				**	YEAR 9011	0950 "
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	at birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATI	E OF BIRTH		B. BIRTHP	LACE (State or Foreign
	579-90-6966 1□ M 2 1√2 F 88 YRS						HOURS	MIN.		nh, Day, Year) • 28 • 19 (	)5	(Country) WASHI	NGTON, D.C.
	9e. FACILITY NAME (If not institution, give st	reet end number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF D		, _ , _ ,		NTY OF DE	
9	SHADY GROVE ADEVE	NTIST HO	SPITAL		RC	)CKV	LLLE				MON	TGOME	ERY
[ [ [	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c CIT		OR LOCA							
DIRECTOR		GOMERY					SPRIN	C					10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	GOFIERI			SIL		1. ZIP CODE				10- 017		I YES 2 NO
FUNERAL	2201 COLSTON DRIV	F #700				[ "	209					SA	IAI COUNTRY?
N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AT	RMED	13	WAS DEC			NIC OBIG	IN? (Specify Yes			- American Indian.
	1 _ Never Married 2 _ Merried	FORCES? 1 IF YES, GIVE W	YES 2 K	NO	"	if yes, sp	ecify Cuber	n, Mexica	in, Puerto	Rican, etc.)	W 140-	Black,	White, etc.
ВУ	3 🖟 Widowed 4 🗌 Divorced		THE ON DAILS			I U TES	Z M NO	Specii	у:			Specify	HITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. Di	CEDENT'S	USUAL C	OCCUPATION TO	ON and working		16	b. KIND OF BUS	SINESS/IND		IIII
9	Elementary/Secondary (0-12)	College (1-4 or 5	·)	. Do NOT u	e retired.)	during me	ost of working	v	- 1				
COMPLETED	12			HOM	EMAK	ER							
응	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Maiden	Surname)		
86	PATRICK CAS	EY					C.	ATHE	ERINE	Ε Ι	ONOV.	AN	
٩	19e. INFORMANT'S NAME (Type/Print)									nber, City or Tow		,	
.	JOAN O'C. KANE							ROA	VD I	ROCKVII	LE,M	ARYLA	ND 20852
	20a_METHOD OF DISPOSITION 1 ABuriel 2 Cremation 3 Remo	oval from State	20b. PLACE cemetery, cre	ematory or o	ther place	1			1			City or Town	
	4 Donation 5 Other (Specify)	ENGGE () A	GATE	OF H						19 SILV	ER S	PRING	, MARYLAND
	21. SIGNAL OF PONETILE SERVICE LIE	1					S T.			5 FUNER	AT. H	OME.	TNC
	Michell	/ Will			50	U 00	IIVER:	SITY	BLY	/DW.	SIL.	SPR.,	MD.20901
	23. PART I. Enter the diseases, or c shock, or heart feliure. I	mplicetions the	caused the de	eath. Do r	Dt ente	r the mo	de of dyle	ng, suc	h ss cer	diec or respi	retory arr	est,	Approximete
- 1	IMMEDIATE CAUSE (Final	)	se on eech line										Interval Between Onset and Death
1	disease or condition resulting in death)	Dive	vtil	10 (	+ ;	^	h/1-	11-	6	200	1.1.11	1	1111016
		DUE TO	(DR AS A CONSE	OUENCE O	F):		-10				0 0 01	1 / 0 0	7 . 20 . 6 .
8	Sequentially list conditions,												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	ን:								
일	CAUSE (Disease Dr Injury	DUE TO	(OR AS A CONSE	OHENOE O									
	that initiated events resulting in death) LAST	DOE 10	OH AS A CONSE	OUENCE OF	-):								
8													
ا بـ	PART II. Other significant conditions	contributing to	deeth but not i	resulting	n the u	nderlyln	g ceuse g	lven in	Part I.	24s. WAS AN	AUTOPSY		VERE AUTOPSY FINDINGS
MEDICA	Dementia									PERFOR		0	MAILABLE PRIOR TO COMPLETION OF CAUSE
Ä	Drannic	Brai	- 1/1	/ /	du	) in					×		F DEATH?
	Authoritio					( UK)	6		_			'	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DE	EATH (Ch	eck only o	ne)			
Sic	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		e 5 🗆 Res	sidence	6   Oth	er (Snecht)			
ξI	27. MANNER OF DEATH	28a. DATE OF (Month, De	INJURY	28b. TIM	E OF	28c. INJ	URY AT			SCRIBE HOW II	NJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation	(MORITI, DE	iy, rear)	INJ	URY M	_	PRK? YES 2 [	NO					
	3 Suicide 8 Could not be	28e. PLACE Of	F INJURY - At ho	me, farm, a	treet, fec	tory, offic	•		281. LO	CATION (Street e	nd Number	or Rural Rou	rte Number,
2	4 Homicide determined		ores (opoony)						City	or Town, State)			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSIC	IAN: To the best of	my knowledge, de	eth occum	d at the	time, data	and placa.	end due	to the ce	use(s) and men	Oer an state	ıd.	
MO	one) 2 MEDICAL EXAMINER												nd manner ee stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEI			CONTRACTOR OF THE PARTY OF THE			
œ	I Mainton la	S. N.	100				03				AND DATE	SINED (A	fonth, Day, Year)
2	30 NAME AND ADDRESS OF FEIRON WILL	Colonia ETED CALL			- 111		00	100	1-1		- 2	116	174



	$\mathcal{C}_{\mathcal{C}}$	
	_	
	3020	
	<b>MARYLAND 21215-0020</b>	
	212	
	NND	
	YLZ	
	MAR	

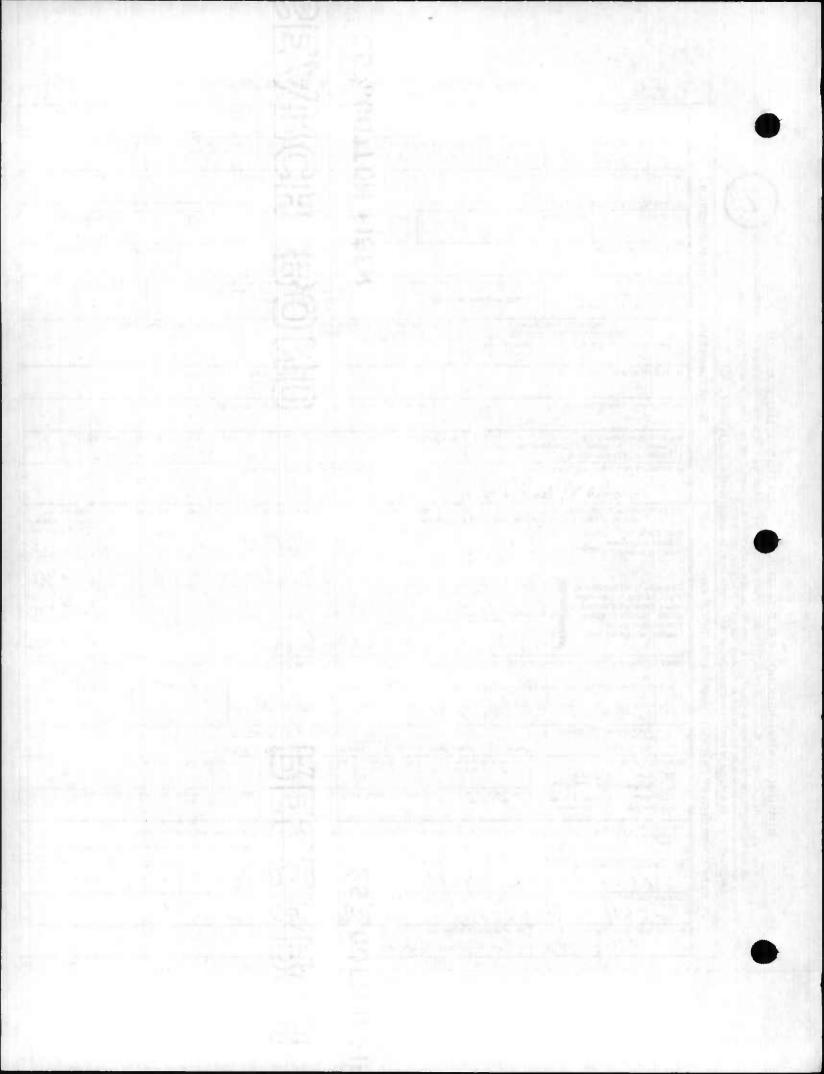
-	1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART CERTIFIC	MENT OF H	EALTH AND M	IENTAL HYGIEN		07008
		1. OECEDENT'S NAME (First, Middle, Last)	Mee	,			2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH
	1	Clara 1	T. PETERS				February		
		215-14-2334	1 ☐ M 2 🎛 F	98 YRS.	IF UNDER 1 YEAR IONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Dec. 6, 1		BIRTHPLACE (State or Foreign Country) aryland
	2	9a. FACILITY NAME (If not institution, give Ravenwood Luther	The state of the s		Hager	STOWN	ATH	Wash	of DEATH ington
Post CTOR	VINES	RESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland	y Washington		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
unal-transit permit.	LINAL	Avon Road			101	21740	)		OF WHAT COUNTRY? USA
å å	5	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, sp	ENDENT OF HISPANI polity Cuban, Maxican 2 NO Specify:	C ORIGIN? (Specify Ye, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: white
once.		15. OECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)			rk done during mo retired.)	ON st of working	16b, KIND OF BU	SINESS/INOUST	RY
ched in		0-6		labo	rer			raft	
at once.		17. FATHER'S NAME (First, Middle, Last) Alexander	Eichelberge	r			E (First, Middle, Maiden		
notified a		19e. INFORMANT'S NAME (Type/Print)	HIGHELDOLGO	_	OORESS (Street a		oute Number, City or Tow		de)
notifi TO		Mr. T. Pearre Clo	pper	12427	Nesbitt	Avenue,	Clear Spr	ing, M	aryland 21722
funeral director, page xaminer must be		20s, METHOD OF DISPOSITION 1 🖰 Burtal 2 🗆 Cremation 3 🗆 Ren 4 🗆 Donation 5 🗀 Other (Specify)		LACEANDDATE OF ery, cremetory or office C. Paul	s Cemet	ery	2-28-94		pring, Maryla
tuneral dir		21. SIGNATURE OF FUNERAL SERVICE LI	- 1/ "				Minnic		
. 0			Spicer						town, MD 2174
event, the medical		23. PART I. Enter the disease, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Acute	Respir	ratory	failure		iratory errest	Approximate Interval Between Onset and Death
60		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	Pneumo	nia, r	cight lu	ing		2 weeks
5 4		CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):					
hows any inju		PART II. Other <u>algnificent</u> condition Senile Dementi			the underlying	g cause given in F	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
State Dept.		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che			
# e # >		1 YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outpat  28a. DATE OF INJURY	28b. TIME		e 5 Residence 8	28d. DESCRIBE HOW	NJURY OCCUR	FO
= = =		1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	RY WO	RK? (ES 2 NO			
₹ 5 × 0		3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF INJURY – building, etc. (Specif)	- At home, term, str	eet, factory, office		28t. LOCATION (Street City or Yown, State)		Rural Route Number,
UNERAL DIRECTOR AITHIN 72 hours afte ANT: If Item 28 COMPLETE			ICIAN: To the best of my knowle						
Mithin Mithin CO		2 MEDICAL EXAMIN	ER: On the basis of examination	and/or investigation,	in my opinion, d				
TO THE FUNERAL I be filed within 72 h IMPORTANT: II I		29b. SIGNATURE AND TITLE OF CERTIFIE	11 (1	Ne		D17027	BER	≥9d. DATE SI ▶2/2!	GNED (Month, Day, Year)
		Wun B. Kang, M	I.D. 17516 V	irginia	a Ave.	, Hagers	stown, M	d. 21	740
		FEB 2 8 1994	32. REGISTRAR'S SIGNAT	URE					
L		100 1	·						



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Plants	be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burlal, cremation, or removal.
	TO THE HOSPITAL	TO THE FUNERAL	be filed within 72

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	94	0700
CEDENT'S NAME (First, Middle, Lest)		2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATI

	HEGISTRAH		CEI	TIFIC	AIE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  Mamie	Ruth	DAT	MER	3	9-7	2. DATE OF DE	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH MONTH		
	2100 001					T	7	4070 M		
	216- 22- 9869	1 M 2 F	84	YRS. MONTHS DAYS HOURS MIN. OCT. 12			Year)	Count	IPLACE (State or Foreign ry) ryland	
7	9a. FACILITY NAME (If not institution, give	street and number)		96	CITY, TOWN	OR LOCATION O			INTY OF D	
\ c	Washington Co.	andra II	4-2							
1   2	Washington Co	unty Hospi	tai		Hager	stown		wa:	shin	gton
DIRECTOR	10a. STATE 10b. COUNT	10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS? 1 YES 2 YNO
	10e. STREET AND NUMBER		140	H. ZIP CODE		I 40- 017	1751 05 1	WHAT COUNTRY?		
FUNERAL					10					
빌		z Rd,				217			S. I	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT	EVER IN U.S. ARME YES 2 XNO	ED			SPANIC ORIGIN? (Spenicen, Puerto Ricen,		14. RACI	E — American Indian, k, White, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAI				s 2 □XNO S		,	Spec	www. White
豆	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	(Give	kind of work	JAL OCCUPATI done during me	ON ost of working	16b, KIND	OF BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		o NOT use re						
E G	6			memak	er	2.60	_ 0	wn Home		
once.	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S	NAME (First, Middle,	Maiden Surname)		
111	John S. Reed	er				Anna	Mae Mar	tz		
BE BE	19a. INFORMANT'S NAME (Type/Print)		19h. I	MAILING AD	DRESS (Street		ural Route Number, Cit		n Corlet	
10 10	The state of the s	lmer								ooro, Md.
9	-					Point R				
examiner must be notified	20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	noval from State	20b. PLACE AN cometery, creme BOONS	ntory or other	isposition (N place) Cemete	ame of				wn, stat 21713 Md. 21713
6	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1 200110	0010	7	ND ADDRESS O				
xamir	John H. Bast, Jr. BAST FUNERAL HOME, Boonsboro, Md. 21713									
is marked, or item 23 shows any injury, or other traumatic event, the medical D BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enhathe diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, another interval Battween ones and beath diseases or condition resulting in death)  BMEDIATE CAUSE (Final disease or condition)  BUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. L. J.									
28 T	4 Homicide detagmined	building, et				D.	City or Tow			
0 4	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of m	y knowledge, daati	occurred a	t the time, date	e and place, and	due to the cause(e)	and manner ea sta	rted.	Will the state of
	one) 2 MEDICAL EXAMIN									a) and manner as stated.
IMPORTANT: IF	296. SIGNATURE AND TITLE OF CERTIFIE  ZAPARMA	UKI	Min			D44	996	29d, DAT	re signed	Morning for
=	203/1 Lap	1998 R	d.	27/700, PH	onsb	250	Mb.	217/	3	
	FEB 2 4 1994	32. REGISTRAR	S SIGNATURE	dark.	3					



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE OF DEAT	T <b>H</b> R	EG. NO.				
1. DECEDENT'S NAME (First, Middle, Last, Eduardo EDU	ARDO Ma		PARRA	2 DATE OF I	DEATH 2/17/94	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 578-60-5672	5. SEX 1 1 M 2   F	6.1	IF UNDER 1 YEAR IF UNDER IONTHS DAYS HOURS	MIN. 7. DATE OF E	1929 E	Cuador			
Shady Grove Hospital									
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN 10b. COUN	ontgomery		town on Location thersburg			10d. INSIDE CITY VIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 7612 Laytonia l	Orive	79192	101. ZIP CODI 208			States			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 NO	13. WAS DECENDENT OF 1 X YES 2 NO Ecuadori	OF NISPANIC ORIGIN? (Sen, Maxican, Puerto Ricar Specify:	n, etc.) Bi	CE — American Indian, ack, White, etc. activ: in American			
15. DECEDENT'S ED (Specify only highest gred		16a. DECEDENT'S U	SUAL OCCUPATION	16b. KIN	ID OF BUSINESS/INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 8+) +2	iffe. Do NOT use Hotel/	rk done during most of workir retired.) Motel Mgmt.		Hotels/M	otels			
17. FATNER'S NAME (First, Middle, Last) Eduardo Parra				HER'S NAME (First, Middle Ctoria Val		3/13/1			
19a. INFORMANT'S NAME (Type/Print) Lola Parra	7.57		ADDRESS (Street and Number aytonia Dri		City or Town, State, Zip Code) ersburg, MD	20877			
20a. METNOD OF DISPOSITION 1	20c. LOCATION — City or Silver Spr								
21. SIGNATURE OF FUNERAL SERVICE L	icensee ut-46	lland		ss of FACILITY aldi Funer	al Home Ave Silver	Spring MD			
23. PART I. Enter the diseases, practice in the process of the pro	a. DUE TO (OR	on each line.	eacedial		ction wo	Interval Between Onset and Da			
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C								
PART II. Other significant condition	Dependan	ith but not resulting in it Day Expheral	the con	5/10000	D. WAS AN AUTOPSY PERFORMED?  YES 2 NO	46. WERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one)								
t D KES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 ☐ Inpetient 2 ☐ ER  28a. DATE OF INJ  (Month, Day, Y	/Outpatient 3 DOA	OTHER:  Nursing Nome 5 Re OF 28c. INJURY AT WORK?  M 1 YES 2	28d. DESCRI	BE NOW INJURY OCCURED				
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE OF IN	JURY — At home, farm, str (Specify)		281. LOCATIO	ON (Street and Number or Run own, State)	al Route Number,			
Market Co.			at the time, date and place in my opinion, death occur		a) and manner as stated.	e(a) and manner as stated			
THE BIOMATURE AND TITLE OF CERTIFIC	ER		29c. LICI	ENSE NUMBER 2-86 56	29d. DATE SIGN	ED (Month, Day, Year) 7/94			
	MD 8600	F DEATH (ITEM 27) (Type, I	tve. #40	4 B. SIL	NER SPRIN	VG MD, 209			
FEB 2 2 1994	32 REGISTRATS	SIGNATURA PANDAGE							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DNMH-16 Rev 1/89

1	7	1 3
1	4	1:
	~	from 1
4	the adjust on	- tim

**BALTIMORE, MARYLAND 21215-0020** 

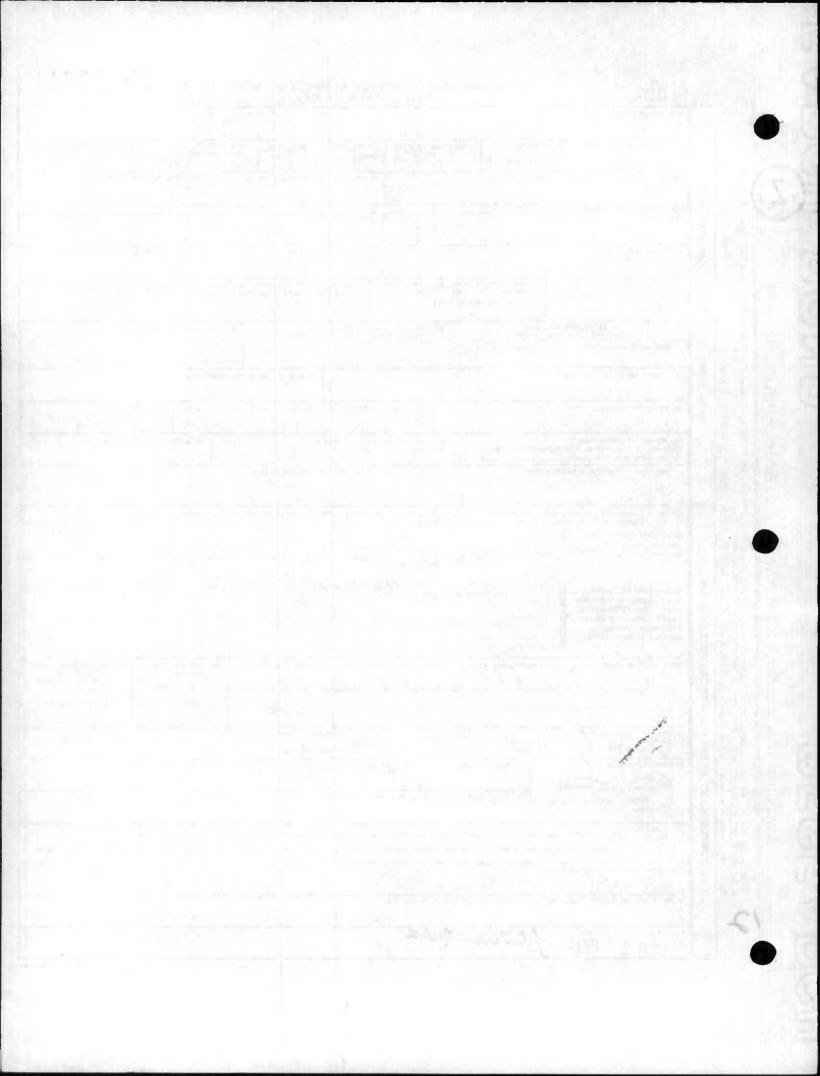
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. OECEDENT'S NAME (First,	Middle, Lest)								2. DATE OF E	DEATH	v	YEAR	3. TIME OF OEATH
			John Pie	rre						Feb.	17,	1994	TEAN .	4:00 a M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	8. AGE (In yrs. la.	st birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF E (Month, Day	HRTH V Mari		8. BIRTH Countr	PLACE (State or Foreign
	579-88-0723		1 € M 2 □ F	75	YRS.	MON (No	DAYS	HOURS	MIN.	May 20		918	Fran	
	9a. FACILITY NAME (If not ins	titution, give a	treet and number)			9b. CITY	, TOWN	R LOCATI	ON OF D	EATH		9c. COU	NTY OF O	EATH
5	4840 Bayar		7d.			Cl	nevy	Cha	se			Mo	ontgo	omery
ត្ត	RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Maryland	Monte	gomery			theso		1965						LIMITS?
	10e. STREET AND NUMBER	110110	30		100			ZIP COD	E			10g. CITI	ZEN DF W	HAT COUNTRY?
EB/	4840 Bayard	Blvd.						2081	6			Fra	ince	
FUNERAL	11. MARITAL STATUS	3	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT C	OF HISPAI	VIC ORIGIN? (S	pecify Yes		14. RACE	— American Indian,
BY	1 Never Married 2 I I 3 Widowed 4 Divor	000 1000	IF YES, GIVE W	YES 2 X	NU			2 X NO		n, Puerto Ricar y:	i, atc.)		Speci	t, White, etc.
														White
H	(Specify only	DENT'S EDUC highest grade	completed)	(0	ECEOENT'S live kind of a. Do NOT u	work done	during mo	ON st of working	ng	18b. KIN	D OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-	12)	College (1-4 or 5+	)	urna	- C				Tel	Mond	e Nev	renar	ner
8	17. FATHER'S NAME (First, Mic	Idle, Lest)	3,	1 00	arna.	LIGE	_	18. MOT	HER'S NA	ME (First, Middle			vopar	701
	Andre Pierr	e						S	ofie	Nayze:	1			
O BE	19a. INFORMANT'S NAME (Ty)	pe/Print)		19	b. MAILING	ADDRES	3 (Street a			Route Number, C		, State, Zip	Code)	
۲	Francois Pi	erre		4	840	Bayaı	d B	lvd.	, Be	thesda	, MD	2081	16	
	20a. METHOD OF DISPOSITION		oval from State	20b. PLACE	AND DATE	OF DISPOS	SITION (NE	me of		DATE	20c. LO	CATION —	City or To	wn, State
	4 Donation 5 Other (	Specify)		Gate	of H	eaver	1 Ce	mete	ry 2	/22/94	Sil	ver S	Sprin	ng, MD
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	2/1						PArk D		Fune	cal l	Home
	James	a C	(. We	Vol						MD 20				
	23. PART LEnter the dis	seases, pro	emplications that List only one cau	coused the de	eth. Do	not enter	the mo	de of dy	Ing, suc	h aa cardlac	or reaple	ratory arr	reat,	Approximata
	IMMEDIATE CAUSE (Fine		4) Al	-	/		1							Interval Batween Onset and Death
	disease or condition resulting in death)	<b>&gt;</b>	Card	120	ALI	105	T							
			0	OR AS A CONSE					2' 2		0			
N O	Sequentially list condition	ona,	COVO	(DR AS A COME	OUR P	4/1	00	V	DC	ease				
RTIFICATION	if any, leading to immed cause. Enter UNDERLYIN		<b>WE 10</b>	(DIT AS A COMME	OUDINGE O									
	CAUSE (Disease or Injur	y 1	DUE TO	OR AS A CONSE	QUENCE O	IF):								
	resulting in death) LAST		d											
CE	PART II. Other algnificer	of condition	a contributing to	death but not	maultina	In the u	dodulo		aluan la	Port I at-	MAG AN	ALLEDONAV	Lan	
3	Musika		_ /	Sym	-			g cause	given in		PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	114010	CAY 20	105/10	240	0	CVPN	_	-		10	YES 2	₩ NO		OF DEATH?
Σ							-			_				1 YES 2 ND
AN	25. WAS CASE REFERRED TO	MEDICAL					26. PI	ACE OF D	EATH (CA	eck only one)				
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpetient	. □ noa	OTHE	<b>4</b> :	V		6 Other (Sp	anth d			
H	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIN	E OF	28c, INJ	URY AT	Entrairce	28d. DESCRI		JURY OC	CURED	
> 1		Pending nvestigation	(Month, D	lly, 16ar)	IN.	JURY		RK?	] NO					
9	2 Catalda	Could not be	28e. PLACE D	F INJURY — At he	ome, ferm,	street, fac	tory, offic	a .		281. LOCATIO	N (Street a	nd Number	or Rural F	Route Number,
		ietarmined	bonding,	etc. (opecity)						City or 10	wn, Siele)			
PLE	29a. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	my knowledge, d	eath occurr	red at the t	lme, data	and place	, and due	to the cause(a	) and man	ner sa stat	ed.	
COMPLE	onei													) and manner as stated.
_	296. SIGNATURE AND TITLE	OF-CERTIFIER	1 /					29c. LIC	ENSE NU	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
BE	AShet		- Phy 51	124				D	36	797	= 1	DZ	117	194
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE DF DEATH (ITE	M 27) (Type	, Print)			- 0				/	
	Alan R. Shef	f, M.				Pike	, Ro	ckvi	11e,	Mary1	and	208	52	L. S. L. Ber
	31. DATE FILED (Month, Day, Y	bar)	Juna David	ACT SIGNATURE	22									
	FFB 2 2 19	134		•	.5									



TO BE COMPLETED BY FUNERAL DIRECTOR

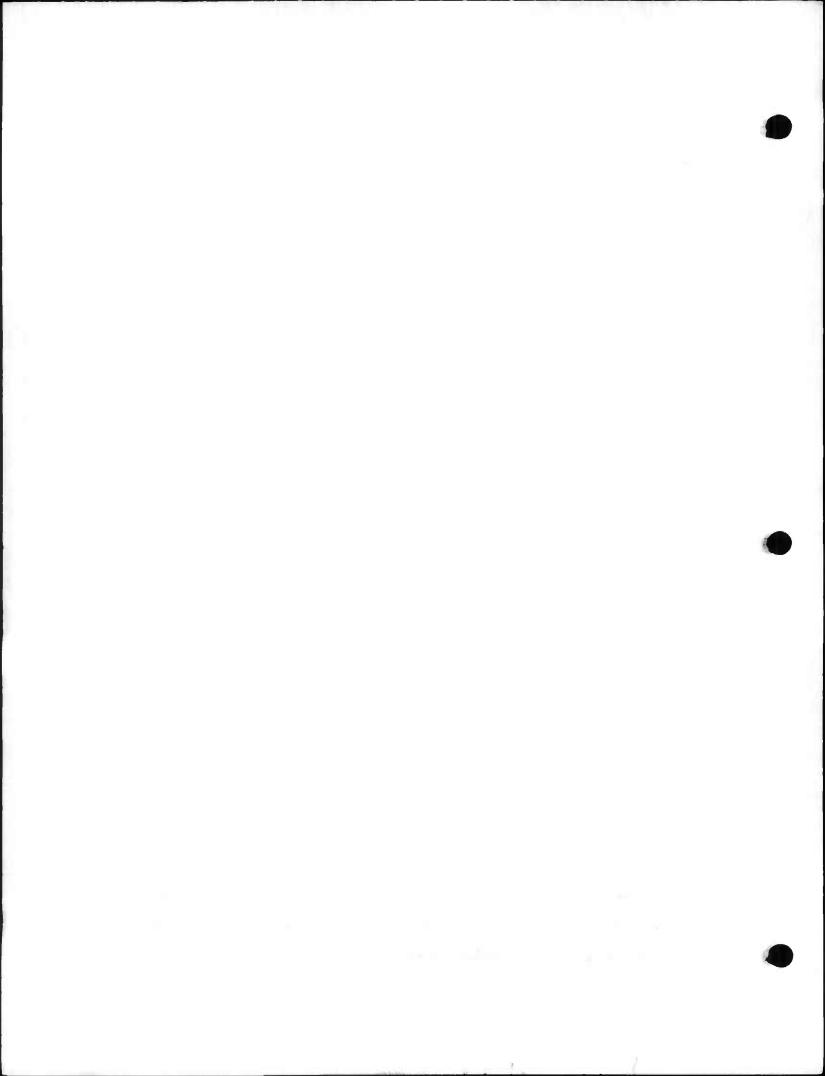
ĺ		
•	68760,	
	BOX	
	P.O.	
	RECORDS	
	F VITAL	
	DIVISION O	

	8	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
death.	e funera	ехаші
irs after	n by the	edical
1,54 1100	y filled i	the m
ed withir	ompletel	event,
execute	n and co	ımatic
ficate be	physicia ne prior	her trai
rth certi	tending if Hvaie	or off
the dea	y the at	injury.
res that	igned b	rs any
w requi	of, of H	3 show
The fa	tate De	Item 2
SICIAN	certific	10
ING PHY	After this leath with	marked
ATTEND	after of	28 is
IL 08.	L DIRE	f item
40SP1TA	UNERA /ithin 72	ANT: I
O THE	D THE F	MPORT
6	E 8	-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF I	MARYLAND / DEPAR CERTIF	TMENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.	94	070	12
ME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEAT	н
ephine E	llen Pe	rry			02 18	94	11:57	Рм
Y NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, BIRTH	IPLACE (State or For	neion
1222	1 1 M 2 W E	70	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Count		

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT O	F HEALTH AND OF DEATH			4 07012
1. DECEDENT'S NAME (First, Middle, Last)		CENTIF	ICATE	JF DEATH	REG. NO	).	
Josephine El	llen Perry				MONTH	8 94	3. TIME OF DEATH
		'In yrs, lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
579-42-9222	1 🗆 M 2 🖄 F	70 YRS.	7	YS HOURS MIN.	(Month, Day, Year)	- (	Country)
9e. FACILITY NAME (If not institution, give stre	set and number)		9h CITY TO	WN OR LOCATION OF		1994  SC	outh Dakota
9274 Adelphi Road	•		Adelp		land	201 01220	e Georges
RESIDENCE OF DECEDENT	"12		Adel	, Haly	Tanu	Trince	Georges
10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR L	DCATION			10d, INSIDE CITY
Maryland Princ	ce Georges		Adelph	ri.			LIMITS?
10e. STREET AND NUMBER				10f, ZIP CODE	-	10g. CITIZEN	OF WHAT COUNTRY?
9274 Adelphi Road	1 #12			20783		US	3Δ
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS	DECENDENT OF HISP	ANIC ORIGIN? (Specify Ye		RACE — American Indian, Black, While, stc.
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	Z MNO ATES	If yes	s, specify Cuban, Mexic YES 2 (2): NO Spec	can, Puerto Rican, atc.)		Specify: White
15. OECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. DECEDENT'S (Give kind of t	work done durin	PATION g most of working	16b. KIND OF BU	ISINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)				
12		Hom	emaker		Own h		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Meider	Surname)	
John Patrick Harr	igan				tta Doyle		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rura	Route Number, City or Tox	vn, State, Zip Coo	(6)
Eugene Perry		9274	Adelph	i Road #1	2 Adelphi	Marylan	id 20783
20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Remov		PLACE AND DATE		N (Name of	OATE 20c, LO	CATION — City	or Town, State
4 Donation 5 Other (Specify)		etery, crematory or or George W	ashing	ton	2/22/94 Ad	elphi,	Maryland
21. SIONATURE OF FUNERAL SERVICE LICE	NSEE		22. NAM	E AND ADDRESS OF F	ACILITY Hines/	Rinaldi	Funeral Home
1 Chambre	X1						r Spring, 2090
23. PART I. Enter the diseases, or co	emplications that caused	the deeth. Do r			-		
anock, or neart lenure. Li	ist only one couse on er	ich iine.	or ontor the	mode of dynig, so	on an cardiec or reap	matory arrest,	interval Between
IMMEDIATE CAUSE (Final disease or condition	Can-	12616	20	700	1	, )	Onset and Death
resulting in death) a.	OUE TO (OR AS A	CONSEQUENCE OF	1/2	Della	werAT	ر حا	17/5
	402 10 (01) AO A	CONSCOURNCE OF	7.				
Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF	า:				
if any, leading to immediate cause. Enter UNDERLYING			,				j
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	ŋ:				
resulting in death) LAST							
PART ii. Other aignificent conditions	contributing to death be	ut not resulting i	n the under	ying ceuse given in	Part I. 24a. WAS AN		246. WERE AUTOPSY FINDINGS
CARCINON	AOFA	the 1	She	37	1 🗀 YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						~	1 TES 2 SASSO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			20	S. PLACE OF OEATH (C	heck only one)		
a CO Maria I al COMPANIA	HOSPITAL: 1 D Inpatient 2 D ER/Outpu	ntient 3 DOA	OTHER:	Home 5 Residence	6 Other (Specify)		
27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c	INJURY AT	28d. OESCRIBE HOW	NJURY OCCURE	0
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, rear)	INJ	URY 1	WORK?			
3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, farm, s	treet, factory,	office	28f. LOCATION (Street		ural Route Number,
4 Homicide determined	building, atc. (Speci	ny)			City or Town, State,		
290, CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowle	adra darth comm	d at the star		200		
							use(e) and manner as stated.
		- Investigation			1-12-10-1		
29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	IMBER		NED (Month, Day, Year)
FVB and W	0	_ ~~		10015	77	12-1	4-44
10. NAME AND ADDRESS OF PERSON WHO							
Dr. Richard Poll		0400 Cor	necti	Ave.,	#606, Kens	ington	, MD
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					
FEB 2 2 1994	June menteron	Manage					

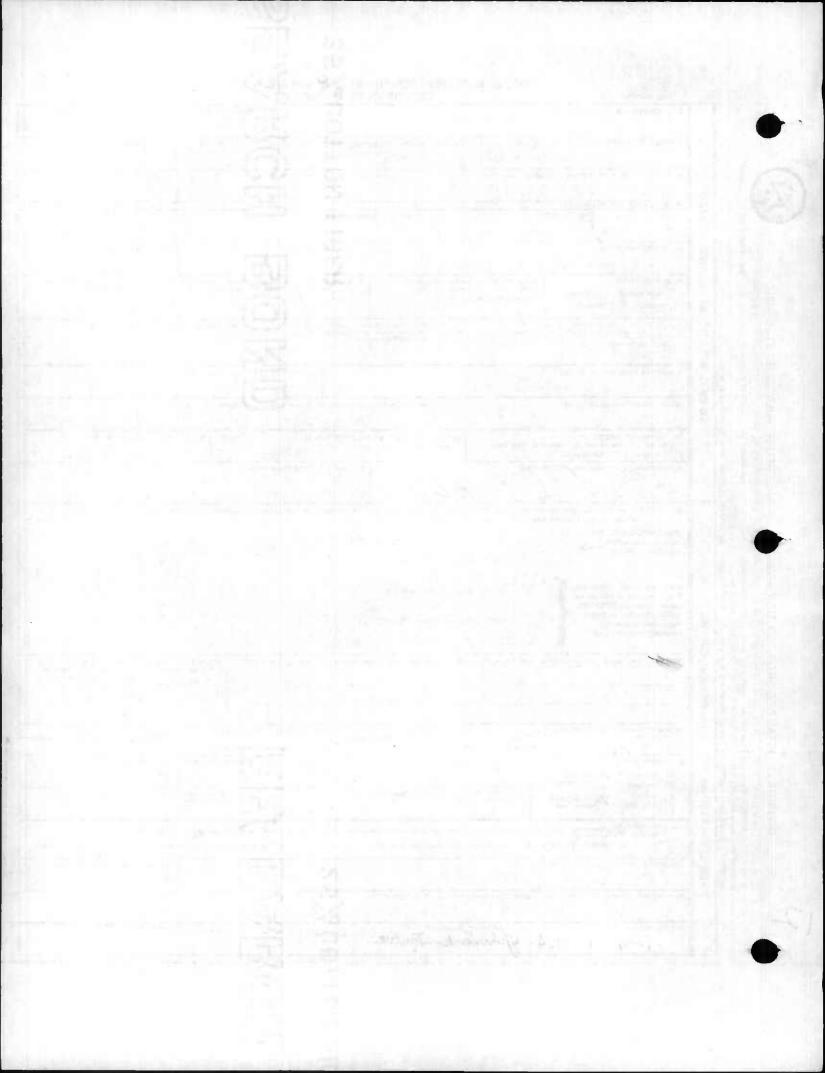


O. BOX 68/60.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within round after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.0	0	7	0	1	0
94	U	1	U	-	V

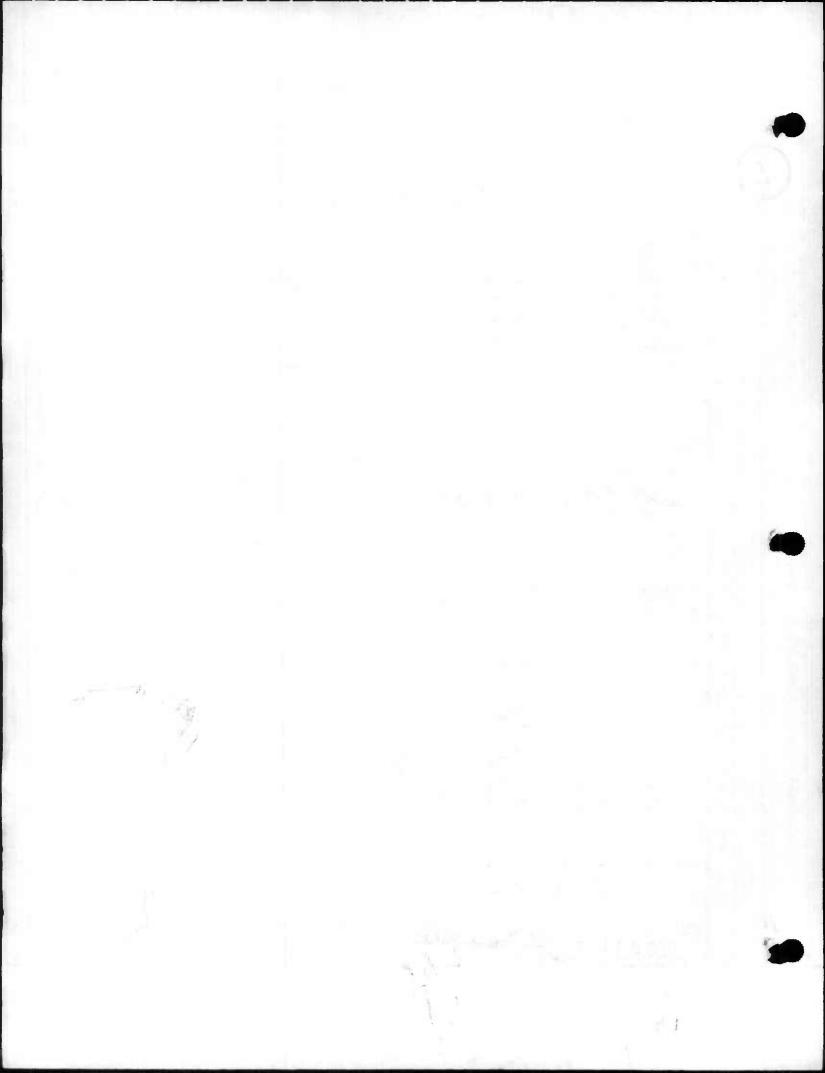
REGISTRAR									
1. DECEDENT'S NAME (First, Middle, L	CRAI	G ALAN E	PAUL			MONTH	OF OEATH DAY	YEA	
	PAUL					FEB	RUARY2	0, 199	5:29
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	MO	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)	B. BI	IRTHPLACE (State or Foreit
220-46-6884	1 💢 M 2 🗆 F	45	YRS.		I MIN.	NOV.	5,1948		SHINGTON, D
9a. FACILITY NAME (If not institution, g			96	CITY, TOWN	OR LOCATION OF E	DEATH		9c. COUNTY C	OF DEATH
THE JOHNS HOPKI		₹L.		BALT	IMORE (	CITY			
RESIDENCE OF DECEDENT			Lea- OUTV TO	OWN OR LOCA					
SALT SCHOOL SALES			10c. C11 1, 10						10d. INSIDE CITY LIMITS?
	<u>MONTGOMERY</u>				NSVILLE				1 YES 2 N
10a. STREET AND NUMBER				10	f. ZIP CODE			10g. CITIZEN (	OF WHAT COUNTRY?
2908 CABIN CREE					20866			USA	
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	NO		CENDENT OF HISPA			r No 14. F	IACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES			2 NO Spec		carr, arcaj	S	Specify:
				1					HITE
15. DECEDENT'S (Specify only highest of		(G	ive kind of work	done during me	ON osl of working	16b.	KIND OF BUSIN	IESS/INDUSTR	TY .
Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT use re	-					
	4		SAI	LESMAN			PRINT	CING	
17. FATHER'S NAME (First, Middle, Last,					18. MOTHER'S N			imame)	-0.4111
HERBERT F. PAU	L				ROBER	TA M.	JONES		
19e, INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	DRESS (Street	and Number or Rura	Route Number	r, City or Town,	State, Zip Code	)
JEANETTE E. PAU	L	29	08 CA1	BIN CRI	EEK DRIV	E BUI	RTONSVI	LLLE, M	ARYLAND 208
20a. METHOD OF DISPOSITION 1 DyBurial 2 Cremation 3 1	Removal from State			ISPOSITION (N	ame of	DATE	20c. LOCA	TION — City o	or Town, State
4 Donation 5 Other (Specify)	TOTAL HOM STATE	PARKLA	WN MEN	MORIAL	CEMETER	Y 2/2	ROCKY	VILLE.	MARYLAND
21. SIONATURE OF FUNERAL SERVICE	E LICENSHE /	1		22, NAME A	ND ADDRESS OF F	ACILITY			
					TC T OO	TTTNC	TIMED /	AT HOM	F TNC
1///11	1 11.	11.11			IS J. CO				
IMMEDIATE CAUSE (Final	ire. List only one cau	use on each line		500 UI	NIVERSIT	Y BLVI	o.,W. S	SIL.SP: tory arrest,	R., MD. 2090 Approximate Interval Bate Onset and D
23. PART f. Enter the diseases, ahock, or heart falls	a. ARD.	on each line and a conse	t responence of:	500 UI enter the mo	NIVERSIT	Y BLVI	o.,W. S	SIL.SP: tory arrest,	R., MD. 2090 Approximate Interval Bate Onset and D
23. PART F. Enter the diseases, ahock, or heart falls iMMEDIATE CAUSE (Final disease or condition reaulting in desth)	a. ARD DUE TO	on each line  adult  cor as a conservatic above	t responence of: 0 5003	500 UI enter the mo	NIVERSIT	Y BLVI	o.,W. S	SIL.SP: tory arrest,	R., MD. 2090
23. PART I. Enter the diseases, ahock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate	a. ARD DUE TO	on each line and a conse	t responence of: 0 5003	500 UI enter the mo	NIVERSIT	Y BLVI	o.,W. S	SIL.SP: tory arrest,	R., MD. 2090 Approximate Interval Bate Onset and D
23. PART F. Enter the diseases, ahock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions,	a. Due to oue to oue to	on each line and a consecutive at a cons	Tespouence of):  0 5003  0 5005	500 UI enter the mo	NIVERSIT	Y BLVI	o.,W. S	SIL.SP: tory arrest,	R., MD. 2090 Approximate Interval Bate Onset and D
23. PART I. Enter the disease, ahock, or heart falls iMMEDIATE CAUSE (Final disease or condition reaulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due to oue to oue to	on each line  adult  cor as a conservatic above	Tespouence of):  0 5003  0 5005	500 UI enter the mo	NIVERSIT	Y BLVI	o.,W. S	SIL.SP: tory arrest,	R., MD. 2090 Approximate Interval Bate Onset and D
23. PART if Enter the diseases, ahock, or heart faile iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Due to oue to oue to	on each line and a consecutive at a cons	Tespouence of):  0 5003  0 5005	500 UI enter the mo	NIVERSIT	Y BLVI	o.,W. S	SIL.SP: tory arrest,	R., MD. 2090 Approximate Interval Bate Onset and D
23. PART if Enter the diseases, ahock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. ARD DUE TO OUE TO d. DUE TO	OR AS A CONSE	OUENCE OF):	500 UI enter the mo	NIVERSIT ode of dying, au	Y BLVI	o.,W. S	SIL.SP. tory arrest,	R.,MD.2090 Approximate Interval Batt Onset and C 3 Week
23. PART I. Enter the disease, ahock, or heart falls iMMEDIATE CAUSE (Final disease or condition reaulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. ARD DUE TO OUE TO d. DUE TO	OR AS A CONSE	OUENCE OF):	500 UI enter the mo	NIVERSIT ode of dying, au	Y BLVI	D., W. Sac or reapira  In drym  24a. WAS AN AL PERFORMI	SIL SP tory arrest,	R., MD. 2090 Approximate Interval Batt Onset and E 3 Week 2 Mary AMILABLE PRIOR TO AMILABLE PRIOR TO
23. PART if Enter the diseases, ahock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. ARD DUE TO OUE TO d. DUE TO	OR AS A CONSE	OUENCE OF):	500 UI enter the mo	NIVERSIT ode of dying, au	Y BLVI	D., W. Sac or reapira	SIL SP tory arrest,	R., MD. 2090  Approximate interval Batt Onset and E  3 Week  2 Month  24b. Were autopsy find Amil Able Prior to Completion of Cau of Death?
23. PART if Enter the diseases, ahock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. ARD DUE TO OUE TO d. DUE TO	OR AS A CONSE	OUENCE OF):	500 UI enter the mo	NIVERSIT ode of dying, au	Y BLVI	D., W. Sac or reapira  In drym  24a. WAS AN AL PERFORMI	SIL SP tory arrest,	R., MD. 2090  Approximate Interval Bate Onset and E 3 Week  Z Month
23. PART if Enter the diseases, ahock, or heart faild immediate CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. ARD DUE TO OUE TO d. DUE TO d	OR AS A CONSE	OUENCE OF):	enter the mo	NIVERSIT ode of dying, su  Y distre	Y BLVI	ndrom  24a. Was an Al PERFORM  1 VES 2	SIL SP tory arrest,	R., MD. 2090  Approximate interval Batt Onset and E  3 Week  2 Month  24b. Were autopsy find Amil Able Prior to Completion of Cau of Death?
23. PART If Enter the diseases, ahock, or heart faild immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condits of the conditions of the conditions of the conditions of the c	a. ARD DUE TO OUE TO d. DUE TO d	OR AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF):	enter the mo	NIVERSIT ode of dying, au	Y BLVI	ndrom  24a. Was an Al PERFORM  1 VES 2	SIL SP tory arrest,	R., MD. 2090  Approximate interval Batt Onset and E  3 Week  2 Month  24b. Were autopsy find Amil Able Prior to Completion of Cau of Death?
23. PART if Enter the disease, ahock, or heart faild immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the	a. DUE TO b. Pan Cre oue To c. DUE TO d. HOSPITAL:	Jee on each line  adult  (or as a consecutific all  (or as a consecutific a	OUENCE OF):  OUENCE OF):  OUENCE OF):  reaulting in t	enter the mo	NIVERSIT ode of dying, su  Y distre	Y BLVI ch as cardi 255 54	24a. WASAN AL PERFORMI	SIL SP tory arrest,	R., MD. 2090  Approximate interval Batt Onset and E  3 Week  2 Month  24b. Were autopsy find Amil Able Prior to Completion of Cau of Death?
23. PART if Enter the disease, ahock, or heart faild immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the	a. DUE TO b. Pan creation oue To c. DUE TO d	Jee on each line  adult  (or as a consecutive of a consec	OUENCE OF):  OUENCE OF):  OUENCE OF):  reaulting in t	the underlying 126. P	NIVERSIT ode of dying, au  y distre	Y BLVI	24a. WASAN AL PERFORMI	TOPSY ED?	R., MD. 2090  Approximate interval Batt Onset and E  3 Week  2 Month  24b. Were autopsy find analyable prior to completion of call of death?  1 Yes 2 No
23. PART if Enter the disease, ahock, or heart faild immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the	a. DUE TO b. Pan cre oue To c. DUE TO d. HOSPITAL: HOSPITAL: HOSPITAL: (Month, D	Jee on each line  adult  (or as a consecutive of a consec	OUENCE OF):  DUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):	the underlyin	NIVERSIT  ode of dying, au  y district  g ceuse given in	Y BLVI ch as cardi 255 54	24a. WAS AN AL PERFORMI 1 YES 2	TOPSY ED?	R., MD. 2090  Approximate interval Batt Onset and E  3 Week  2 Month  24b. Were autopsy find analyable prior to completion of call of death?  1 Yes 2 No
23. PART I. Enter the disease, ahock, or heart failt iMMEDIATE CAUSE (Final disease or condition reaulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigate 3 Suicide 8 Could not	a. DUE TO b. Pan Cre oue To c. Due To d. Due To d. Hospital: 2 28a. Date Of Month, D to be	Jee on each line  adult  (or as a consecutive of a consec	OUENCE OF):  DUENCE OF):  DUENCE OF):  TOURNE OF OF OUENCE OUENC	the underlying section with the section within the section with the section with the section with the sectio	NIVERSIT  ode of dying, au  y distre	Y BLVI ch as cardi  SS Sy heck only one 6 Other 28d, DESC	24a. WAS AN AL PERFORMI 1 YES 2	TOPSY ED?	R., MD. 2090  Approximate interval Batt Onset and E  3 Week  2 Month  24b. Were autopsy find analyable prior to completion of call of death?  1 Yes 2 No
23. PART I. Enter the diseases, ahock, or heart faild immediate CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in death LAST  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigations in the property of the pending investigation.	a. DUE TO b. Pan Cre oue To c. Due To d. Due To d. Hospital: 2 28a. Date Of Month, D to be	Jee on each line  adult  (or as a consecutive of the consecutive of th	OUENCE OF):  DUENCE OF):  DUENCE OF):  TOURNE OF OF OUENCE OUENC	the underlying section with the section within the section with the section with the section with the sectio	NIVERSIT  ode of dying, au  y distre	Y BLVI ch as cardi  SS Sy heck only one 6 Other 28d, DESC	24a. WAS AN AL PERFORM  (Specify)  CRIBE HOW INJ	TOPSY ED?	R., MD. 2090  Approximate interval Bate Onset and E  3 Week  2 Month  24b. Were Autopsy Fine Analysis for Completion of Call Of Death?  1 Yes 2 No
23. PART F. Enter the disease, ahock, or heart faild immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the	a. DUE TO b. PAN CHE OUE TO c. DUE TO d.  HOSPITAL: IN Inpatient 2 [ 28a. DATE OF (Month, D) be did 28a. PLACE Of building.	Jee on each line  adult  (or as a consecutive of the consecutive of th	DUENCE OF):  DUENCE OF):  DUENCE OF):  Teaulting in t  DOA 4  28b. TIME 0  INJURN  INJURN  INJURN  INTERIOR OF INJURN	the underlying long to	NIVERSIT  ode of dying, au  y distributed of dying, au  g ceuse given in  LACE OF DEATH (C	Y BLVI ch as cardi  Since the characteristic of the characteristic	24a. WAS AN AL PERFORMI   (Specify)  CRIBE HOW INJ.  TION (Street and rown, State)	SIL SP.  Rory arrest,  Propsy en 7  Nio  URY OCCURE	R., MD. 2090  Approximate interval Bate Onset and E  3 Week  2 Month  24b. Were Autopsy Fine Analysis for Completion of Call Of Death?  1 Yes 2 No
23. PART F. Enter the disease, ahock, or heart failt immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the	a. DUE TO b. PAN CHE OUE TO c. DUE TO d. HOSPITAL: Inputent 2 [ 28a. DATE OF (Month, D) be delivered by the best of	Jee on each line  adult  (or as a consecutive of the consecutive of th	DUENCE OF):  DUENCE OF):  DUENCE OF):  Teaulting in t  DOA 4  28b. TIME O INJURN  Both occurred a	the underlying to the time, determined the modern the modern to the underlying th	NIVERSIT  ode of dying, au  y distributed of dying, au  g ceuse given in  LACE OF DEATH (C	Y BLVI ch as cardi  Signature of the characteristic of the cause of th	24a. WAS AN AL PERFORMI  1 YES 2  (Specify)  CRIBE HOW INJ  FION (Street and rown, State)	SIL SP tory arrest,  L  JTOPSY ED7 ANO  URY OCCURE  If Number or Ru  or as stated,	R., MD. 2090 Approximate Interval Batt Onset and E 3 Week 2 Month of California Amiliable Prior to Completion of California Of Death?  1 Yes 2 No
23. PART F. Enter the disease, ahock, or heart failt iMMEDIATE CAUSE (Final disease or condition reaulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the conditions of the conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions or conditions of the condi	a. DUE TO b. Pan Cre oue To c. DUE TO d.  HOSPITAL: IN Inpatient 2 28a. DATE OF (Month, D) be d d  HYSICIAN: To the best of a	Jee on each line  adult  (or as a consecutive of the consecutive of th	DUENCE OF):  DUENCE OF):  DUENCE OF):  Teaulting in t  DOA 4  28b. TIME O INJURN  Both occurred a	the underlying to the time, determined the modern the modern to the underlying th	NIVERSIT  ode of dying, au  y district  g ceuse given it  LACE OF DEATH (C  ne 5   Residence  JURY AT  YES 2   NO	Y BLVI ch as cardi  Since A cardi  Check only one 1 8 Other 281, LOCA City one 1 to the cause of time, data a	24a. WAS AN AL PERFORM  (Specify)  CRIBE HOW INJ  FION (Street and or Town, State)	TTOPSY ED?  WHY OCCURE!  If Number or Ru  or as stated, due to the cau	Approximate interval Bate Onset and E 3 Week 2 Month of the Autopsy Find Amiliation of California Page 1 Pa
23. PART F. Enter the disease, ahock, or heart failt immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the	a. DUE TO b. Pan Cre oue To c. DUE TO d.  HOSPITAL: IN Inpatient 2 28a. DATE OF (Month, D) be d d  HYSICIAN: To the best of a	Jee on each line  adult  (or as a consecutive of the consecutive of th	DUENCE OF):  DUENCE OF):  DUENCE OF):  Teaulting in t  DOA 4  28b. TIME O INJURN  Both occurred a	the underlying to the time, determined the modern the modern to the underlying th	NIVERSIT  ode of dying, au  y distributed of dying, au  g ceuse given in  LACE OF DEATH (C	Y BLVI ch as cardi  Since A cardi  Check only one 1 8 Other 281, LOCA City one 1 to the cause of time, data a	24a. WAS AN AL PERFORM  (Specify)  CRIBE HOW INJ  FION (Street and or Town, State)	TTOPSY ED?  WHY OCCURE!  If Number or Ru  or as stated, due to the cau	R., MD. 2090 Approximate Interval Batt Onset and E 3 Week 2 Month of California Amiliable Prior to Completion of California Of Death?  1 Yes 2 No
23. PART F. Enter the disease, ahock, or heart failt immediate Cause (Final disease or condition reaulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the cause of th	a. DUE TO b. PAN CY-C OUE TO c. DUE TO d.  HOSPITAL: INDIPORTED 28a. DATE OF (Month, D be delivered by the best of a MINER: On the best of a MINER: On the best of a MINER: On the best of a	Jee on each line  adult  (or As A consector of C alc  (or As A consector o	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  Peaulting in t  28b. TIME O INJURN  Perms, Jerm, street	the underlying local part of the section of the sec	NIVERSIT  ode of dying, au  y district  g ceuse given it  LACE OF DEATH (C  ne 5   Residence  JURY AT  YES 2   NO	Y BLVI ch as cardi  Since A cardi  Check only one 1 8 Other 281, LOCA City one 1 to the cause of time, data a	24a. WAS AN AL PERFORM  (Specify)  CRIBE HOW INJ  FION (Street and or Town, State)	TTOPSY ED?  WHY OCCURE!  If Number or Ru  or as stated, due to the cau	Approximate interval Bate Onset and E 3 Week 2 Month of the Autopsy Find Amiliation of California Page 1 Pa
23. PART F. Enter the disease, ahock, or heart failt iMMEDIATE CAUSE (Final disease or condition reaulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the conditions of the conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions or conditions of the condi	a. DUE TO b. PAN CY-C OUE TO c. DUE TO d.  HOSPITAL: INDIPORTED 28a. DATE OF (Month, D be delivered by the best of a MINER: On the best of a MINER: On the best of a MINER: On the best of a	Jee on each line  adult  (or As A consector of C alc  (or As A consector o	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  Peaulting in t  28b. TIME O INJURN  Perms, Jerm, street	the underlying to the time, deterning opinion, of the time, deterning opinion, opinion	NIVERSIT  ode of dying, au  y distriction  g ceuse given in  LACE OF DEATH (C  ne 5   Residence  JURY AT  ORK?  YES 2   NO  re  a and place, end du  death occured at th	Y BLVI ch as cardi  Since the control one at the country one at the co	24a. WAS AN AL PERFORMI 1 YES 2  (Specify)  TION (Street and r Town, State)	SIL SP  tory arrest,   propsy  ED  Tropsy  ED  Tropsy	Approximate interval Bate Onset and E 3 Week 2 Month of the Autopsy Find Amiliation of California Page 1 Pa



94	07	0	L
----	----	---	---

			1 - STATE REGISTRAR	STATE OF I		/ DEPAI CERTIF					MENTAL	REG. NO		94	0/014
			1. DECEDENT'S NAME (First, Middle, Las	1)							MONTH	OF DEATH	AY	YEAR	3. TIME OF DEATH
		Ì	Marie Dickson	Perry							Febru	ary 2	1, 1	994	7:10 A M
	1		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE (	Dev. Year)		8. BIRTH Countr	PLACE (State or Foreign
1	17-1		578-22-0586	1 ☐ M 2X F	73	YRS.	MONTHS	DAYS	HOUNS	MIN.	Aug.	26,1	920		hington, D. C
1	F4-34	7	9a. FACILITY NAME (If not inatitution, give	e atreet and number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE				NTY OF D	EATH
. 1		E	4701 Willard Av	enue			Ch	evy	Chas	e			Mo	ntgoi	mery
ANT AN	20 مرودهار الاستونيار	3	RESIDENCE OF DECEDENT												
à	ages	DIRE	10a. STATE 10b. COU				TY, TOWN								10d. INSIDE CITY LIMITS?
Marra.	# H			ntgomery		Ch	evy								1X YES 2 NO
	permit.	₹ I	10e. STREET AND NUMBER					10	f. ZIP CODI				10g. CITI	ZEN OF V	VHAT COUNTRY?
	n. ansit	<b>E</b>	4701 Willard Av	enue					208	15			Un	ited	States
21203-3146	al or attending physician. for use as the burlal-transit	BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		NT EVER IN U.S. 1 YES 2 WAR OR DATES		13.	If yes, sp	CENDENT C pecify Cube B 2 NO	ın, Mexice	n, Puerto R	? (Specify Yalican, etc.)	n or No—	14. RACE Black Speci	E — American Indian, c, Whita, etc. fy: Black
9-3	as th	ED	15. DECEDENT'S E	DUCATION	16a	DECEDENT	S LISUAL C	CCLIPATI	ON		16h	KIND OF BU	SINESS/INE	DUSTRY	DIACK
20	r use		(Specify only highest gri	ide completed)		(Give kind of	work done	during m	ost of workli	ng	100.	KIND OF BO	OII COOMING	7001111	
2	d for	٦	Elementary/Secondary (0-12)	College (1-4 or 6		rinci	nal				1	Public	Sch	0016	
9	the hospital detached fo	COMPLET	17. FATHER'S NAME (First, Middle, Last)			TIMOI	pur		16 MOT	HED'S NA		fiddle, Maiden		0015	
4	be de		Albert Dickson										Surneme)		
3	ed by	B	19a. INFORMANT'S NAME (Type/Print)			405 44411 161	O ADDDE	20 (044			White	er, City or Tox	on Chair 7is	- Condal	
MARYLAND	rs after death. Page 6 may be retained by the hospital it by the funeral director, page 5 should be detached for removal.	2	Leon J. Perry					•						,	20015
	age 5										34, (				d. 20815
BALTIMORE,	after death. Page 6 may be y the funeral director, page noval. cal examiner must be		20a, METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ R	emoval from State	othe	CE OF DISPO					0/0/		CATION -		
Q	firect		4 Donellon 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		Linc	coln M			Ceme			1/94	Suit.	Land	, Maryland
E	death. Pag e funeral dir i. examiner		21. SIGNATURIYOF FUNERAL SERVICE	10 M								ervice	. In	c.	
A	deat exa		12/2/2 1/10	1/1	n								-		ton, D.C.
X 13146,	ecuted within bound completely filled in burial, cremation, or attic event, the me	TION	shock, or haert failured immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate	a. Col	p (OR AS A CON	ISEQUENCE	an	ria	to	wy	, A	nex	t	-	interval Between Onset and Death
P.O. BOX	ne death certificate be execute the attending physician and co Mental Hygiene prior to buria ijury, or other traumatic	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c DUE TO	O (OR AS A COM	ISEOUENCE	OF):								
VITAL RECORDS,	he law requires that the deal has been signed by the att e Dept. of Health and Merria m 23 shows any Injury,	MEDICAL	PART II. Other aignificant condit	lona contributing t	to death but n	ot resulting	in the u	ınderiyir	ng cause	given in	Part I.	24a. WAS AI PERFO 1 YES	RMED?	248	N. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
1	law bept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					00.0	N ACE OF	DEATH AND		1			
TA	P 5 5 6	2	EXAMINER?	HOSPITAL:	- series cons		ОТНЕ	R:	PLACE OF E						
	SICIAN: The certificate the State (, or item	YS	1 YES 2 NO	1   Inpetient 2		_	1		me 5 🗚	tesidence					
N OF	The with	ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	on	Day, Year)	- 1	IME OF NJURY M	1 🗆	IJURY AT YORK? YES 2 [	□ NO		CRIBE HOW			
DIVISION	CTOR: after	ETED	3 Suicide 6 Could not 4 Homicide determined	De building	OF INJURY — A g, etc. (Specify)	i nome, farm	, street, ta	ictory, off	ice		City	or Town, State	and Numbe	or or Hurai	Route Number,
ā	TO THE HOSPITAL OR IT TO THE FUNERAL DIRECTOR FILED WITHIN 72 hours IMPORTANT: If Item	COMPLET	100000000000000000000000000000000000000	IYSICIAN; To the best											a) and manner as stated,
	E HO d wit		29b. SIGNATURE AND TITLE PER PERIL	pts/	11/				29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	(Month, Day, Year)
	HE OF	) BE	14	ful	1				D3	3293			<b>2</b>	3 Fe	bruary 1994
	FFA	유	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	NUSE OF DEATH	(ITEM 27) (7)1	pe, <i>Print</i> )				• "				
	In		Frederick P. Sm	ith, M.D.	, 5401	Weste	ern A	ve.	N.W.	, Wa	shin	gton,	D.C.		
	10		31. DATE FILED (Month, Day, Year) FFB 2 4 1994		HAR'S SIGNATU										
			FFR 6 4 1334	1											

DHMH-16 Rev 1/89



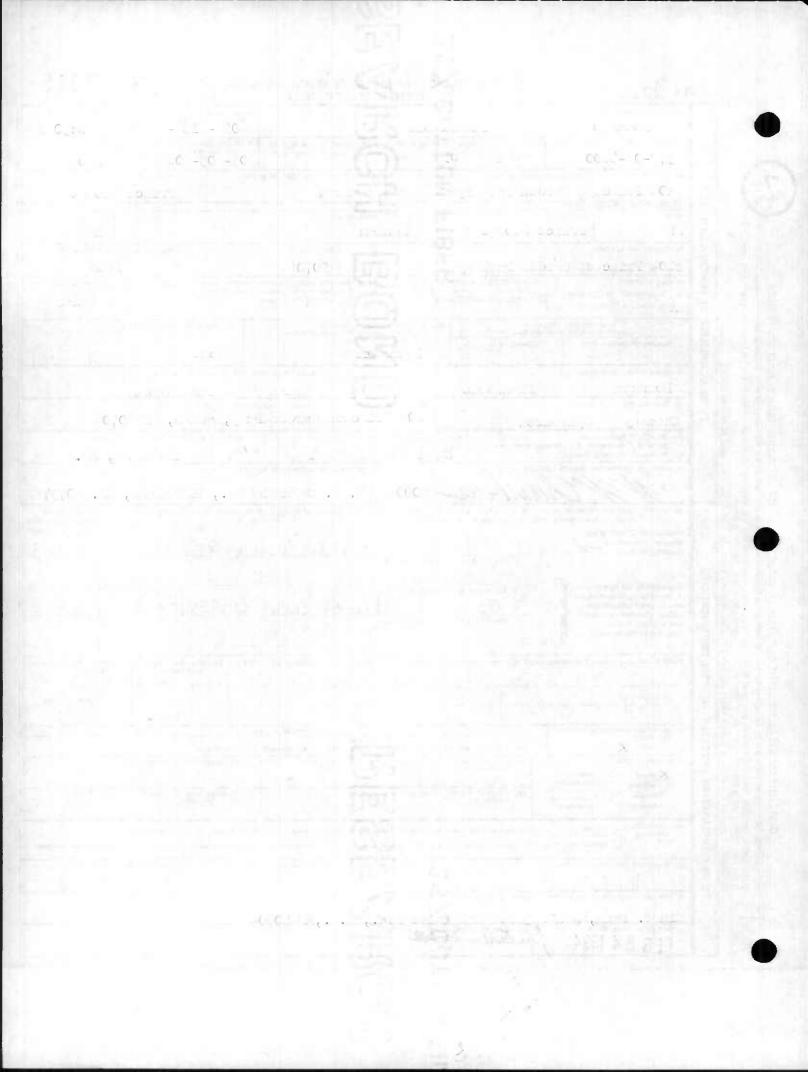
	57	E
		permit.
BALTIMORE, MARYLAND 21215-0020	d within yours after death. Page 6 may be retained by the hospital or attending physician.	inpletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
0	2	#
15	bug	25
2	r at	use
7	100	Į.
0	dsc	hed
A	9	etac
7	y th	9
H	Pa	P
A	tain	Sho
2	5	5
щ	y be	Sage
8	E	0.
0	6	ect
2	20	- G
	=	Pera
A	dea	2
m	the	impletely filled in by the fun
	65	5
	3	D C
		file
,09	-	lety
00	with	ple
2	D	E

DIVISION OF VITAL RECORDS, P.O. BOX 6876

designation of the second of t	THE CHIMNE, I TRUIT AS IS THE KNOW, OF THE PARTY BUILDING, OF THE PARTY BUILDING THE PART
al. examiner must be notified at once.	be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hosp

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	94	07015
---	----	-------

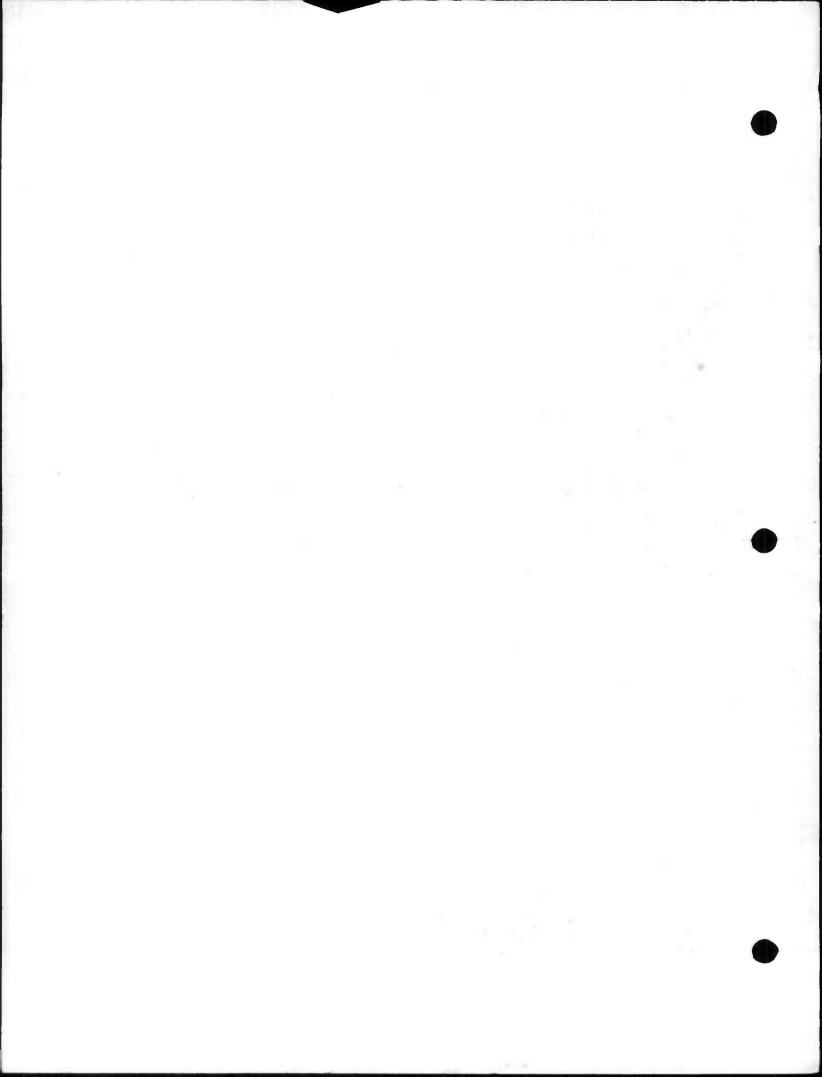
1. DECEDENT'S NAME (First,	, Middle, Last)		10.00						2. DATE OF	DEATH		W#4#	3. TIME OF DEATH
Bounlom	L	F	hakniko	one					MONTH 02	- 18	600 E	94	6:50 F
4. SOCIAL SECURITY NUMB		5, SEX	6. AGE (In yrs. I	est birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, E	BIRTH			IPLACE (State or Foreign
579-04-880	0	1 M 2 X F	85	YRS.	MONTHS	DAYS	HOURS	MIN,	05-	05-	08	Count	Laos
9a. FACILITY NAME (If not in					9b. CITY,	, TOWN O	R LOCATIO	N OF DE	ATH		9c. COL	JNTY OF E	PEATH
6104 Prince		rden Park	way		La	nhan	a				Prin	nce (	George
RESIDENCE OF DEC	10b. COUNT	v		100 00	Y. TOWN C	NO LOCAT	104						and mains over
MD		e George		4000	ham	M EUCKI	ION						10d, INSIDE CITY
10e. STREET AND NUMBER			100			101	. ZIP CODE		-		100 011	TIZEN OF	1 YES 2 NO
6104 Prince	ee Car	Men Pork	TOTE				20706				log. Cit		
11. MARITAL STATUS	55 441	12. WAS DECEDEN		ARMED	13. 1			HISPAN	IC ORIGIN? (	Specify Ve	a or No-		8.05 E - American Indian
1 Never Married 2	Married	FORCES? 1	YES 24		_	If yes, spe	ecify Cuban	, Mexicar	1, Puarto Ric	en, etc.)	# OF 140-		E — American Indian, k, White, atc.
3 Widowed 4 Divo	orced	IF YES, GIVE Y	MAR OR DATES			I 🗌 YES	2 X NO	Specify				Spec	** Asian
	EDENT'S EDU			DECEDENT					16b. K	IND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of life. Do NOT u	ise retired.)	ouring mo	st or working						
	6			Homen	aker				H	ome			
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTH	ER'S NA	ME (First, Mid	dle, Malden	Sumame)		
Bounkong		Phaniko	one				Nou	ansy		Phak	niko	ne	
19a. INFORMANT'S NAME (7	ype/Print)			196. MAILING	ADDRESS	S (Street a	nd Number	or Rural R	loute Number,	City or Tow	vn, State, Zi	ip Code)	
Khamsay	Sylaph	neth	(	104	Princ	ess	Gard	en F	kwy,I	anha	m, M	D 20'	706
20a. METHOD OF DISPOSIT		norm Pints	20b.PLAC	E AND DATE	OF DISPOS	ITION (Na	me of		DATE	20c. LC	CATION -	- City or To	own, Stata
4 Donation 5 Other		TOTAL STATE	_ CHA	MBERS	CREI	OTAM	RY	4	2/26	F	RIVER	DALE	, MD.
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	1			NAME AN		C OF EAC					
> All MI	////				22.	HAME AI	IU AUURES	S OF PAL	YTUK				
	1 19	MM W	10all	M0009						RTU	TERD A	T.T	MD 20727
23 PART I Enter the di	M	amble		M0009	l W.	. W.	CHAN	BER	s co.				MD. 20737
23. PART I. Enter the di shock, or h	Iseases, or eart fallure.	complications the	at caused the	desth. Do	l W.	. W.	CHAN	BER	s co.				Approximata Interval Between
shock, or h	eart fallure.	complications the	nt caused the cuse on each lie	desth. Do	1 W.	. W.	CHAN	BER	S CO.	c or reap			Approximeta
shock, or h	eart fallure.	List only one car	c (+0	desth. Do	1 W.	. W.	CHAN	BER	S CO.	c or reap			Approximata Interval Between
shock, or he IMMEDIATE CAUSE (Fir disease or condition	eart fallure.	complications the List only one can	c (+0	desth. Do	1 W.	. W.	CHAN	BER	S CO.	c or reap			Approximata Interval Between
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditi	eart fallure.	a	C (+ O	land	1 W.	. W.	CHAN	BER	S CO.	c or reap			Approximata Interval Between
shock, or himmediate Cause (Fir disease or condition resulting in death)	iona, diate	a	c (+0	land	1 W.	. W.	CHAN	BER	S CO.	c or reap			Approximata Interval Between
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju	lona, diate	a. Due to	C (+ O	EQUENCE O	not enter	. W.	CHAN	BER	S CO.	c or reap			Approximata Interval Between
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit If any, leading to imme- cause. Enter UNDERLY!	iona, diate	a. Due to	C (+ C)	EQUENCE O	not enter	. W.	CHAN	BER	S CO.	c or reap			Approximata Interval Between
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju that initiated events	iona, diate	a. Due to	C (+ C)	EQUENCE O	not enter	. W.	CHAN	BER	S CO.	c or reap			Approximata Interval Between
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju that initiated events	lona, diate ling	a. DUE TO DUE TO d.	C (+ C)  OR AS A CONS  OR AS A CONS  OR AS A CONS	desth. Do no.  COMEDIATE OF THE PROPERTY OF T	not enter	the mo	CHAN	ABERATION AND AND AND AND AND AND AND AND AND AN	S CO.  n as cardle  (O LU C	G .	AUTOPSY	rrest,	Approximate Interval Betwoonset and Da 10 28 9
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	lona, diate ling	a. DUE TO DUE TO d.	C (+ C)  OR AS A CONS  OR AS A CONS  OR AS A CONS	desth. Do no.  COMEDIATE OF THE PROPERTY OF T	not enter	the mo	CHAN	ABERATION AND AND AND AND AND AND AND AND AND AN	S CO.  n se cardle  () [M]  Part I. 2	Q	A AUTOPSY RMED?	rrest,	Approximate Interval Betwo Onset and Da 10 2 8 9.
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	lona, diate ling	a. DUE TO DUE TO d.	C (+ C)  OR AS A CONS  OR AS A CONS  OR AS A CONS	deeth. Do ne.	not enter	the mo	CHAN de of dyli	ABERATION AND AND AND AND AND AND AND AND AND AN	S CO.  n se cardle  () [M]  Part I. 2	G .	A AUTOPSY RMED?	rrest,	Approximate Interval Betwoonset and Da 10/28/9.  IO/28/9.  WERE AUTOPSY FINDM MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	lona, diate ling	a. DUE TO DUE TO d.	C (+ C)  OR AS A CONS  OR AS A CONS  OR AS A CONS	desth. Do no.  COMEDIATE OF THE PROPERTY OF T	not enter	the mo	CHAN	ABERATION AND AND AND AND AND AND AND AND AND AN	S CO.  n se cardle  () [M]  Part I. 2	Q .  US	A AUTOPSY RMED?	rrest,	Approximate Interval Betwo Onset and Da 10 2 8 9.
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS  PART II. Other algnifica	iona, diate ing int condition	a. DUE TO DUE TO d.	C (+ C)  OR AS A CONS  OR AS A CONS  OR AS A CONS	desth. Do no.  COMEDIATE OF THE PROPERTY OF T	not enter	the mo	CHAN de of dyli	MBERGARDER SUCCESSION OF A LANGE COMMENTS OF A	S CO.  n se cardle  () [M]  Part I. 2	Q .  US	A AUTOPSY RMED?	rrest,	Approximate Interval Betwoonset and Da 10/28/9.  IO/28/9.  WERE AUTOPSY FINDM MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
shock, or h IMMEDIATE CAUSE (Fir Idleesse or condition resulting in death)  Sequentially list condit: If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS  PART II. Other algnifica	iona, diate ing int condition	a. DUE TO L. DUE	C (+ C)  O (OR AS A CONS  O (OR AS A CONS  O (OR AS A CONS	deeth. Do no.	not enter	We the mo	CHANde of dyling and a course grant and a course grant according to the course grant according t	IN A CL	Part I. 2	C OF TEMP	A AUTOPSY RMED?	rrest,	Approximate Interval Betwoonset and Da 10/28/9.  IO/28/9.  WERE AUTOPSY FINDM MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS  PART II. Other algnifica	iona, diate ing int condition	B. DUE TO  DUE TO  HOSPITAL: 1   Inpatient 2   28e. DATE OF	C (+ C) FOR AS A CONS COM AS A	SEQUENCE OF THE PROPERTY OF TH	In the un	the mo	CHAN  de of dyli  GAC  g cause g  CA  ACE OF DE	IN A CL	S CO.  n se cardle  O LM C  Part I. 2	C or reap  (C or reap  (LS)  (4a, WAS AN    PERFO    YES :	N AUTOPSY RMED? 2 NO	248	Approximate Interval Betwoonset and Da 10/28/9.  IO/28/9.  WERE AUTOPSY FINDM MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS  PART II. Other algnifics  25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5	lona, diate ing	a. DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO	C (+ C) FOR AS A CONS COM AS A	SEQUENCE OF THE PROPERTY OF TH	In the un	the mo	CHAN de of dyli  GAC  GCOUNT AT HICK	IVA	Part I. 2	C or reap  (C or reap  (LS)  (4a, WAS AN    PERFO    YES :	N AUTOPSY RMED? 2 NO	248	Approximate Interval Betwoonset and Da 10/28/9.  IO/28/9.  WERE AUTOPSY FINDM MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Shock, or h  IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events resulting in death) LAS  PART II. Other algnifics  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5	iona, diate ing investigation	B. DUE TO  A. DUE TO  C. DUE TO	C H O  GOR AS A CONS	Secth. Do  lead to the control of th	In the un	26. PL	CHAN de of dyli  GALC  GEORGE  GEORGE  ACE OF DE  STARAGE  HRY YES 2 75	IVA	Part I. 2.  Lock only one)  28d. DESCR	G	N AUTOPSY RMED? 2 NO	24k	Approximate Interval Betwoonset and Da 10/28/9.  IO/28/9.  WERE AUTOPSY FINDM MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Shock, or h IMMEDIATE CAUSE (Fir Idleesse or condition resulting in death)  Sequentially list conditi If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS  PART II. Other algnifica  25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5   2 Accident 3 Suicide 6	lona, diate ing	B. DUE TO  A. DUE TO  C. DUE TO	C (+ C)  O (OR AS A CONS  O death but not  ER/Outpatient FINJURY  Jay, Year)	Secth. Do  lead to the control of th	In the un	26. PL	CHAN de of dyli  GALC  GEORGE  GEORGE  ACE OF DE  STARAGE  HRY YES 2 75	IVA	Part I. 2.  Lock only one)  28d. DESCR	C OF reap  Specify)  RIBE HOW	N AUTOPSY RMED? 2 NO	24k	Approximate Interval Betwoonset and Da IO 28 9.  IO 28 9.  WERE AUTOPSY FINON AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
Shock, or h  IMMEDIATE CAUSE (Fir  Idleesse or condition resulting in death)  Sequentially list conditi If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS  PART II. Other algnifica  25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5   2 Accident 3 Suicide 6   4 Homicide  29a. CERTIFIER SO CERTIFIER  29a. CERTIFIER SO CERTIFIER  29a. CERTIFIER SO CERTIFIER  29a. CERTIFIER SO CERTIFIER  29a. CERTIFIER SO CERTIFIER	iona, diate ing investigation to be determined	B. DUE TO  DUE	C H O  GORAS A CONS  GORAS A C	deeth. Do ne.  LOVE THE CONTROL OF T	In the un	the mo	CHAN de of dyli  ACE OF DE DE STA REC URY AT PRES 2 PM	IVEN IN INC.	Part I. 2.  Part I. 2.  Ock only one)  28d. DESCR	G	N AUTOPSY RMED? 2 NO INJURY OC	248 CCURED or or Rural	Approximate Interval Betwoonset and Da IO 28 9.  IO 28 9.  WERE AUTOPSY FINON AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
Shock, or h  IMMEDIATE CAUSE (Fir  Idleesse or condition resulting in death)  Sequentially list condit If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disesse or inju- that initiated events resulting in death) LAS  PART II. Other algnifica  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident 3 Suicide 6   4 Homicide  29a. CERTIFIER (Check only)  1 CERTI	iona, diate ING ITY IT INCOMEDICAL  Pending Investigation Could not be determined	BUE TO  BUE TO  BUE TO  BUE TO  CONTRIBUTING TO  CONTRIBUTING TO  CONTRIBUTING TO  CONTRIBUTING TO  CONTRIBUTING TO  CONTRIBUTING  CONTRIBUTIN	C C C C C C C C C C C C C C C C C C C	deeth. Do ne.  LOVE THE CONTROL OF T	In the un	the mo	CHAN de of dyli  ACE OF DE DE ST REI  URY AT PES 2 S  and place,	IVER IN CALL IN COLUMN IN CALL IN COLUMN IN CALL IN COLUMN IN CALL IN	Part I. 2:  Lock only one)  6 Other (S 28d, DESCF 26f, LOCATI	4a, WAS AN PERFO	N AUTOPSY RMED? 2 NO INJURY OC	248 CCURED Fror Bural	Approximate Interval Betw Onset and Di IO 28 9.
Shock, or h  IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS  PART II. Other algnification  25. WAS CASE REFERRED TO EXAMINER? 1   Neturel   5   NO  27. MANNER OF DEATH 1   Neturel   5   CERTIFIER (Check only one)   2   MED	iona, diate indicate	B. DUE TO  DUE	C C C C C C C C C C C C C C C C C C C	deeth. Do ne.  LOVE THE CONTROL OF T	In the un	the mo	CHAN de of dyls  G. C.	Iven in I	Part I. 2.  Part I. 2.  Other (S 28d, DESCF City or to the cause time, date an	4a, WAS AN PERFO	NAUTOPSY RMED? 2 NO INJURY OC	24£ CCURED or or Rural sted.	Approximate Interval Betwoonset and Da IO 28 9.  IO 28 9.  WERE AUTOPSY FINON AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
Shock, or h  IMMEDIATE CAUSE (Fir  Idleesse or condition resulting in death)  Sequentially list condit If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disesse or inju- that initiated events resulting in death) LAS  PART II. Other algnifica  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident 3 Suicide 6   4 Homicide  29a. CERTIFIER (Check only)  1 CERTI	iona, diate indicate	B. DUE TO  DUE	C C C C C C C C C C C C C C C C C C C	deeth. Do ne.  LOVE THE CONTROL OF T	In the un	the mo	CHAN de of dyli  ACE OF DE DE ST REI  URY AT PES 2 S  and place,	Iven in I	Part I. 2.  Part I. 2.  Other (S 28d, DESCF City or to the cause time, date an	4a, WAS AN PERFO	NAUTOPSY RMED? 2 NO INJURY OC	24£ CCURED or or Rural sted.	Approximate Interval Betwoonset and Da IO 28 9.  IO 28 9.  WERE AUTOPSY FINON AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
Shock, or h  IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events resulting in death) LAS  PART II. Other algnifics  25. WAS CASE REFERRED TO EXAMINER?  1   Netural   5   2   Accident   3   Suicide   6   4   Homicide    29a. CERTIFIER   CERTIFIER   (Check only one)   2   MEDI  29b. SIGNATURE AND TITLE	lona, diate indicate in condition in conditi	B. DUE TO  DUE	C (+ C) FOR AS A CONS  COM AS A CONS	deeth. Do re.  LOVE TO THE TENNER OF THE TEN	In the un  OTHER JURY M  street, fact	the mo	CHAN de of dyls  G. C.	Iven in I	Part I. 2.  Part I. 2.  Other (S 28d, DESCF City or to the cause time, date an	4a, WAS AN PERFO	NAUTOPSY RMED? 2 NO INJURY OC	24£ CCURED or or Rural sted.	Approximate Interval Betwoonset and Da IO 28 9.  IO 28 9.  WERE AUTOPSY FINON AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
Shock, or h  IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS  PART II. Other algnification  25. WAS CASE REFERRED TO EXAMINER? 1   Neturel   5   NO  27. MANNER OF DEATH 1   Neturel   5   CERTIFIER (Check only one)   2   MED	lona, diate indicate in condition in conditi	B. DUE TO  DUE	C (+ C) FOR AS A CONS  COM AS A CONS	deeth. Do re.  LOVE TO THE TENNER OF THE TEN	In the un  OTHER JURY M  street, fact	the mo	CHAN de of dyls  G. C.	Iven in I	Part I. 2.  Part I. 2.  Other (S 28d, DESCF City or to the cause time, date an	4a, WAS AN PERFO	NAUTOPSY RMED? 2 NO INJURY OC	24£ CCURED or or Rural sted.	Approximate Interval Betwoonset and Da IO 28 9.  IO 28 9.  WERE AUTOPSY FINON AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
Shock, or h  IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events resulting in death) LAS  PART II. Other algnifics  25. WAS CASE REFERRED TO EXAMINER?  1   Netural   5   2   Accident   3   Suicide   6   4   Homicide    29a. CERTIFIER   CERTIFIER   (Check only one)   2   MEDI  29b. SIGNATURE AND TITLE	ont failure.  Iona, diate ing int condition  O MEDICAL  Pending investigation  Could not be determined  TIFYING PHYSI  ICAL EXAMINE  OF CERTIFIE  F PERSON WH	BUE TO  DUE TO	C (+ C)  O (OR AS A CONS  O (OR AS A CON	deeth. Do te.  Continue of the continue of the country of the coun	In the un  OTHEF 4   Num  AE OF JURY M  street, fact	the mo	CHAN de of dyls  GLOCA  CALL  CALL  CALL  CALL  CALL  CALL  CALL  ACE OF DE  SN Ras  URY AT  YES 2  And place, eath occure  29c. LICE  D	Iven in I	Part I. 2.  Part I. 2.  Other (S. 286. DESCR. City or to the cause time, date an insert	4a, WAS AN PERFO	NAUTOPSY RMED? 2 NO INJURY OC	24£ CCURED or or Rural sted.	Approximate Interval Betwoonset and Da IO 28 9.  IO 28 9.  WERE AUTOPSY FINON AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO



A		3 to 1
(	Z	)
1441	J.	1232
		100 E
		n. ansit permit.
		n. ansit

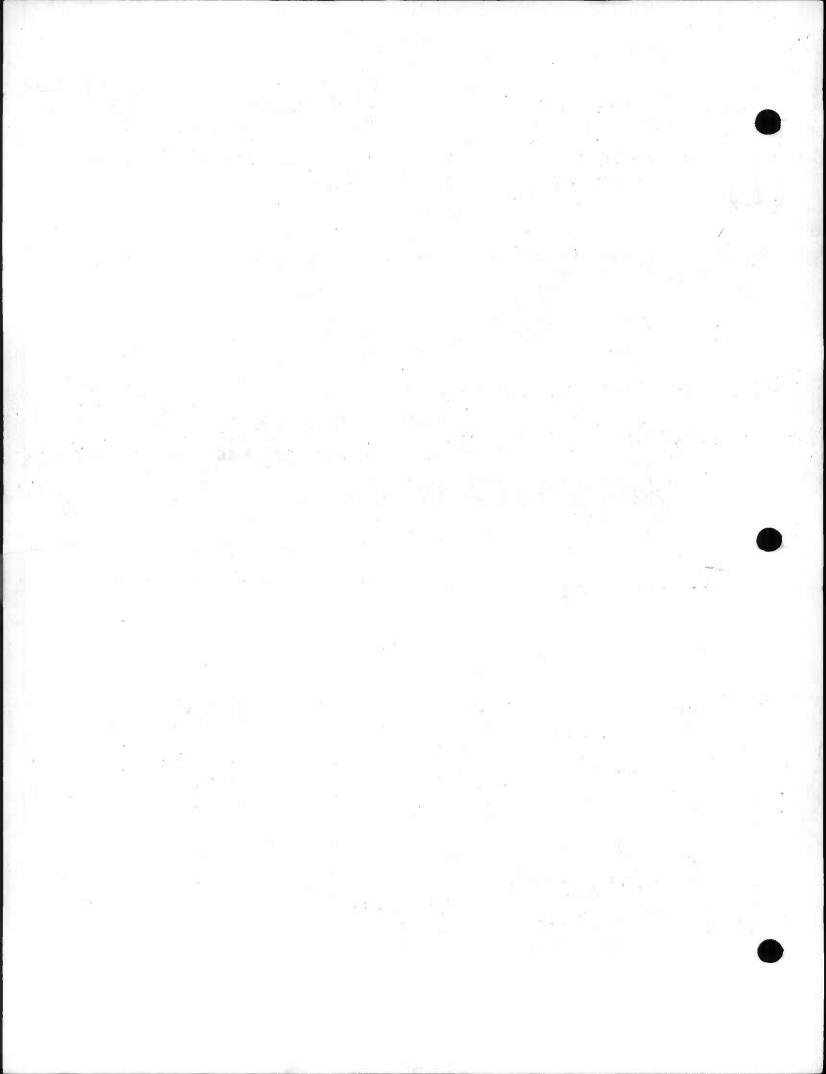
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OTATE OF MA	CE				DEATH		REG. NO.		94	0/016
	1. DECEOENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			TIME OF DEATH
	м.	laxine L. I	Dalegro	N/O				MONTH Febru	2777		994	5:34 A M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest		IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTHPL	ACE (State or Foreign
	579-03-3949	1 🗆 M 2 💢 F	87	YRS.	MONTHS	DAYS	HOURS MIN.	Aug.		906	Country)	onis
	9a. FACILITY NAME (If not institution, give s	treet and number)	0/		9b. CITY,	TOWN O	R LOCATION OF DE		0, 1		INTY OF DEA	
R	5617 Wilson Lane				F	Beth	esda			Mo	ontgom	erv
5	RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF						10	Dd. INSIDE CITY LIMITS?
	Maryland	Montgome	ry		I		esda				1	YES 2 NO
₹ I	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF WH	AT COUNTRY?
Ę	5617 Wilson Lane						20814				ited S	
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDENT E FORCES? 1	VER IN U.S. ARI	MED O			ENDENT OF HISPAN			or No-	14. RACE - Black, \	American Indian, Vhita, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR			1	YES	2 X NO Specify				Specify:	
ED	15. OECEDENT'S EDU	CATION	140 DEC	'EDENT'S	USUAL OC	CHIDATIO	. Al	105 V	ND OF BUS	IMEGG/IM	DUETRY	White
E	(Specify only highest grade	completed)	(Gh	ve kind of a	work done de	uring mos	st of working	100. K	IND OF BUS	SINE 35/IN	DUSTRY	
PE	Elementary/Secondary (0-12)	College (1-4 or 5 +) 4			esser			B	eauty	Sa1	on	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4	па	IIUI	esser		18. MOTHER'S NA					
										ourneme)		
BE	Charles Lyman  19a, INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	(Street a	nd Number or Rural F	ayman		n State Zi	in Code)	
2	Philip E. Determ	an					ane, Bet					814
	20a. METHOD OF DISPOSITION						me of 2/22/9		7		City or Town	
	1 ☐ Buriel 2 M Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	cometery, crer	netary or a	ther plece)		orium,	1	Be	thes	da, Ma	ryland
	21. BIGHATURE OF FUNERAL SERVICE LA	ENSEE /	110110	OO	22. N	AME AN	D ADDRESS OF FA	CILITY				
	VM.halt	Nacoina	N	10084		hevy	Chase,	Inc.	7557	Wisc	onsin	Bethesda- Avenue
_	23. PART i. Enter the diseases, or o	AFOLD THE										
	shock, or heart failure.	List pnly one cause	on each line.	atir. DO	iot enter i	tria into	ua or dying, suci	n as cardia	c or reap	ratory at	rest,	Approximate Interval Between
- 11	IMMEDIATE CAUSE (Final disease or condition											Onset and Death
3	resulting in death)	**	etasta			t C	ancer					5 years
_		DOE 10 (0)	AS A CONSEC	OENCE O	rj.							
CERTIFICATION	Sequentially list conditions,	b DUE TO (Of	R AS A CONSEC	UENCE O	F):			-				<del> </del>
ÄT	If any, leading to immediata cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that Initiated events	OUE TO (OF	R AS A CONSEC	UENCE O	F):							
HE	resulting in death) LAST	d,										
	PART II. Other significant condition	a contributing to de	ath but not r	esuition	in the unc	deciving	cause chien in	Part I 2	4a. WAS AN	ALITOREV	1 245 11	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Pritt iii diidi digiiiidan donanor		atti bat ilot il	asoning	iii trig uni	aniyang	Caoae given in		PERFOR	RMED?	A	WAILABLE PRIOR TO OMPLETION OF CAUSE
								— l'	YES 2	X NO		F DEATH?
Σ								- 1			1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF DEATH (Ch					
<u> </u>	EXAMINER?	HOSPITAL:		C	OTHER	1:						
4	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 E		28b. Til		28c. INJ	e 5 XResidence	6 U Other (		N IIIBY O	CUIDED	
	1 X Netural 5 Pending	(Month, Day,			JURY	WO	RK?	200. 02.00	WOE THOW I		JOUNED	
ВУ	2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF II	NJURY — At ho	me, farm.	atreet, facto			28f LOCAT	ION (Streat)	and Numbe	or or Rural Ros	de Number
8	4 Homicide determined	building, etc				,			Town, State)			
COMPLET	29a. CERTIFIER											
MP	(Check only one)  1 CERTIFYING PHYSI  2 MEDICAL EXAMINE	ER; On the basis of exam										and manner as stated
8					,, .,	, , , , , , , , , , , , , , , , , , ,			to piace, at	_		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	М.					29c. LICENSE NUI	WBER				forith, Day, Year)
၉	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITES	4 27) /Km	Print)		15822				reprua	ry 22,1994
	Douglas J. Ward,					TA7	Washir	aton	D C	27	2000	
		AUGUS PAUDAN	SIGNATURA	عالله	, 1	4 . AA .	, washill	19 0011,	ט.נ	. 20	0009	
	FEB 2 5 1994	Jane Maria	man faith									



dea	2	
fler	the	- marie
Sa	5	8
000	.E	2
Ē	file.	00
ENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after dea	R: After this certificate has been signed by the attending physician and completely filled in by the fur	ornanah
cuted	100	le jus
exe	and	2
e pe	sician	dian .
licat	Physical	900
certi	ding	diam'r.
leath	aften	J lason
he	the	11
att	3	mad
nires th	Signed	Llanloh
redi	Deen	900
MB :	as t	Dane
Ĕ	ate	9000
SIAN	rtific	Ann C
Š	is ce	4
4	5	3
DING	After	dans
3	8	400

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RIMENT OF	HEALTH AND	MENTAL HYGIEN REG. NO	J [mi]	0	7017
		1. DECEDENT'S NAME (First, Middle, Last) GEORGE	LAWREI	NCE	RHEA	1	2. DATE OF DEATH MONTH D		EAR	ME OF OEATH
		4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE Country)	E (State or Foreign
		219-70-8627  90. FACILITY NAME (If not institution give at 1106 KEYS ROA		3 YRS.	9b. CITY, TOWN	OR LOCATION OF DI	10-27-19	960 sc. COUNTY		YLAND
(1)	TOR	RESIDENCE OF DECEDENT			FISHI	NG CREE	EK	DORC	HEST	ER
1	DIRECTOR	10a. STATE 10b. COUNTY  MARYLAND I	OORCHESTER	10c. CIT	TY, TOWN OR LOCA	NG CREE				INSIDE CITY LIMITS?
permit	AL	10e, STREET AND NUMBER				M. ZIP CODE	<u> </u>	10g. CITIZEN	N OF WHAT C	YES 2 X NO
physician. burial-transit	FUNER	1106 KEYS ROAL	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE		634 NIC ORIGIN? (Specify Ye		J.S.A	nericen Indien
	В	1 Never Merried 2 XMerried 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DA		If yee, s	pecify Cubert, Mexice S 2 XNO Specifi	n, Puerto Rican, atc.)		Specify: WHI	e, etc.
or att	ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary(Secondery (0-12)	CATION completed)  College (1-4 or 5 +)	(Give kind of life. Do NOT u		ost of working	16b. KIND OF BU	SINESS/INDUS		10
by the hospital or be detached for at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			CRAB PI AGER		ME (First, Middle, Maiden	SHELI	FISH	
	BE C	WILLIAM IVY	RHEA, JR.				ANCES MAI		OWER	S
be retained tige 5 should	2	19e. INFORMANT'S NAME (Typer/Print)  MRS. TAMMY LYN	NN RHEA				Route Number, City or Tow SHING CRI			1634
e 6 may be ector, page must be		20e. METHOD OF DISPOSITION 1			OF DISPOSITION (Nother place) RY CREI	MATORY		SALISE	,	
death. Page 6 may tuneral director, pa I. examiner must b		21. SIGNATURE OF FUNERAL SERVICE LIC		~ 4	22. NAME A	ND ADDRESS OF FA				
tours after d id in by the or removal.		23. PART I, Entar the diseases, or cahock, or heart failure.	complications that caused	the death. Do	308 not enter the m	HIGH S!	T., CAMBE	RIDGE,	t,   /	Approximata
completely filled in ial, cremation, or event, the me		IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	guist	not or	ond of	S hear	è		Intarval Between Onaet and Death
and o bur	NO	Sequentially list conditions,	bDUE TO (OR AS A	CONSEQUENCE O	In:		<u> </u>		İ	
physician per prior to	CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	cDUE TO (OR AS A							
certi nding Hygie	ERTI	that initiated events reaulting in death) LAST	d	CONSECUENCE	re):					
the d M	AL	PART II. Other algnificant condition	a contributing to death bu	it not resulting	In the underlying	g cause given in	Part I. 24a. WAS AN PERFOR			AUTOPSY FINDINGS
w requires that been signed to pt. of Health a shows any	MEDIC						1 YES 2	XNO	OF DE	
has been Dept. of 1 23 sho		25. WAS CASE REFERRED TO MEDICAL					INQU	TKX	_ ' ' '	YES 2 NO
PHYSICIAN: The this certificate h with the State I with the diem	PHYSICIAN:	EXAMINER?  1 X YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Output	stient 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch				
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that THE FUNERAL DIRECTOR: After this certificate has been signed by filed within 72 hours after death with the State Dept. of Health an PORTANT: If Item 28 is marked, or Item 23 shows any	ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	260. DATE OF INJURY (Month, Day, Year) FEB20, 19	94 223	JURY W	JURY AT ORK? YES 2 XNO	28d. DESCRIBE HOW I			,
L OR ATTENDING P DIRECTOR: After t hours after death item 28 is mar	TED	3 X Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special 1106 KEY	7Y)	street, factory, offic	00	26f. LOCATION (Street City or Town, State)			
TAL OR / AL DIRE 72 hours 11 item	COMPLE		CIAN: To the best of my knowle	edge, death occurr				nner ee stated.	The line of	CO
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 I		2 MEDICAL EXAMINE	R: On the beele of examination	and/or investigation	on, in my opinion,	death occured at the			euse(a) end n	
TO THE DE file	TO BE	30. NAME AND ADDRESS OF ACRESON WHO	A COMPLETED CALIFOR OF DEA	Til dy Pag and dy	21.0	O.C.M	.E.	111111111111111111111111111111111111111	B21,1	
10		Milita	1	.11 Pen	n Stre	et, Bal	timore,	Maryl	and 2	21201
1-		FEB 25 '94	32. REGISTRAR'S SIGNA	widson Pro	1.00					
•			U	1	1000					DHMH-16 Rev 1/80

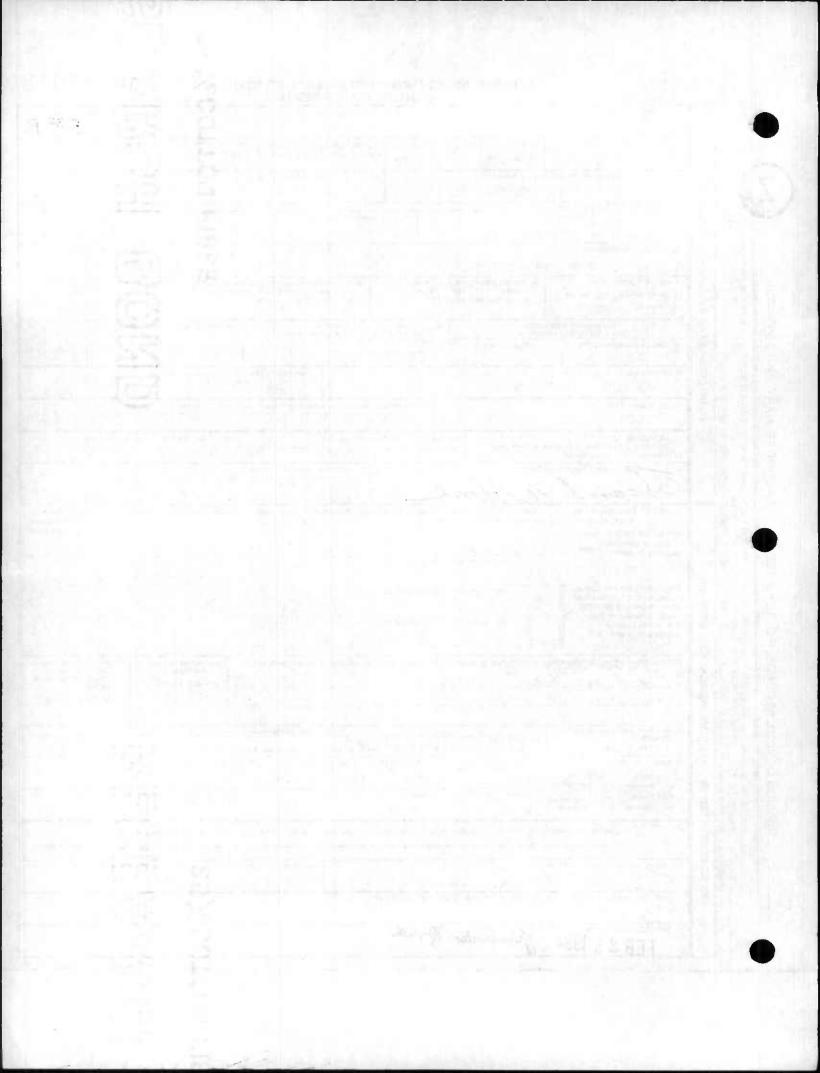


	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the first the formal director and the first the f	be med whill it fouls after death with the State Debt. Or regard and wenter prior to buring, cremators, or removed.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	the	e de	0
	d by	A P	70
	aine	hou	9
	reta	50	not
	8	age	De la
	may	or, p	15
	9 9	ecto	E
	Pag	dig	100
	ŧ	nera	E
	dea	o fu	ex.
	after	by the	be med whalin to hours after death with the state debt, or heath and wentar hygenic prior to burial, beneaton, or entroval. IMPORTANT If I tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical expenses the state of the medical expenses.
	SIRC	= 5	ned
		filled	
į	alle	tely	£ .
	with	mplen	Ven
	petn	8	C
	9000	and a	mat
	2	cian	and L
	cate	is a	1
	ertifi	ng p	oth
	th C	endi	0
	deal	e att	ury,
	the	W th	E
	that	ed b	эшу
	ires	Sign	20
	nba	Leg I	ho
	W.	S be	3 5
	he i	a ha	3 5
	N: T	ficat	ite
	ICIA	inec	0
	HYS	his c	ed
	1G P	ler th	mari
	NON	A	90
	TE	P.	200
	RA	IREC	E
	AL O	070	1
	TIM	ERA	1
	HOS	F.	M
	뿔	물 3	8
	5	2	3 2

31. DATE FILED (Month, Day, Year)
FEB 2 5 1994

12. MEGISTMAR'S SIGNATURE DAME

Frances	FRA	ANCES			RIG	ER		MONT	E OF DEATH DA		YEAR 994	5 30 P
4. SOCIAL SECURITY NUMBER  578-58-3410	5. SEX	8. AGE (In yrs. I	esi birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7 DATE	of BIRTH			PLACE (State or Foreign RUSSIA
9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY.	TOWH C	OR LOCATIO	ON OF DE				NTY OF D	
HEBREW HOME OF		WASHIN	GTON	30. 011,		KVIL		-2111	67	00 120		OMERY
10e. STATE 10b. COUNTY	NTGOMERY		10c. CIT	ROCK								10d. INSIDE CITY LIMITS?
	NIGOREKI			KUCK	-							1X YES 2 NO
1801 E. JEFFERS	ON STREE	r			101	ZIP CODE	0852					STATES
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		lf lf	yes, sp		n, Maxics	n, Puerto	N? (Specify Yes Ricen, etc.)	or No—	14. RACI Blac Spec	E American Indian, k, White, etc.
15. DECEDENT'S EDUI			ECEDENT'S					160	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	'Give kind of v le. Do NOT us <b>PROOF</b>	retired.)		st of workin	g	G	OVERNM	ENT	PRIN	TING OFFIC
17. FATHER'S NAME (First, Middle, Last) HERSCHEL MILLS	TEIN							ME (First,	Middle, Maiden	Surname)	-	
DOLORES LISS									703N—C			SE,MD.2081
20s METHOD OF DISPOSITION 1 (\Delta Buriel 2   Cremation 3   Rem 4   Donation 5   Other (Specify)	oval from State		EANDDATE (				NS	DAT 2/		CATION -	,	own, State
23. PART I. Enter the diseases, or o	complications the	mel to consequence		11	70							PELS, INC. MD. 20852
shock, or heart failura.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	· Ac	the cons	lero	tic			ng, suc	h aa car	diac or reep			Approximate interval Between
shock, or heart failura.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO	theresc	EQUENCE OF	tic P:			ng, suc	h aa car	diac or reep			Approximate interval Betwee Onset and Dear
shock, or heart failura.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS	EQUENCE OF	tic Fi:	He	Part	ng, suc	Orse	case	AUTOPSY IMED?	rest,	Approximata interval Betwee Onset and Dea
shock, or heart failura.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition and control of the condition of the cause of the condition of the cause	DUE TO  B. DUE TO  C. DUE TO  d. HOSPITAL:	(OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS	EQUENCE OF	tic Fi:	He derlying	Part	ng, suc	Part I.	24e. WAS AN PERFOT	AUTOPSY IMED?	rest,	Approximate interval Betwee Onset and Dea Grand Dea
shock, or heart failura.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  On Co Tive  America  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1   Inpatient 2	(OR AS A CONS	EQUENCE OF	TIC F):  OTHER	He 26 Pt	g cause g	given in	Part i.	24a. WAS AN PERFOR	AUTOPSY IMED?	242	Approximate interval Betwee Onset and Dea Grand Dea
shock, or heart failura.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  On Control  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO  B. DUE TO  C. DUE TO  d. HOSPITAL:	(OR AS A CONS  (OR AS A CONS  (OR AS A CONS  deeth but not  ER/Outpatient  INJURY	EQUENCE OF	TIC F):  OTHER	Hoderlying 26 Pt	g cause g	given in	Part i.	24a. WAS AN PERFOR	AUTOPSY IMED?	242	Approximate interval Betwee Onset and Dea Grand Dea
shock, or heart failura.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  On continue  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DNO  27. MANNER OF DEATH  1 Netural 5 Pending	BUE TO  B. DUE TO  C. DUE TO  d	(OR AS A CONS  (OR AS A CONS  (OR AS A CONS  deeth but not  ER/Outpatient  INJURY	EQUENCE OF TRANSPORTER OF TRANSPORTE	OTHER	26 PI	ace of Di	given in	Part i.  eck only o  6 Oth	24a. WAS AN PERFOR	AUTOPSY MED?	24Ł	Approximate interval Betwee Onset and Dea Grant and Dea Gr
shock, or heart failura.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  On Co Strue  Anew Case Referred to Medical EXAMINER?  1 Yes 2 DNO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	BUE TO  b. DUE TO  c. DUE TO  d	(OR AS A CONS  (OR AS	EQUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	OTHER	26. PLOS IN STATE OF THE PROPERTY OF THE PROPE	g cause g  ACE OF DI  WEY AT  WES 2   and place,	given in  EATH (Ch	Part I.  Beck only o  City  To the ca	24a. WAS AN PERFORM  1 YES 2  CATION (Street or Town, State)	AUTOPSY IMED?  NO  NJURY OC	24b	Approximate interval Betwee Onset and Deal   Years  D. WERE AUTOPSY FINDING  AWAILABLE PRIOR TO  COMPLETION OF CAUSE  OF DEATH!  1 YES 2 NO



BALTIMORE, MARYLAND 21215-0020

94

	FOR STATE REGISTRAR		STATE OF I			TMENT O			MEN	ITAL HYGIEN		94	0701
	1. DECEDENT'S NAME (First, CLARENCE		ROLLER		V					DATE OF DEATH	<b>7</b> ,199	4EAR	3. TIME OF DEATH 7 A.
	4. SOCIAL SECURITY NUMBER 577 10 34		5. SEX 1X M 2 F	6. AGE (In yrs. 86	lest birthdey) YRS.	IF UNDER 1 Y	AR IF UN	DER 24 HRS. 8 MIN.	7. 0	Month Day 4 (0)	7	8. BIRTH	GINIA
TOR	13302 ASH	LEY D				96. CITY, TO ROC1	WN OR LOC		DEATH	MONTG			
DIRECTOR	10a. STATE MD .	10b. COUNT	GOMERY		10c. CIT	ROC]	OCATION VILI	.E				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	13302 ASH	LEY D					10f. ZIP C	0852	2			ZEN OF V	WHAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 Married  5 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				ARMED XNO	If yo		ıban, Maxic	an, Pu	RIGIN? (Specify Year erto Ricen, etc.)	or No—	14. RACI Blaci Spec	E — American Indian, k, White, etc.
COMPLETED		EDENT'S EDU highest grad		+)	(Give kind of life. Do NOT u	USUAL OCCU work done during the retired.)  MECI	g most of wo			166. KIND OF BU			T CO.
BE CON		LLER					18. M	OTNER'S N	AME (F	First, Middle, Maiden	Darle I	FFA	CR
5	194. INFORMANT'S NAME (7) MICHAEL R		\$ 400 AM			SAME A			/ Route	Number, City or Tow	rn, State, Zij	code)	A Elevini
-	23. PART i. Enter the dishook, or himmediate cause (Fir disease or condition resulting in death)	seasea, or eart failure.	complications that List only one cell	chineir	ine.	ST not enter the	N.W.	WAS	SHI	I HOME	D.C	2. 2	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. (L'quiall'en Preumoning DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d													
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  Provide Convers  End roinles tool Bleeding  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO									246	N. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  1 Inpetient 2 ER/Outpetlent 3 DOA  4 Nursing Home 5 Kasider												
à	2 Accident	Netural 5 Pending (Month, Day, Year) INJURY    Accident Investigation   28e PLACE OF INJURY At home form street						26c. INJURY AT WORK?  1 YES 2 NO  1 Security NO Street and Number 28f. LOCATION (Street and Number					Orusha Mumhar
COMPLETED										City or Town, State;			node Namos,
BE COMP		DE EXAMIN	ER: On the General for				on, death oc		e time, UMBER	data and place, ar	nd due to t	he cause(s	a) and manner ea stated.

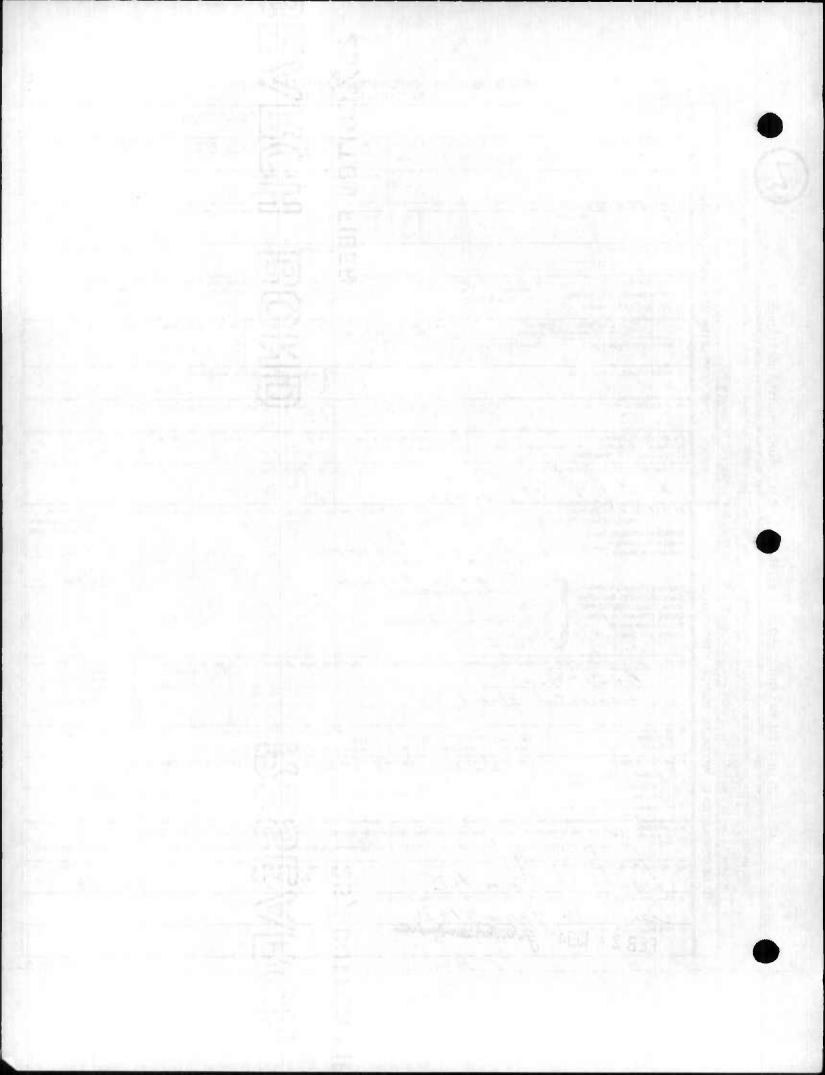
LETED CAUSE OF OEATH (ITEM 27) (Type, Print)

2

31. DATE FILED (Month, Day, FEB 2 5

1994

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



	FOR
1	STATE
	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE O. 1.

FOR STATE REGISTRAR		STATE OF MAR	RYLAND	DEPART	MENT 0	F HEALTH A	ND MEI	NTAL HYGIEN	E 91	}	702	0
1. DECEDENT'S NAME (First,	, Middle, Last)						2.	DATE OF DEATH			. TIME OF DEA	тн
John Thomas	Reinha	rd						монтн eb. 20.	1994	YEAR	5:00 p	о. м
4. SOCIAL SECURITY NUMBER	SER S	5. SEX 8. /	AGE (In yrs. le		IF UNDER 1 YE		HRS. 7.	DATE OF BIRTH	1	6. BIRTHPI	LACE (State or F	foreign
281-20-7581		M 2 □ F	72	YRS.	MONTHS DA	YS HOURS	J.	(Month, Day 16ar) an. 25,	1922	Ohio"		
9e. FACILITY NAME (If not in	estitution, give street	et end number)			9b. CITY, TO	WN OR LOCATION	OF DEATH		9c. COUN	TY OF DEA	ATH	
19323 Clubh		1. #103			Gaitl	nersburg			Mont	gomen	У	
RESIDENCE OF DEC	10b. COUNTY			10c. CITY,	TOWN OR L	DCATION			_	T	Od. INSIDE CIT	Y
Maryland	Montgo	merv		Gait	hersb	urg					LIMITS?	NO
10e. STREET AND NUMBER	nonego			001		101. ZIP CODE			10g. CITIZ		AT COUNTRY?	,
19323 Clubh	ouse Rd	#103				20879			U.S.	Α.		
11. MARITAL STATUS		2. WAS DECEDENT EV			13. WAS	DECENDENT OF	HISPANIC C	RIGIN? (Specify Ye	e or No-	14. RACE -	- American Ind White, etc.	llen,
1 Never Merried 2		FORCES? 1 X		NO	If yo	r, specify Cuben, I YES 2 X NO	Mexican, Pu Specify:	erto Ricen, etc.)		Specify:		
3 X Widowed 4 Divo	rced	WWII									White	
	EDENT'S EDUCAT y highest grade co		16a. D	ECEDENT'S L	JSUAL OCCUP ork done durin	PATION g most of working		186. KIND OF BU	SINESS/INDU	ISTRY		
Elementary/Secondary (0	)-12)	College (1-4 or 5+)							1 0			
		4	C:	IVIL I	Engine			Munici		vern	ment	
17. FATHER'S NAME (First, M						Wilma		First, Middle, Malder	Sumame)			
Harold A. R			1									
John T. Rei		Tr						Number, City or Town				
20g, METHOD OF DISPOSIT		JI.			FDISPOSITIO		, DC				ADD D	
1 A Buriel 2 Cremation 4 Donation 6 Other	on 3 🗆 Remove	al from State	cemetery, cr	ematory or oth	er place)	al Park	į,		DEATION - C		ryland	
21. SIGNATURE OF FUNERAL		1389	Falki	awii M			-		KVIIIE	, ria	il y Land	
	5 \$	0				ol Fune						
	_ 0				_		_	Dr., Ga			, MD 2	0877
23. PART I, Enter the di ahook, or h	nesses, or cor	mplications that ca at only one cause	used the d	eath. Do no	ot enter the	mode of dying	, auch as	cardiac or resp	iratory arre	at,	Approxin	
IMMEDIATE CAUSE (FL											Onset an	
disease or condition resulting in death)	<b>→</b> a	Myocardi									5 mi	n.
			AS A CONSE								10	- 1
Sequentially list conditi	lons, b.	Essentia	AS A CONSE								10 y	rs.
if any, leading to imme- cause. Enter UNDERLY!	diate	DOE TO (OH	AS A CONSE	OUENCE OF	):							
CAUSE (Disease or Inju		DUE TO (OR	AS A CONSE	OUENCE OF	):						-	
resulting in death) LAS	т .				,							
	d										+	
PART II. Other algnifice			ith but not	resulting in	the under	lying cause giv	en in Pari	1. 24s. WAS AF			VERE AUTOPSY I	
chronic th	romboph	lebitis						1 TYES		1	COMPLETION OF OF DEATH?	
											YES 2	NO
25. WAS CASE REFERRED TO EXAMINER? TELES		IOSPITAL:				6. PLACE OF DEA	TH (Check o	nly one)				
1 X YES 2 □ NO M	ayle	☐ Inpetient 2 ☐ ER	/Outpetient	3 DOA	OTHER: 4 Nursing	Home 6 🕅 Resid	lence 6 🗆	Other (Specify)				
27. MANNER OF DEATH	D. a. dian.	28e. DATE OF INJ (Month, Day, Y		28b. TIME INJU	OF 28c	INJURY AT WORK?	280	1. DEŞCRIBE HOW	INJURY OCCI	JRED	1 m	
	Pending Investigation					YES 2 A	10					
	Could not be	28a. PLACE OF IN building, etc.	JURY — At h (Specify)	ome, ferm, st	treet, fectory,	office	261	. LOCATION (Street City or Town, Stets	end Number o	or Rural Ro	ute Number,	
		AN: To the best of my										
one) 2 MEDI	ICAL EXAMINER:	On the basis of exami	nation and/or	investigation	, in my opini	on, death occured	at the time	, date end place, e	nd dua to the	ceuse(s)	and manner ee	stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	20		- 0	- ^	29c. LICENS	SE NUMBER	1	29d, DATE	SIGNED (	Honth, Day, Year	)_
Steph	ex (	. Com	uxl	11	N Y	0	13	90	1 -	2 - 2	21-94	
30. NAME AND ABORESS OF	F PERSON WHO	COMPLETED CAUSE O	F DEATH (ITE	EM 27) (Type,	Print)				10			4
Stephen C.					ntgome	ery Ave.	, Ro	ckville,	MD 20	0850		11/14
FEB 2 2 1		P. REMSTRAR'S								10		VE
FEBZZI	334			du								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. From sher death. Page 6 may be retained by the hospital or attending physician.

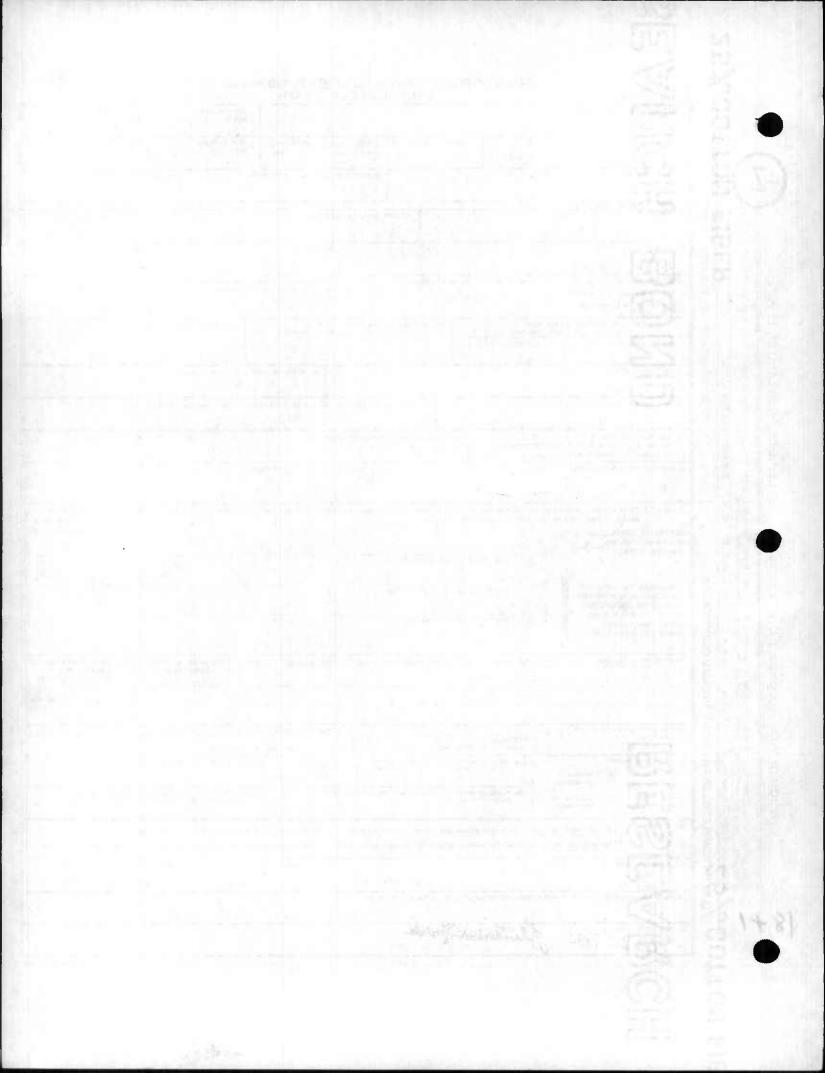
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prome be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



(	Z	7.	permit. Paget 2 3 mout
	BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Page

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

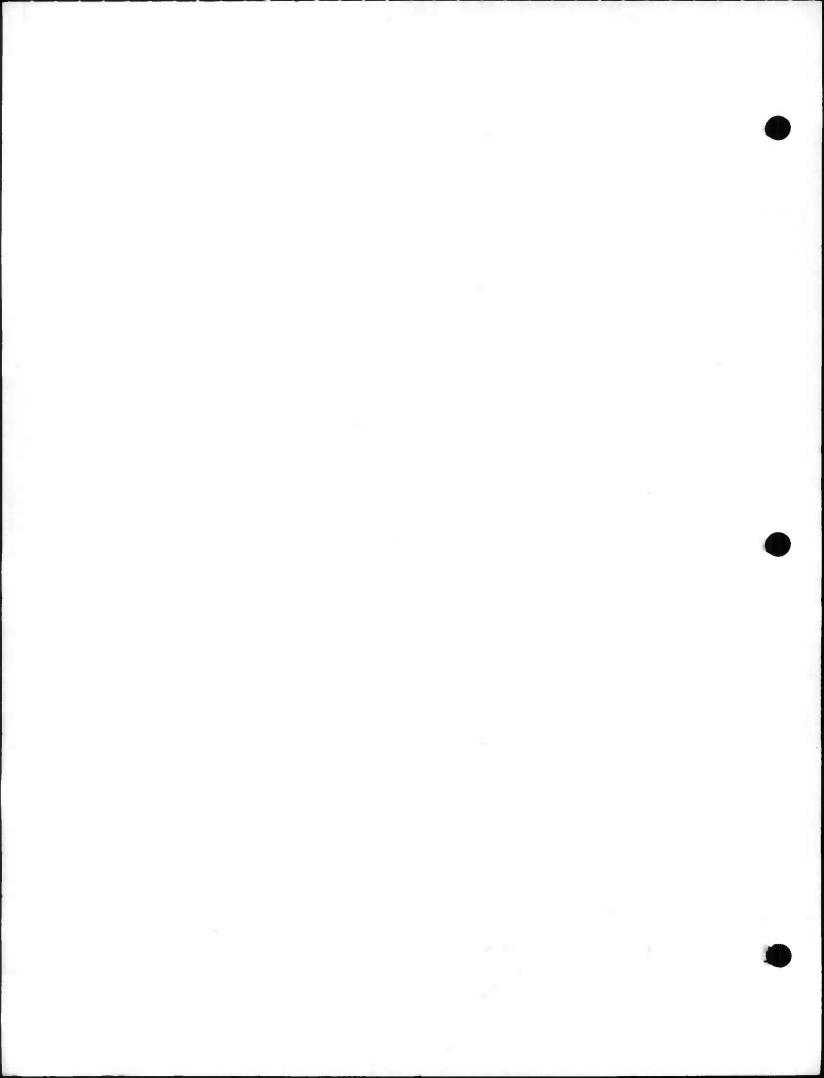
					-			HEG. NO	·		
	1. DECEDENT'S NAME (First, Middle, Last)	). RO	HRR	SAL	16+	1		2. DATE OF DEATH	" O	YEAR 135 A	
			AGE (In yrs. last		IF UNDER 1 YE	9	UNDER 24 HRS.	7. DATE OF BIRTH	- 4	S. BIRTNPLACE (State or Foreign	
	210-10-4033	M 2 □ F	71	YRS.	NONTHS DA	WS HO	PURS MIN.	Jan. 21,	1923	West Virginia	
œ	9a. FACILITY NAME (If not institution, give street	and number)			9b. CITY, TO		ocation of de hesda	HTA	A	Montromova	
DIRECTOR	Suburban Hospital					Бег	nesua			Montgomery	
E	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR L					10d. INSIDE CITY LIMITS?	
	Maryland Mc 100. STREET AND NUMBER	ntgomery				10f. ZIP	coop		100 CIT	1 YES 2 X ND	
FUNERAL	3815 Delano Street						2090	2		ted States	
	11. MARITAL STATUS 12 1 Never Married 2 Married	FORCES? 1	YES 2 NO	(ED				IC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, alc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR (	OR DATES WW	WWII 1 YE			NO Specify			Specify: White	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con		/Gh	m kind of un	SUAL OCCU	PATION g most of	working	16b. KIND OF BUS	SINESS/IN	DUSTRY	
PLE	Elementary/Secondary (0-12) C		uck D	Driver			Laundr				
SO	17. FATHER'S NAME (First, Middle, Last)	<del></del>				16.		ME (First, Middle, Maiden			
BE	William Rohrbaugh  190. INFORMANT'S NAME (Type/Print)					Ella Mo					
2	Lora N. Rohrbaugh						heaton, Ma				
	20e. METHOD OF DISPOSITION  1 XBurlal 2 Cremation 3 Removal  4 Donation 5 Other (Specify)	from State	20b. PLACE AI cemetery, crem George	netory or other	er place)		2/2	2/94		City or Town, State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	200									
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funer Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805  23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory strest,   Approximate										
	snock, or nesit fellure. List	only one ceuse of	on each line.	th. Do no	t enter the	mode D	of dying, such	n es csrdiac or reapi	ratory sn	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cerebron	ascula	r Acc	ccident 56u						
		DUE TO (OR	AS A CONSEDU	JENCE OF):	100	Acrel	lander		***	Many	
S I	Sequentially list conditions, if any, leading to immediate	OUE TO (DR		The Cardiovascular disease  Conseduence of:						years	
S	cause. Enter UNDERLYING CAUSE (Disease or Injury										
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (DR	AS A CONSEQU	JENCE DF):							
	PART II. Other aignificant conditions co	ontributing to dea	th but not re	suiting in	the under	vina ca	use given in i	Part I. 24s. WAS AN	Almorev	24b. WERE AUTOPSY FINDINGS	
MEDICAL	Renal failure					,	300 g. (01)	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME								_	Of no	OF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL										
SICI	EXAMINER?	OSPITAL:	Outpatient 3		THER:		OF DEATN (Che	ck only one)  B  Other (Specify)			
PHYSICIAN:	27. MANNER OF OEATH	28a. DATE DF INJU (Month, Day, Ye	IRY	28b. TIME (	OF 26c	INJURY WORK?		28d. OESCRIBE HOW II	JURY OC	CURED	
ሕ	1 X Natural 5 Pending 2 Accident Investigation	28s. PLACE OF INJ	IIIPV Al hom			YES	2 🗌 NO				
TED	3 Suicide 6 Could not be determined	building, atc. (	(Specify)	e, imrii, stri	set, ractory,	OTTREM		26f. LOCATION (Street a City or Town, State)	nd Number	or Rural Route Number,	
COMPLETE	29a. CERTIFIER (Check only one) 1 XCERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: D										
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (M									E SIGNED (Month, (Yey, Year)		
10 B	printy. Bug	1 (11)					D378	840	DF	EBRUARY 19,1994	
	30. NAME AND ADDRESS OF PERSON WHO CE	4 . 0				Pike	e, #103	Rockville	e, MI	20852-3179	
	31. DATE FILED (Month, Day, Year)	12. REGISTRAR'S S	HONDE DE								
	FFB 2 2 1994 gu	AND INGUITATION	1								

91. 07022

BALTIMORE, MARYLAND 21215-0020 urs after death. Page 6 may be retained by the hospital or attending physician. in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page removal. sedical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page hied within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	2 2 2

_	1 - STATE REGISTRAR		SIMIE UF I	MARTL		RTIF	CATE	OF	DEAT	TH	MENI	AL HYGIEN REG. NO.		34	UIU	66
		ith	L	•		Rya	n				2. DA	te of Death	<b>1</b> 7,1	L 9 <b>'9</b> '4	3. TIME OF DEATH	М
ı	4. SOCIAL SECURITY NUMBER 134-22-481		S. SEX		'In yrs. lest	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Mo	TE OF BIRTH onth, Day, Year)	000	Countr		oign
1	9a. FACILITY NAME (If not institution			92			9b. CITY,	TOWN O	R LOCATION	ON OF DE		n 9°. 1	902	INTY OF D	orida EATH	
	Montgomer	y Ge	neral	Hos	p.			)lne	эy				Mo	ntg	omery	
		COUNTY				10c. CITY	, TOWN O	R LOCATI	ON				10d, INSIDE CITY			
	Maryland Mo	ontg	omery				Olr	ney							LIMITS?	10
	3231 St	t Au	gustin	e Co	ourt	-,		10f.	208					J.S.	VHAT COUNTRY?	
	11. MARITAL STATUS  1 Never Married 2 Married  ***Widowed 4 Divorced**  12. WAS DECEDENT EVER IN U.S. AT FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES						- 11	yes, spe	NDENT Colly Cube	n, Maxica	in, Puert	GIN? (Specify Yea to Ricen, etc.)	or No—	Speci		٠,
	15. DECEDEN (Specify only highe				16a. DEC	EDENT'S	USUAL OC	CUPATIO	N		1	6b. KIND OF BUS	SINES\$/IN		lack	
	Elementary/Secondary (0-12) 12th Grad		College (1-4 or 5	-)	life.	Do NOT us	rork done di e retired.) t Ma			og .		Pol+	Man	n.f.	atawi na	0.0
	17. FATHER'S NAME (First, Middle, I					Der	C Ma	IVET		HER'S NA	MF (Fire	t, Middle, Malden		ula	ctoring	CO
	Edward Ryan									Li1			ires			
	19a. INFORMANT'S NAME (Type/Pri	mul.	aughte loon	r)	196.	MAILING 323	ADDRESS 1 St	(Street an	d Number	or Aural f	Route Mu	umber, City or Town	n, State, Zi;	o Code) Md	#20832	
	20a. METHOD OF DISPOSITION 1 Burlat 2 To Cremation 3 4 Donation 5 Other (Speci		ol from State	20b	PLACE A	ND DATE O	F DISPOSI	TION (Nan	ne of	- 1 -	0/	ATE 20c. LO	CATION -	City or To	wn, Stata	
	21. NIGHTATURE OF FUNERAL SER		SEE)	1	ie ci	.opo.	22. N	AME AN	ADORES	S OF FA	CILITY					-
	Dence ,	L./.	hom	den			2	46	N.	Was!	hin	gton S	St.	Rocl	. 20850 kville,	Md
	23. PART I. Enter the disees shock, or heert f	es, er con fellure. Lis	nplications the	se on e	ech line.		ot enter t	the mod	le of dyl	ng, suci	h ss ca	ardiec or respi	ratory en	rest,	Approximat	e
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	ā.,	DUE TO	VE	CONSECU	nia 10/ UENCE OF	21/	4							Omset and	
	Sequentially list conditions,	Б.				UENCE OF										
Ì	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury															
	that initiated events resulting in deeth) LAST		DUE TO	(OR AS A	CONSEC	UENCE OF	);									
	PART II. Other algorificant co	enditions of	contributing to	death b	un not re	aulting is	the und	lerivina	Chine c	ilven in	Part I	244. WAS AN	AUTOBEV	245	WERE AUTOPSY FIN	20000
١	HTX	V	, (	07	11)	,	1	40	1977	11/2	07/	MERFOR	MED?	1	AVAILABLE PRIOR TO	
			,							/ -					OF DEATH?	
ĺ	25. WAS CASE REFERRED TO MED	MCAL						2012.								
ı	EXAMINER?	Н	IOSPITAL:	ER/Outp	atlent 3 (	DOA	OTHER:		CE OF O							
	27. MANNER OF DEATH		28a. OATE OF (Month, D	INJURY		28b. TIME	OF :	28c. INJU WOR	RY AT	sidenca	_	her (Specify) ESCRIBE HOW II	YJURY OC	CURED		-
	1 Netural 5 Pendir 2 Accident Investi						М	1 🗌 YI	ES 2 [	NO						
	3 Suicide 6 Could 4 Homicide determ	not be nined	28a. PLACE O building,	F INJURY etc. (Spec	— At hom	na, farm, a	treet, factor	ry, offica				CATION (Street a ty or Town, State)	ind Number	or Rural R	loute Number,	
	29a. CERTIFIER (Check only one)															
	2   MEDICAL E	-	On the basis of a	amination	and/or In	rveatigation	, In my op	Inlon, de	eth occun	ed at the	time, de	ta and placa, and	d due to th	e cause(s)	and manner as ster	ted.
	296. SIGNATURE AND TITLE OF CO	HTFIED	1			2	U	4	290 UCE	NSE NUM	15	7	29d. DAT	E SIGNEO	(Month, Day, Mar)	
	30. NAME AND ADDRESS OF PERS	M/	OMPLETEO CAUS	SE OF OE	TH (TEM	27) (Type,	Print)	2+11	10	NO.	>	2/0	157/	1/5	1 Mil	
	31. BATE FILEO (Month, Day, Year)	1 4	22. RECUSTRA	R'S SIGN	TURE	2	7	1110		1./19		40)			2065	

DHMH-18 Rev 1/89



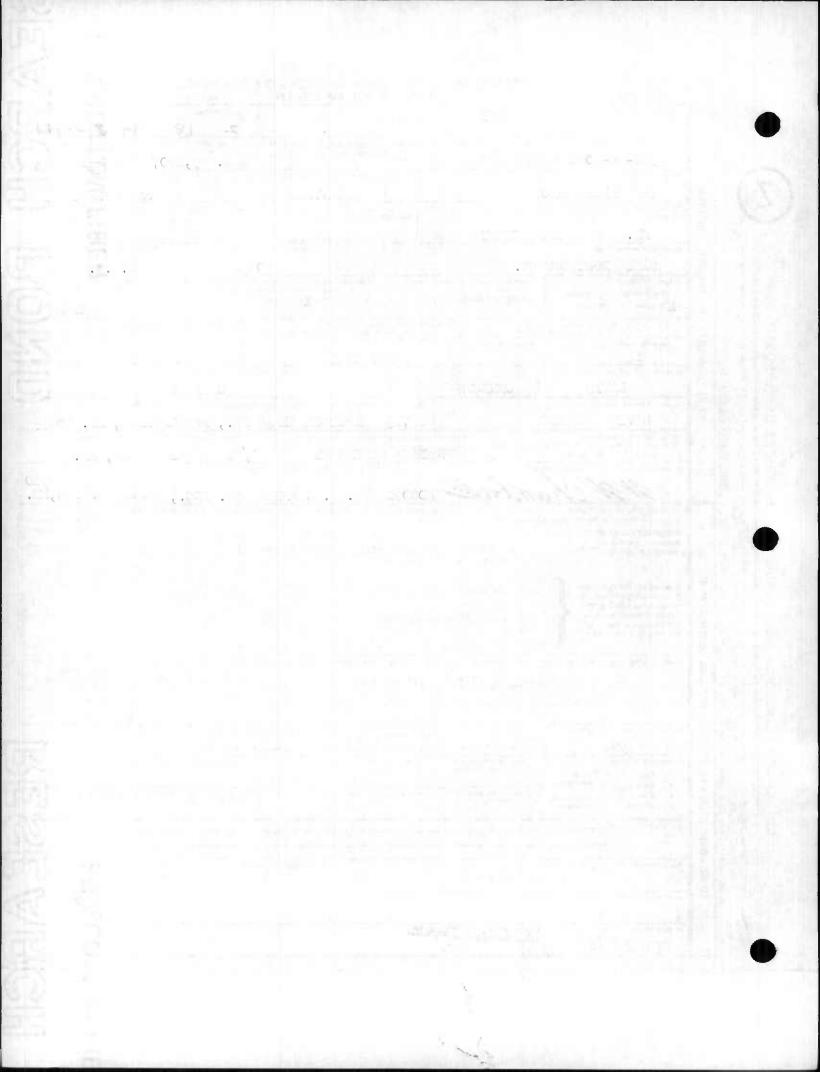
		0
<b>MORE, MARYLAND 21215-0020</b>	age 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit p
9	100	the
5	Pug Dug	98
S	FE.	Se
21	8	0,0
0	pita	B
Z	HOS	Ch
V	he	det
7	3	2
Œ	2	B
V	ain	9
Σ	<u>=</u>	5
μî	2	906
8	пау	ä
0	9	6
Ž	age	direc

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

hos	tache		100
the	e de		1 04
P P	d bi		P
taine	shou		THE STREET
200	ge 5		
шау	c pa		150
9 9	recto		Ē
Page	rat di		Iner
<b>Jeath</b>	fune		mex
ther (	, the	noval.	e les
SIN	in P	r ren	Ded.
0	filled	on. 0	he n
thin	etely	эшар	H,
w pa	отр	al, cn	2
xecut	and c	Dan	atic
20	cian :	or to	MAR
cate	physi	e pri	er to
certif	guig	ygien	oth o
ath	rtten	rtal H	, 0
he d	the a	Men	I I
that	d by	and I	my i
Seu	signe	fealth	A.S. 2
nge.	neen	10	sho
ME!	d Ser	Dept	23
E.	cate	State	Item
CIA	ertifi	the	9
SHYS	this c	With	ked,
ING F	After	eath	mar
END	OR: A	her d	8 18
A.	RECT.	ILS 3	E 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within meniours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITA	VERA	nin 7	1
H	FU	I with	HIA
工	五	filed	PO
2	12	8	=

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

1. DECEDENT'S NAME (First, Middle, Last)	FANNIE ES KA	TUE O R	RATIVE	ER		2. DATE O	D.	AY	YEAR	3. TIME OF DEATH	
						2		3	94	8:00P	
4. SOCIAL SECURITY NUMBER 568-44-1008	5. SEX 1 M 2 7 F	3. AGE (In yrs. last 86	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE O	Day, Year)	1907	Counti	IPLACE (State or Foreign) RUSSIA	
9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF				NTY OF D		
THE HEBREW HOM	IB .			ROCK	VILLE		MONTGOMERY				
10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN OR LOCA	TION		10d. INSIDE CITY				
MD. MO	NTGOMERY			ROCK	VILLE					LIMITS?	
10e. STREET AND NUMBER					H. ZIP CODE	S LUGIA	-	10g. CITI	ZEN OF V	VHAT COUNTRY?	
6121 MONTROSE	RD.				2	0852			U.S	. Δ.	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARA	MED		CENDENT OF HISP	NIC ORIGIN?		or No—	14. RACI	- American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	0		becify Cuban, Mexic 3 2 NO Spec		can, atc.)		Speci	k, White, etc.	
15. DECEDENT'S EDU	CATION	16a. DEC	CEDENT'S	USUAL OCCUPATI	ON	16b. I	KIND OF BU	SINESS/IND	DUSTRY		
Elementary/Secondary (0-12)				work done during ma se retired.)	usi or working						
12			SE	CRETARY			SEC	CRETA	RTAL	1 5 6	
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, Mi					
DAVID	UNKNO	WN				Ţ	JNKNOV	M			
190. INFORMANT'S NAME (Type/Print)		19b.	. MAILING	ADDRESS (Street	and Number or Rura				Code)		
DAVID RATNE		8713							MD. 2083		
20a. METHOD OF DISPOSITION		-	1 0	OF DISPOSITION IN		DATE		CATION —			
1 Donation 5 Other (Specify)	oval from State			CREMATOR		2/21					
	CENSEE	O LIZE ED	22107				1 1	TARV	DALLE	, MD.	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  20910											
23. PART I. Enter the disease, or ahock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CERE	caused the dea on each line.	3CU	Wa Wa	CHAMBE	ch aa cardl				Approximate Interval Bety Onset and D	
shock, or heeft fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. CEP CIO	caused the dea e on each line.	SCUL SCUL DUENCE O	Wa Wanot enter the mo	CHAMBE	ch aa cardl				Approximate Interval Bette Onset and D	
ahock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. CEP CIO	CRUSED THE AS A CONSECUTE AS A CONSE	SCUI SCUI DUENCE O	Wa Wanot enter the mo	CHAMBE	ch aa cardl					
ahock, or heef feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (O  DUE TO (O  DUE TO (O  d	CRUSED THE AS A CONSECUTOR AS	SCUL SCUL SUENCE O DUENCE O DUENCE O	Wa Wanot enter the months:	CHAMBE	Part I.		AUTOPSY	reat,	SPRING M Approximate Interval Bets Onset and C 3	
immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  LONCEST	a. DUE TO (O  DUE TO (O  DUE TO (O  d	CRUSED THE AS A CONSECUTOR AS	SCUL SCUL SUENCE O DUENCE O DUENCE O	Wa We not enter the mo	CHAMBE	Part I.	ac or reap 24a. WAS AN PERFO! 1 YES 2	AUTOPSY	reat,	Approximate interval Betwoen and D 3	
Abook, or heeft feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  CONCEST	a. CEP-CE DUE TO (O  b. DUE TO (O  d. DUE TO (O  HOSPITAL:	CRUSED THE AS A CONSECUTION AS A CONSECU	SCUL SOURCE OF	Wa We not enter the more partial to the underlyin was a complete.	CHAMBE  Dide of dying, au  CCI DE	Part I.	24e. WAS AND PERFOR	AUTOPSY	reat,	Approximate interval Betwoen and D 3	
immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  CONCEST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	a. CEP-EL DUE TO (0 b. DUE TO (0 c. DUE TO (0 d	CRUSED THE CONSECUTION AS A CONSECUTION	SCUL SCUL SUBNICE OF DUENCE OF DUENC	Wa We not enter the more properties.	CHAMBE  Dide of dying, au  CCI DE  Grant COI DEATH (Coine 5   Residence	Part I.	24a. WAS AN PERFOI 1 VES 2	AUTOPSY RMED?	24b	Approximate interval Betwoen and D 3	
shock, or heeft fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  CONCEST	a. CEP-EL  DUE TO (O  b. DUE TO (O  d. DUE TO (O  HOSPITAL:  1   Inpetient: 2   28s. DATE OF IN (Month, Day)	Caused the deal on each line.  BRO VYTOR AS A CONSEOUR AS	BUENCE ODUENCE	Na Wanter the motern of the mo	CHAMBE  Dide of dying, au  CCI  Dide  Grant Color  CLACE OF DEATH (C)  THE S CHAMBE  THE SCIENCE  JURY AT  DRK?  YES 2 NO	Part I.	24e. WAS AND PERFOR	AUTOPSY RMED?	24b	Approximate interval Betwoen and D 3	
Abock, or heef fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition  CONCEST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. CEP-EL  DUE TO (O  b. DUE TO (O  d. DUE TO (O  HOSPITAL:  1   Inpetient: 2   28s. DATE OF IN (Month, Day)	Caused the des	BUENCE ODUENCE	Wa We not enter the moterate of 26. P	CHAMBE  Dide of dying, au  CCI  Dide  Grant Color  CLACE OF DEATH (C)  THE S CHAMBE  THE SCIENCE  JURY AT  DRK?  YES 2 NO	Part I. :	24a. WAS AN PERFOR	AUTOPSY MED? NO	24b	Approximate interval Betwoen and D 3	
immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  LONCEST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  2 Accident   Investigation   Pending investigation    3 Suleide 6 Could not be determined	A. DUE TO (O b. DUE TO (O c. DUE TO (O d  HOSPITAL: 1   Inpatient 2   i 28s. PLACE OF is (Month, Day, 26s. PLACE OF building, st	CRUSED THE CONSECUTION OF AS A CONSECUTION OF	DUENCE ODUENCE	In the underlying the Nursing Horizont Street, factory, office at the time, date	CHAMBE.  Dide of dying, au  CCI DC  In CCI D	Part I. : heck only one  6 Other  28d. DESC	24a, WAS AND PERFORM 1 VES 2 ) (Specify) RIBE HOW IN Town, State)	AUTOPSY RMED? NO INJURY OCC	24b CURED or Rural I	Approximate interval Betwonset and D 3	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Natural   5   Pending investigation   1   Yes   2   Accident   2   Accident   3   Suleide   6   Could not be determined  29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINE	a. CEP-EL  DUE TO (O  b. DUE TO (O  c. DUE TO (O  d  HOSPITAL:  1 Singular 2 Sa. DATE Of In (Month, Day, 26s. PLACE OF building, st  ICIAN: To the best of mark: On the basis of axar	CRUSED THE CONSECUTION OF AS A CONSECUTION OF	DUENCE ODUENCE	In the underlying the Nursing Horizont Street, factory, office at the time, date	CHAMBE  ode of dying, au  color of dying, au  color of dying, au  color of dying, au  degree of dying, au  color of dying, au  degree of dying, au  color of dying, au	Part I.	24a, WAS AND PERFORM 1 VES 2 ) (Specify) RIBE HOW IN Town, State)	AUTOPSY MED? NO INJURY Oct	24b CURED r or Rural I	Approximate interval Betwonest and D 3	
Abock, or heeft fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER	A. DUE TO (O b. DUE TO (O c. DUE TO (O d  HOSPITAL: 1   Inpetient: 2   2as. DATE OF IN (Month, Day, 26s. PLACE OF building, at ICIAN: To the best of me ER: On the basis of axase	CRUSED THE CONSECUTION OF AS A CONSECUTION OF	DUENCE ODUENCE	In the underlying the Nursing Horizont Street, factory, office at the time, date	CHAMBE  ode of dying, au  color of dying, au  color of dying, au  graph of dying, au	Part I.	24a. WAS AN PERFO!  1 VES 2  (Specify)  TION (Street: Your, State)  1 ond place, and mained place, and mained place, and mained places, and mained places, and mained places.	AUTOPSY MED? NO INJURY Oct	24b CURED r or Rural I	Approximate interval Betwonset and D 3	
Abock, or heeft fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  CONCEST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation investigation deatermined 2 Accident Investigation determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  P. Town	A. DUE TO (O b. DUE TO (O c. DUE TO (O d. DU	caused the deale on each line.  BRO VYTOR AS A CONSEOUR AS	DOA  28b. Till IN. me, term,	Wa We not enter the months of	CHAMBE  ode of dying, au  color of dying, au	Part I.	24a. WAS AN PERFOI 1 VES 2  (Specify)  RIBE HOW ITTION (Street Rown, State)	AUTOPSY MED? NO INJURY Oct and Number as stated due to the	24b  CURED  r or Rural I	Approximate interval Betwonest and D 3	



S		
20		
defached		once.
8		Ħ
Should		e notified at
n e		9
pa		Ď
illector.		r mus
nueral c		or other traumatic event, the medical examiner must be n
200	100	ex
5	E	ica
Ē	or re	ned
3	JH,	96
di d	natic	# 1
Pre	cren	/ent
5	jal,	9
a a	ā	lati
0	Dr 10	anu
Š	E.	T th
5.	liene	the
	H	07.0
ditt	ental	3
D NC	×	를
5	and	li di
5	ealth	60
2	H	NOW
Š	P.	3 8
100	8	12
ווימוני	ath with the State Dept. of Health and Mental Hygien	Her
200	the the	6
200	W	ked
I I	be filed within 72 hours after death	NT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic e
Š	fter	00
2	Sa	E 2
5	100	=
Š	72	=
5	/ithir	AN
2	ed ×	ORT
5	e fil	를
-	0	-

31. DATE FILED (MONTH, Day, Year)
FFB 2 4 1994

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR					MENTA	L HYGIEN		94	07021
110000	1. DECEDENT'S NAME (First, Middle, Last	CIA	J.	Ro	250	5			2. DATE MONT FEB	OF DEATH	MY	YEAR S	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 285-28-1690	5. SEX 1 M 2 K F	6. AGE (In yrs. ia:	st birthday)	IF UNDE	DAYS	IF UNDER	24 HRS, MIN.	(Mont	of BIRTH h, Day, Year)	1933		
TOR	90. FACILITY NAME (If not institution, give Shady Grove Hos RESIDENCE OF DECEDENT					r, town o			EATH		100	nty of dea	
DIRECTOR	Md. Mon	tgomery		10c. CIT		on Local		ırg				- 1	Od. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	1910)4 Sted	wick Dr.				101	208					U.S.A	AT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. AR YES 2 10 WAR OR DATES	RMED NO	13	If yes, sp	ENDENT Cooling Cube	n, Mexico	en, Puerto I	l? (Specify Ye Rican, etc.)	s or No-	14. RACE - Black, Specify:	American Indian, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	UCATION le completed) College (1-4 or 5	(G	ECEDENT'S Rive kind of the Do NOT un	work done	during mo	st of working			KIND OF BU			
MO	17. FATHER'S NAME (First, Middle, Last)				цуу	perv				MONT		y Cou	nty Gov't.
BE C	Hugh John Fe	erguson						ary		estine	,	rkev	
TO B	19e, INFORMANT'S NAME (Type/Print)	11.				S (Street e				oer, City or Tow			
-	Barbara J. Ros	0,0	1	19104	St	cedwi	ck	Dr.	Gait	hersb	irg,	Md.	20879
	20a. METHOD OF DISPOSITION  1   Burlel 2   Cremetion 3   Removal from State  4   Donation 5   Other (Specify)   Date   Chambers Crematory   2/25   Riverdale   Md.												
	21. SIGNATURE OF FUNERAL SERVICE L	Han 6	70 /			NAME AN			W	.W.Chs	mber	s Co.	Inc.
	5801 Cleveland Ave. Riverdale, Md  3. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final										Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. METASTATIC NON SMALL CELL LUNG CANCER. C											9 MONTHS	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that lollisted events)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CERTI	that initiated eventa resulting in death) LAST	d	(OII AS A CONSE	OVERCE OF	r).								
PHYSICIAN: MEDICAL	PART II. Other significant condition	ns contributing to	death but not r	raaulting (	In the u	nderlying	Cause (	iven in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	O O	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					28 Pi	ACE OF D	FATH /Ch	eck only on	-1			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4   Nu	R:	DX		8 Other				
ву Рну	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	INJURY ay, Year)	28b. TIM		28c. INJI WO	JRY AT			CRIBE HOW I	NJURY OCC	CURED		
	2 Accident investigation										te Number,		
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as attated,  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as attated.												
w II	299 SIGNATURE AND TITLE OF CONTIFIE					1	29c. LICE						
10 B	Callalia Hu	uluks	MO				D	37	7236 PATE SIGNED (Month, Day, Year				

3 D (ITEM 27) (Type, Prest) 14808 ROCKNILE MI 20857 PHYSICIANS 32. REGISTRAR'S SIGNATURE

- 12 No. 10 4 1 2 2 2 2 . 4 .f 'voc .... 201'to yet a real control of the second of the seco There is the winds of the same permit.

use as the burial-transit

BE 2 29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

EB 2 8 1994

PERSON WHO CA

MPLETED CAUSE OF DEATH (ITEM 27) (Type

32. REGISTRAR'S SIGNATURE

Sinden Rudall

16170

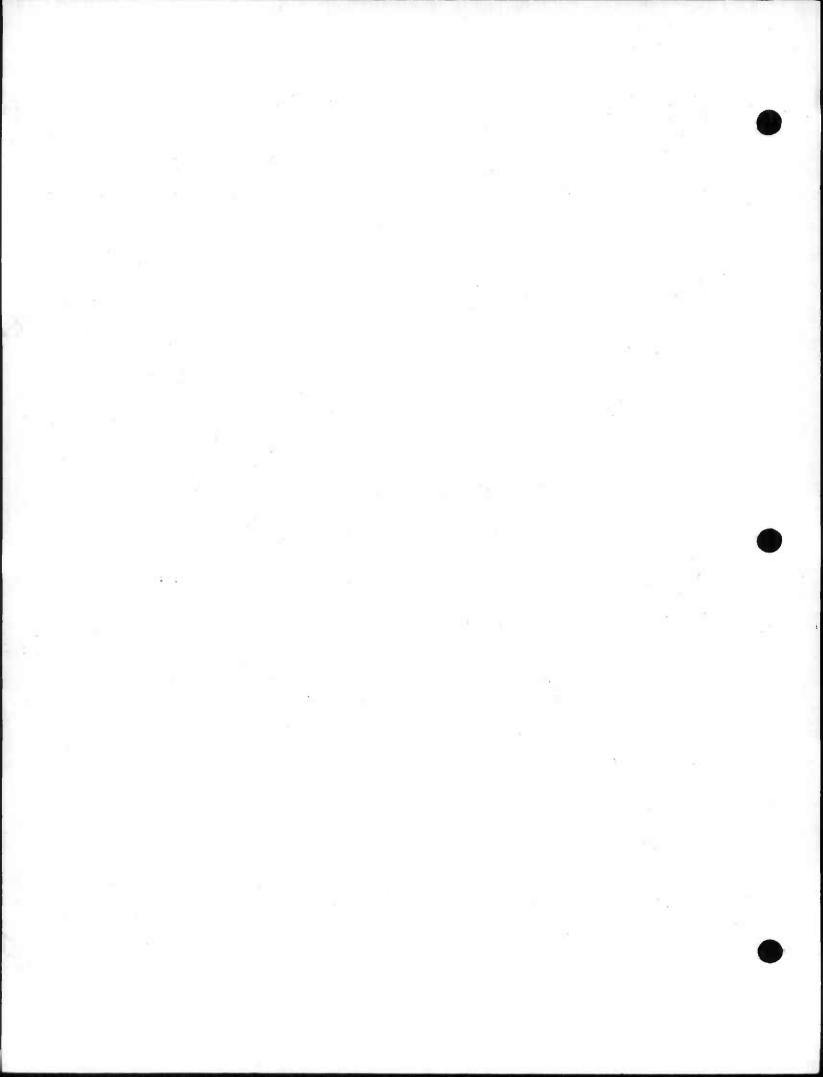
Med

ital	5		
dsoc	Che		4
the	deta		000
9	d be		1 at
ained	hou		Hec
ret	NO.		not
b pe	page		9
E 9	tor.		nust
age	direc		PT 18
F.	eral		E E
deal	in fun		еха
after	by th	mova	<u>E3</u>
SUNC	.=	or re	ned
E I	filled	On, c	Pe I
this	etely	тап	it.
M P	idmi	l. Cre	ever
cute	Di Co	ouria	tlc
900	an ar	10	E
ite D	Sici	prior	2
tifica	40 0	ene	ther
h cer	igi	H	0 10
deat	afte	ental	ř
the	y the	M bu	重
that	d pa	th an	any
uires	sign	Hea	XX.
req.	been	t. 0f	S.
e iaw	has	Depl	23
E I	cate	State	Her
CIA	ertif	the	6
HYS	his c	With	ked,
NG P	fter t	ath	Шаг
QN	A.A	er de	69
ATT	500	s aft	28 ا
B	DIR	hour	Her
TAL	RAL	22	=
4OSP	J.	vithin	ANI
光	HE F	led v	ORI
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	De fi	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 is CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Earl Jay SMITH Feb 437 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-16-1564 1 X M 2 🗆 I 72 DAYS HOURA YRS. Feb. Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11 North Colonial Drive 21740 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 XNO Specify: BY Specify: white 3 KWidowed 4 Divorced WW II 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (So (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 0 - 12auditor accounting firm 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Frank Smith Leila Beard BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Earlene M. Johnson 149 North Colonial Drive, Hagerstown, Maryland 2174 20a METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Cemetery, cremetary or other place)
Jerusalem Church Cemetery 3-1-94 Warfordsburg, PA 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, MD 21740 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List pniv one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) 30 rums lack DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OP AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 TYES 2 NO COMPLETED BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Reeldence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accider 5 Pending Investigation м 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examin ation end/or investigation, in my opinion, death occured at the lime, date end place, end due to the ceuse(e) end menner as stated.

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) DHMH-16 Rev 1/89

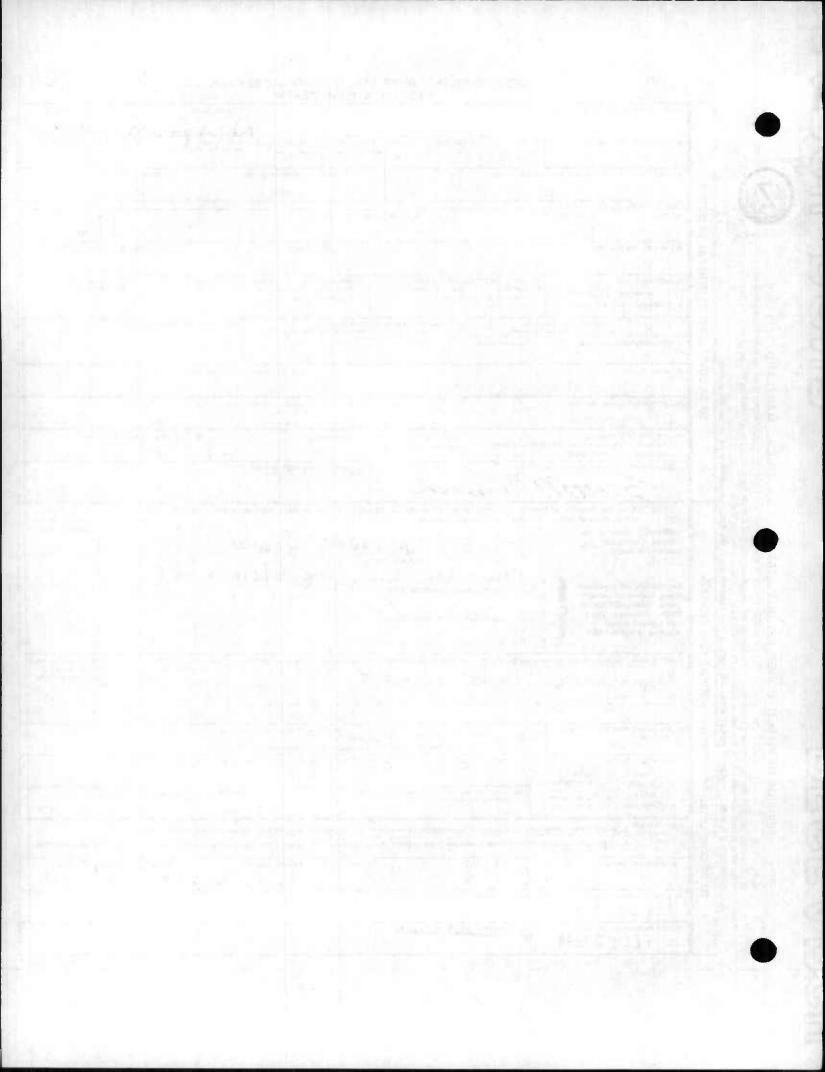


68760,	
BOX 687	
P.O.	
RECORDS,	
OF VITAL	
DIVISION	

al or al	for use	
e hospi	etached	nce.
by th	d be d	at o
Thine	shoul	otifie
M-bou	page 5	be n
. 6. m	ector,	must
h. Pag	eral dir	niner
er death	he fun	еха
urs afte	in by t	edica
100	filled jon, or	the m
within	crema	natic event, the medical ex
pecuted	Ind con burial,	atic e
De e	ician a	traum
rtificat	nene p	other
eath ce	tal Hv	, 00
the d	y the	Injur
es that	gned b	s any
requir	of He	show
he law	e Dept	m 23
IAN: I	rtificat he Stat	or Ite
PHYSIC	this ce	rked,
NDING	: After death	s ma
1 ATTE	RECTOR ITS after	m 28
TAL OF	TZ hou	If Ite.
HOSPI	FUNE	TANT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page Equal Mental the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use tifled within 72 hours after death with the State Dept. of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
		-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 94 07026

	HEGISTHAN		CERTII	-ICALE	UF DEA	IH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Helen Catherin						Ta. 1	DAY	YEAR 3. 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday			41	te bruary	4		0300 M
		11/2/201			AYS HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Dey, Year)		Country)	CE (State or Foreign
	236-28-0295	1 M 2 XXF	73 YRS.				Jan. 4, 19	21	West	Virginia
	Sa. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TO	OWN OR LOCAT	ION OF D	EATH	9c. COUN	NTY OF DEATH	1
8	Washington Cou	inty Hospit	al al	Ha	gersto	wn		Wa	shingt	on
5	RESIDENCE OF DECEDEN	IT.			8-1-0-0			11112	Juruge	OII
DIRECTOR	10a. STATE 10b. C	DUNTY	10c. C	TY, TOWN OR I	LOCATION				10d	I INSIDE CITY
ā	Maryland Wa	shington	I	lagers:	own				14	YES 2 NO
	10e. STREET AND NUMBER				10f. ZIP COD	DE		10g. CITI	ZEN OF WHAT	
	11 W. Baltimor	o Stroot			21	740			TICA	
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. ARMED	40 1400			NIC ORIGIN? (Specify Ye		USA	
IL	1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yo	s, specify Cub	en, Maxic	an, Puerto Ricen, etc.)	s or No-	Black, Wh	American Indian, lita, etc.
à	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES	1 [	YES 2 NO	Specif	fy:		Specify:	
	15. DECEDENT'S	EDUCATION	16a, DECEDENT	B HOUSE OCC	IDATION		465 2000 00 00	1	white	e
ETED	(Specify only highest		(Give kind o	work done duri	ng most of work	ing	16b, KIND OF BU	JSINESS/IND	USTRY	
ا چ	Elementary/Secondary (0-12)	College (1-4 or 5	+)	eteria						
COMPL		0	Care	eteria				ationa	3.T	
8	17. FATHER'S NAME (First, Middle, La				100		AME (First, Middle, Maide	1 Sumame)		
BE	Lafayette Herb	augh			M	laude	Foltz			
	19a. INFORMANT'S NAME (Type/Print	)	19b. MAILIN	G ADDRESS (S	treet and Numbe	or Rural	Route Number, City or Tox	wn, State, Zip	Code)	
F	Shirley Fouke		84 N	I. Edgew	ood Dr	., H	lagerstown	. Md.	21740	
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE						City or Town, S	State
	1 ⊠ Burlel 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify		Rose Hil							Maryland
	21. SIGNATURE OF FUNERAL SERVI		^		ME AND ADDRE			lagers	scown,	maryrand
	- A 11	mm	1				CAL HOME			
	COUL	Doun	mel	415	E. Wi	Ison	Blvd., Ha	gerst	own. I	Md. 21740
	23. PART i. Enter the diseases	, or complications the	t ceused the death. Do	not anter the	e mode of dy	ring, aud	ch as cerdiac or reep	piratory arr	est,	Approximate
		iure. List only one cer	use on each ilne.							interval Between Onset and Death
1	iMMEDIATE CAUSE (Final disease or condition	V-b.	T- 1000	an at	Tare.	000.	100			Oliset and Death
1	reaulting in death)	a. OHE TO	(OR AS A CONSEQUENCE	VY WV .	7	LUN	vice			
		1/2-2	murea 6		Dun	1	amount	OD		
S I	Sequentially list conditions,	0	(OR AS A CONSEQUENCE	WO	VVV	~ V	WINO!	7	_	
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		for he is consequence.	OF 31	0			/	1	
윤미	CAUSE (Diseese or injury	E. DUE TO	(OR AS A CONSEQUENCE	ne.					-	
E	thet initiated events resulting in death) LAST		for he is considerate.	94 BI					1	
		_ d								
- 14	PART ii. Other aignificant con-	ditiona contributing to	death but not/resulting	in the unde	riying cause	given in	Part i. 24a. WAS A	N AUTOPSY	24b, WEF	RE AUTOPSY FINDINGS
ჴ	begreateum	o doin	vt obse	and				RMED?	AWA	ILABLE PRIOR TO
EDICAL	-	t vaca	VI COVOC				1 TYES	2 180		DEATH?
									1 [	YES 2 NO
ž I										
5	25. WAS CASE REFERRED TO MEDIC EXAMINER?			· -	26. PLACE OF I	DEATH (C	heck only one)			
PHYSICIAN: M	1 TYES 2 NO	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:	Home 5 A	asidence	6 Other (Specify)			
Ē	27. MANNER, OF DEATH	28a. DATE OF (Month, E	INJURY 28b. TI	ME OF 28	c. INJURY AT		28d. DESCRIBE HOW	INJURY OCC	CURED	
1 P	1 Netural 5 Pending		ray, rear)	IJURY M	WORK?	NO				
	2 Deviates	200. PLACE C	PF INJURY — At home, ferm.	street, factory,	office		281. LOCATION (Street	and Number	or Rural Boute	Number
3	4 Homicide 6 Could n	Duliging.	etc. (Specify)				City or Town, State			
COMPLETED	29a. CERTIFIER					-				
₹	(Check only CERTIFYING		my knowledge, death occur							
5	2 MEDICAL EX	AMINER: On the beals of a	xamination and/or investigat	ion, in my opin	ion, death occu	red at the	time, date and place, a	nd due to th	e cause(e) and	menner as stated.
	296. SIGNATURE AND THE OF CER	TIFIER 1	1.	-	29c. LIC	ENSE NU	MBER	29d. BAT	E SIGNED-HAOR	yh, Doy Hard
N N		VVV	1 /			74	11781	10	1/21	124
2	30. HAME AND ADDRESS OF PERSO	N WHO COMPLETED CAU	SE OF DEATH (ITEM 27) (Two	e, Print)	1.1		100		-	1 /
	12821 100	10 hill	ONPIMA	-	1400	pri.	towa 1	10:	2/70	20
	31. DATE FILED (Month, Day, Year)	(12) DECIPTOR	DE CICHATOR A		1 Joley	0,0	100.00	1 6	N 6 /	
	FEB 2 3 199	4 Julians	AR'S SIGNATURE		/					
	1 2 2 0 133	· ·								



bunal-transit

asn		
þ		
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		-
8		2
should		patition
page 5		the a
director,		item 20 is marked as item 22 shows on injury as other trainmally award the made averages as seen as one
funeral		Manne
the	Oval.	7
1 10	rem	P
filled in	JU, Or	E 91
letely	rematic	th the
сотр	ial, c	DAME
pue	P	office
an	1 10	-
ySic	Pro	-
F	ene	Sha
ding	Hyb	0
atter	ıtal	2
the	Me	i i
3	and	-
ned	att	90
1 Sign	웃	9110
beel	1.0	40
has	Dep	20
icate	State	ite and
ertif	the	6
his c	with	had
ther t	eath	Sec.
R. A	er d	-
6	afte	90
JIRE	OURS	5
0	E	

80

BE

9

Horaed Portile (Jul)

Trutch

Haroesl R

FEB 2 4 1994

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

(m)

32. REGISTRAR'S SIGNATURE

Dividen Rudulli

dor

348 mill 51

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH FE6-2 Betty Jane Smith 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)

Jan. 19, 1929 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 220-18-0655 1 M 2 XF YRS. 65 Pennsylvania 9e. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington County Hospital DIRECTOR Hagerstown Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Washington Smithsburg 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 11515 Pleasant Valley Rd 21783 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-ff yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried spocity: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Sumame) Samuel Shaffer Alice Stoner BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Grover C. Smith Jr. 11515 Pleasant Valley Rd. Smithsburg, Md. 21783 20e. METHOD OF DISPOSITION
1. Burlel 2 Cremetton 3 | 14 | Donation 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE competer, cromatory or other place)
Pleasant Valley Cemetery 2-26-94 Smithsburg, Md. 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Davis Funeral Home 12525 Bradbury Ave. Smithsburg, Md. 21783 Enno 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. intervai Betw Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) cultivo viscular acculart emboliquetus Hdago DUE TO (OR AS A CONSEQUENCE OF): a pulliper sucholi Thrumbuy nuncel 11 Lays ag CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING hecent CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST arteuvillerelie PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Drabiles melletus 1 YES 2 1 NO hypoholeum 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 hpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be determined 28 4 🗌 Homicide TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTL DE filed within 72 hours at IMPORTANT: If item 2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner se stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

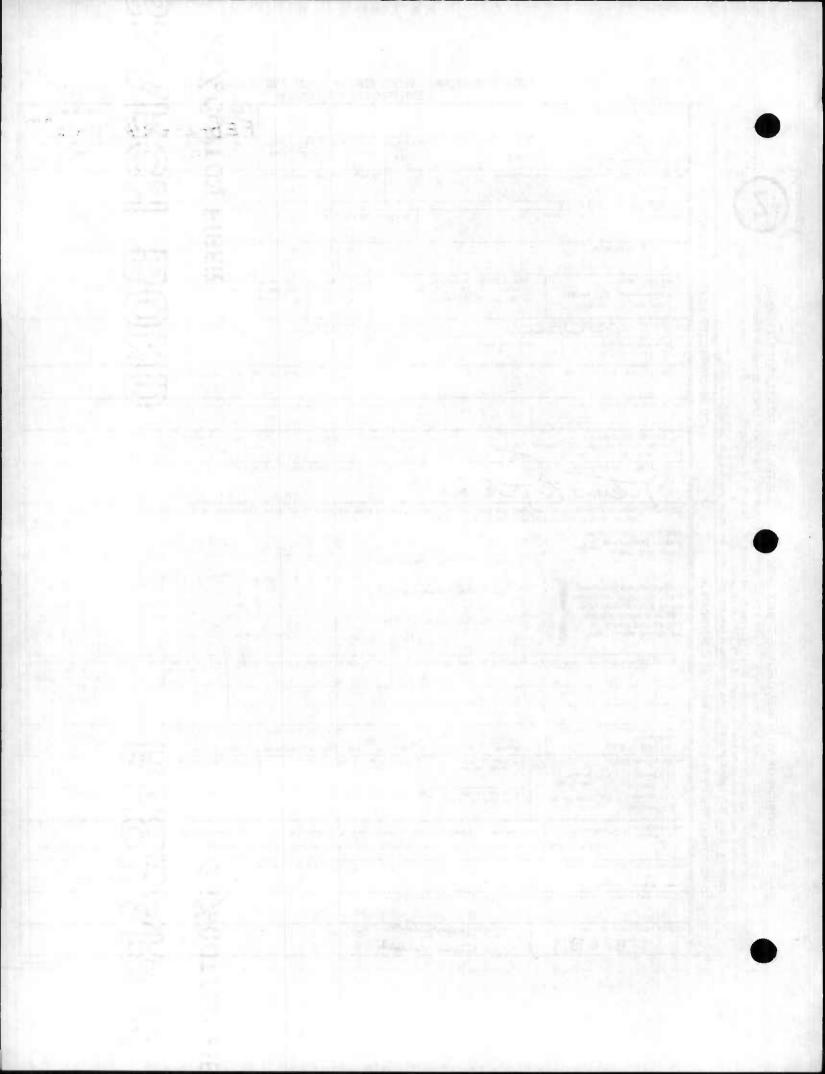
1-12/94

Habengirum Mil

DHMH-16 Rev 1/89

1-23-94

21700



100	LC)	9
<u>۾</u> <	age	pe
E	9,	107
ge 6	rect	E
8	g	ine.
eath	fune	E
b Tet	the yal	9
100	P D	8
ž	BB	ě
į.	2 1	å
ê	35	법
ž	om o	8
2	P F	믵
8	2 2	Ē
â	물은	표
the state of	5.0	喜
8	P P	0
Į,	看世	3
a a	報報	흼
H	20	-
10	24	3
à	京王	8
i	2 4	28
2	88	52 E
1.7	Sittle	횶
9	Ta.	8
733	異様	8
12	11 1	P.
ğ	4.8	122
E	農量	53
先	E S	E
H	77.0	=
TO THE HIGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be seecuted within 24 hours after death. Page 6 may be ret	TO THE FUNETAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 is the filled within 72 hours after death with the State Dept. of Health and Mantal Highere prior to burial, cremulate, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
H	臣皇	T)
E	불물	8
5	PE	墨
		_

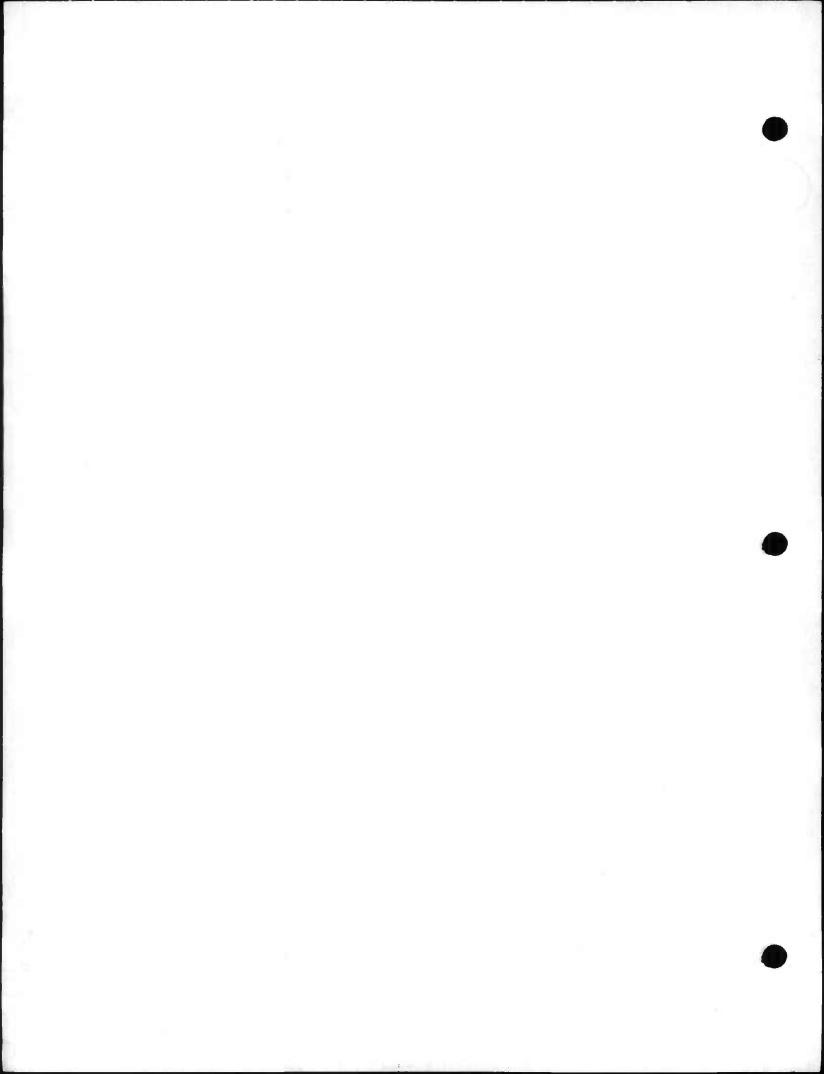
30. NAME KND ADDRESS OF PERSON WHO ON THE STREET (Month, Day, Year)

31. DATE FILED (Month, Day, Year)

Г		FOR STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARY					EALTH AND I		REG. NO.	60	4	07028
	9	HELEN GERTRUDI	E P. SNYDER						MONTH 2	25	AY	YEAR 94	3. TIME OF DEATH 9:25 A
		4. SOCIAL SECURITY NUMBER		(in yrs. lest	birthday)	IF UNDER 1		IF UNDER 24 HRS.	7 DATE OF	BIOTH	Т	A BIRTH	PLACE (State or Foreign
22	4	220-44-4329	- 1	97	YRS.	MONTHS	DAYS	HOURS MIN.	Apr. 2	6,18	96	Per	insylvania
5	œ	9a. FACILITY NAME (If not institution, give st	· ·			9b. CITY,		OR LOCATION OF DE			9c. COUN		
N	5	Homewood Retireme	nt center				WU	lliams po	rt		Wa	shen	gton
permit. Pages	DIRECTOR		hington		10c. CIT	Hage							10d, INSIDE CITY LIMITS? 1 X YES 2 NO
at once.	FUNERAL	908 Hamilton Blud	•				101	2174	)			U.S.	A A
	ĕ I	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X N	NED O	11	yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 (X NO Specify	in, Puerto Ric	Specify Yes	or No-	Speck	- American Indian, White, etc.
ı	ETED	15. DECEDENT'S EDUC (Specify only highest grade of				USUAL OCC		ON est of working	16b. K	IND OF BUS	SINESS/INDU		
	COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mo.	Do NOT us	aker					Home	2	
a at office.	BE CO	17. FATHER'S NAME (First, Middle, Last) GUY E. Price							vra M.	Pot	ter		
	2	Janice S. Mason						ond Number or Aural I			n, Stelle, Zip : 3429 :		
nust be		20a. METHOD OF DISPOSITION  1 □ Buriel 2 ※ Cremetion 3 □ Remo 4 □ Donation 5 □ Other (Specify)		b. PLACE A				tory 2-26	DATE		cation – c niths l		
examiner must		21. SIGNATURE OF FUNERAL SERVICE LICE		51110000	3500	22. N	AME AN	ID ADDRESS OF FA	CILITY	-		July	, 11100
ехэш	- 1	A Journey	2 has	i	_			Funeral			' 41 . 1		111 01762
medical		23. PART I. Enter the diseases, or co	omplications that cause	ed the dea	th. Do n	ot enter t	he mo	de of dying, suc	TU AVE	c or respi	ratory arre	viq.	Md. 21783
	- 1	shock, or heart failure. L IMMEDIATE CAUSE (Final	list only one cause on	each line.	/	1.			1				Onset and Deat
ı	- 1	disease or condition	(ACH	EXIC			N	UTHITI	20				LUKS
l.	_		OUE TO (OR AS	A CONSEQ	UENQE OI	7: 775	1-	AT					1.110
000000	<u>ا</u> ۾	Sequentially list conditions, if any, leading to immediate	DUL TO DR AS	A CONSEQ	JENCE OF	٦.							CURS
	2	CAUSE (Disease or Injury	SEVI	me	- (		NI	c (M	Samo	-			30
	ERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	CONSEC	JENCE OF	7:	11	la ochu	0				MS
	8			12	/U/T	.~ 7.	7/0	JANON (E					
	ᇙ 🏻	PART II. Other significant conditions	contributing to death	but not re	sulting i	n the und	eriyiqo	cause given in	Part I. 2	PERFOR		246.	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
	MEDICAL		0.00		1 /1/	land	1	CHARE	-   1	☐ YES 2	NO		COMPLETION OF CAUSE OF DEATH?
									-		,		1 YES 2 NO
l	ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOGBITAL				-26. PL	ACE OF DEATH (Ch	eck only one)				
	PHYSICIAN:	1 UVES 2 DVS	HOSPITAL: 1   Inpetient 2   ER/Our			_		e 5 🗆 Residence	8 Other (S	Specify)			
1		27, MANUER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		26b, TIMI INJ	E OF 2 URY		URY AT RK? /ES 2 NO	28d. DESCF	RIBE HOW II	NJURY OCC	URED	
l	LED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At hon	ne, ferm, s	street, factor			28f, LOCATI City or	ON (Street e Town, State)	and Number (	or Rural R	loute Number,
item 28	PLET	(Check only	DAN: To the best of my kno	wledge, dea	th occum	d at the tim	se, date	and place, and due	to the cause	(a) and man	mer as state	d.	
IMPORTANT: II	COMPL		: On the beals of exeminati										and manner as stated.
	BE	216 SHENATHER AND TITLE OF CENTIFIER	)(1		7			29c-LICENSE NUN	MBER		29d. DATE	SIGNED	(Moreh, Bay, War)
	- I	11100111	IMED	(AL	- 1)/	MECT	A	1) [	106	)		2/2	25/94

32. REGISTRANS SIGNATURE

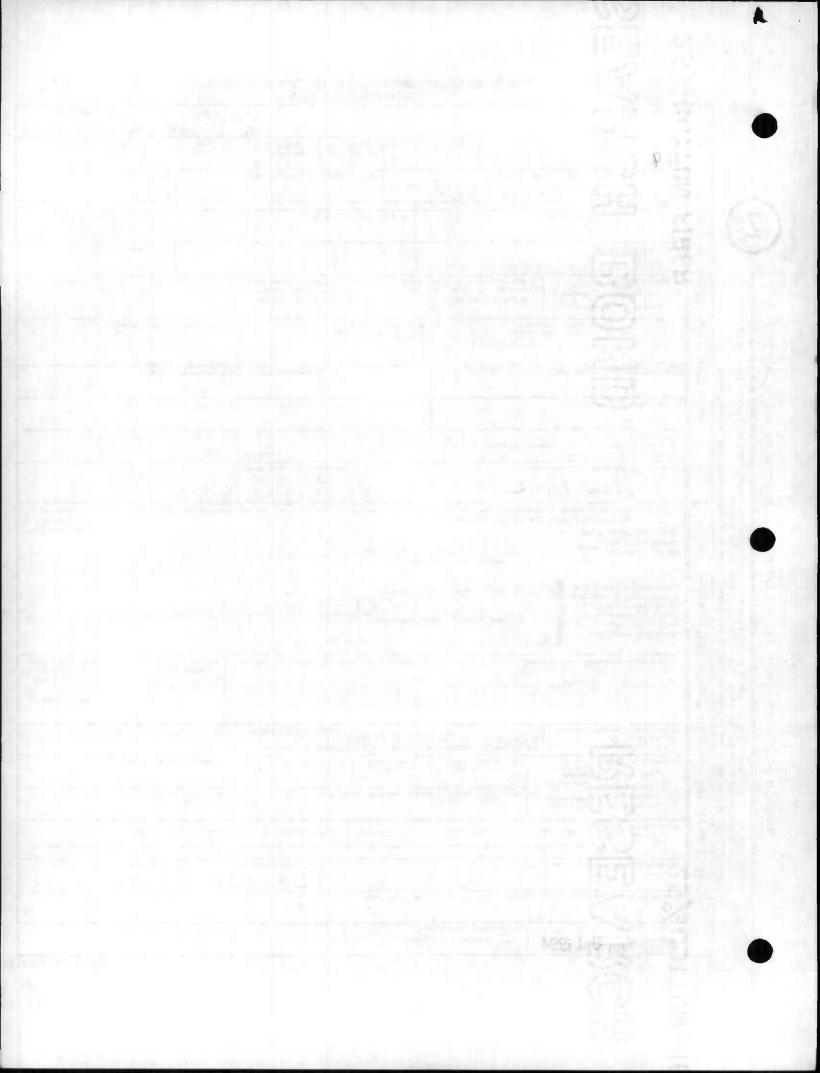
White Daniel Randows



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 TO THE HORPITA OR STENDING PHYSICIAN. The law requires that the death certificate be exposted within the standard within the president of an annotation absolute and an annotation and an anno
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIE REG. N		07029
1. DECEDENT'S NAME (First, Middle,					2. DATE OF DEATH		3. TIME OF DEATH
JOSEPH F	Serino				S. 120/01 . J.	24, 1994	
169-52-3938	1115		NTHE DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
96. FACILITY NAME (If not institution,			a, CITY, TOWN O	R LOCATION OF D	NOUEMBE	26,1798 (	Chambersburg, PA
Washington Cou			lagerst				naton
10a. STATE 10b. CC	DUNTY	10c, CITY, T	OWN OR LOCATI	ON			10d. INSIDE CITY
Maryland Was	hington	1	unksto	vn			LIMITS?
100. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZER	OF WHAT COUNTRY?
12 West Chest				21	734	us	SA
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER ( FORCES? 1) YES	N U.S. ARMED 2 NO			NIC ORIGIN? (Specify ) an, Puerto Rican, etc.)	es or No- 14	RACE American Indian, Black, White, atc.
3 Widowed 4 Divorced	FORCES? 1V Y YES IF YES, GIVE WAR DR E 9/2/76 to	9/1/80	1 TYES	2 NO Speci	ty:		Specify:
15. DECEDENT'S	EDUCATION	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b, KIND OF B	USINESS/INDUS	White
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during mos kired.)	t of working			
12		Bartende	r		Resta	urant	
17. FATHER'S NAME (First, Middle, Las	t)			18. MOTHER'S N	AME (First, Middle, Malde		
John Serino					Rhinehart		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To		
Joan J. Serin	·	70 Mour	t Rock	Road, 1	01 #120	Shippen	Shung PA 172
1 Buriel 2XXCremetion 3	Damouel from Cinto						
4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	TE LICENSEE	Smiths burg	Croma:	TOTH 3/	1194 pmc	thsburg	, Maryland
> Senms &			vavus	tunera	L Home		
23. PART I. Enter the diseases	,		12525	Bradbu	ry Ave., Sr	nithsbu	rg, MD 21783
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Bleed DUE TO (OR AS C. Chown DUE TO (DR AS	A CONSEDUENCE OF:  A CONSEDUENCE OF:  A CONSEDUENCE OF:  O SCO  O ()	hazeal		<i>1</i> 0		
	d. Cann	0800 0/	nuci				
PART II. Other significant conc		U	he underlyling	cause given in	Part I. 24a. WAS / PERF	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
25. WAS CASE REFERRED TO MEDIC	41						
EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C			
27. MANNER OF DEATH	1 / Inpatient 2 ER/Out 28a. DATE OF INJURY	28b. TIME O			6 Other (Specify)  26d. DESCRIBE HDV	IN HIRV OCCUR	SED.
1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK?	200. DESCRIBE NOV	INJUNI OCCUP	ieu
2 Accident Investige 3 Suicide & Could se	26s. PLACE OF INJUR	/ — At home, ferm, stre			28f. LOCATION (Street	t and Number or	Rural Route Number
4 Homicide 6 Could no		clly)			City or Town, Sta	(0)	
	PHYSICIAN: To the best of my know						auso(e) and manner as stated.
29b. SIGNATURE AND TITLE OF CER				29c. LICENSE NU			IGNED (Month, Day, Year)
Michell	D. Thom	in MO		041	401		eburary 24, 1994
30. NAME AND ADDRESS OF PERSO			nt)			1	and the state of t
Michelle D. The	omas, Hagerston	on, MD					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE					
MAR 0 119							



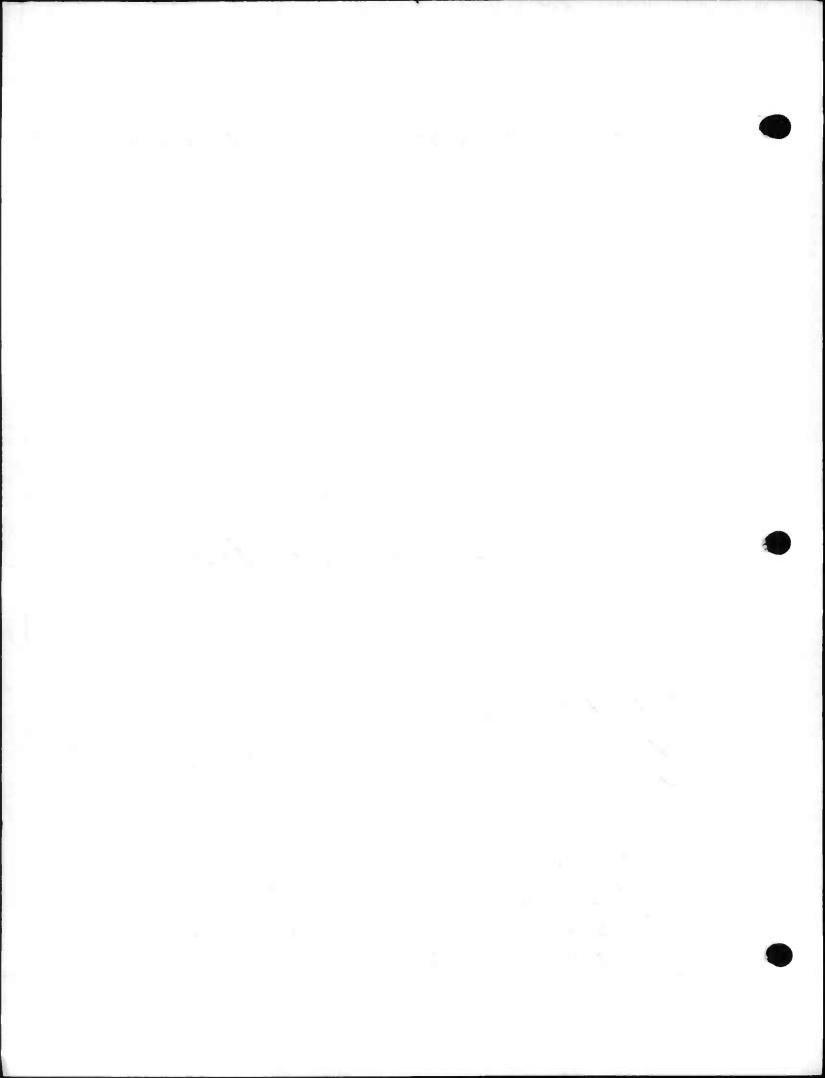
6	Z	140	Should 3 should		
	BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit		and average provided has maddle and an annual section of
	BAL	fter dea	the fur	oval.	of ava

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR CER	RTIFICAT			MENIAL H	REG. NO.		J4 0100C
	1. DECEDENT'S NAME (First, Middle, Last) Harold Hubbard	150	ches	1/2	2. DATE OF MONTH		1/5	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest bir 1 ≤ M 2 □ F  6. AGE (In yrs. lest bir 1 ≤ M 2 □ F	******		IF UNDER 24 HRS	(Month, De	v. Year)		BIRTNPLACE (State or Foreign Country)
	224-24-5223 1 ≦ M 2 ☐ F 68  9e. FACILITY NAME (if not institution, give street end number)	YRS.			Nov.			Virginia
œ	Route 615		y, town on Hanco	LOCATION OF	DEATN		9c. COUNTY	
2	RESIDENCE OF DECEDENT						Wash	ington
DIRECTOR	Virginia Augusta County	Post	Offic	Raph e Box	ine 43			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Post Office Box 43		101. 2	2447	2			S.A.
BY	11. MARITAL STATUS  1 □ Never Married 2 □ SMarried  3 □ Wildowed 4 □ Divorced  12. WAS DECEDENT EVER IN U.S. ARMEC FORCES? 1 ☑ YES 2 □ NO IF YES, GIVE WAR OR DATES	0 13	WAS DECENIT yes, special YES 2	ify Cuban, Mex	ANIC ORIGIN? (Scan, Puerto Ricar city:	pecify Yes on	r No — 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	(Specify only highest grade completed) (Give k	DENT'S USUAL ( kind of work done NOT use retired.)	during most	of working	16b. KIN	O OF BUSIN	IESS/INDUS	TRY
MP		ivate c	ontra	ctor		cont	racti	ng
BE COI	17. FATNER'S NAME (First, Middle, Last) William F. Schultz			16. MOTNER'S I	Grace	e, Meiden Su e Hub	,	
TO B					al Route Number, C			
					ne, Vir			
	20e. METNOD OF DISPOSITION  1	ory or other place "The I Pr	SITION (Name esby	Ch. Cei	2-28-	20c. LOCA	TION - City	Tavern, VA
	21. SIGNATURE OF FUNESIAL SERVICE LICENSEE	22	NAME AND	ADDRESS OF	FACILITY M	innic	h Fun	eral Home
	I Solut O Streemen	4	15 Ea:	st Wil:	son Blv	d., H	agers	town, Md. 2174
	23. PART I. Enter the diseases, or complications that caused the deeth shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	clere						Approximata interval Between Onset and Daath
CERTIFICATION	Sequentially flat conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSCOURT C. DUE T	NCE OF):						
	PART II. Other algorificent conditions contributing to death but not resu	ilting in the u	nderlying o	cause given i	n Part I. 24e	. WAS AN AU	TOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Tobacco abuse					PERFORME YES 2		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL EXAMPLE?		26. PLAC	CE OF DEATN (	Check only one)			
Sign	1. YES 2 NO HOSPITAL: 1 topetient 2 ER/Outpatient 3 I	DOA 4 Nu	A:		8 Other (Sp.	ecity) P	urki	ing lot
ВУ РН	27. MANNED OF DEATN  1 Netural 5 Pending 2 Accident Investigation	Bb. TIME OF INJURY M	28c. INJUR WORK 1 YES	Y AT (? S 2 NO	28d. DESCRIE	E HOW INJ	URY OCCUR	ED
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, building, etc. (Specify)	ferm, street, fac	ctory, office		281. LOCATION City or To	N (Street end wn, State)	Number or F	Bural Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death of one)  2 EDICAL EXAMINER: On the bests of examination end/or investigation.							ruse(s) end manner as stated.
BE	290. SIGNATURE AND TITLE OF CERTIFIER		2	D LICENSE N	080	6	PAL DATE SH	25/94
2	30. NAME AND ADDRESS OF PERSON MYO COMPLETED CAUSE OF DEATH (ITEM 27)	ak X	441	Sup	Hayr	risko	Ynn	SYSISOM
	31. DATE FILED (Month, Day, 16ar) 32. REGISTRAR'S SIGNATURE  MAD 0 1 1994 Julia Daniem Ram	ساعفان						
	(HI) (I)							

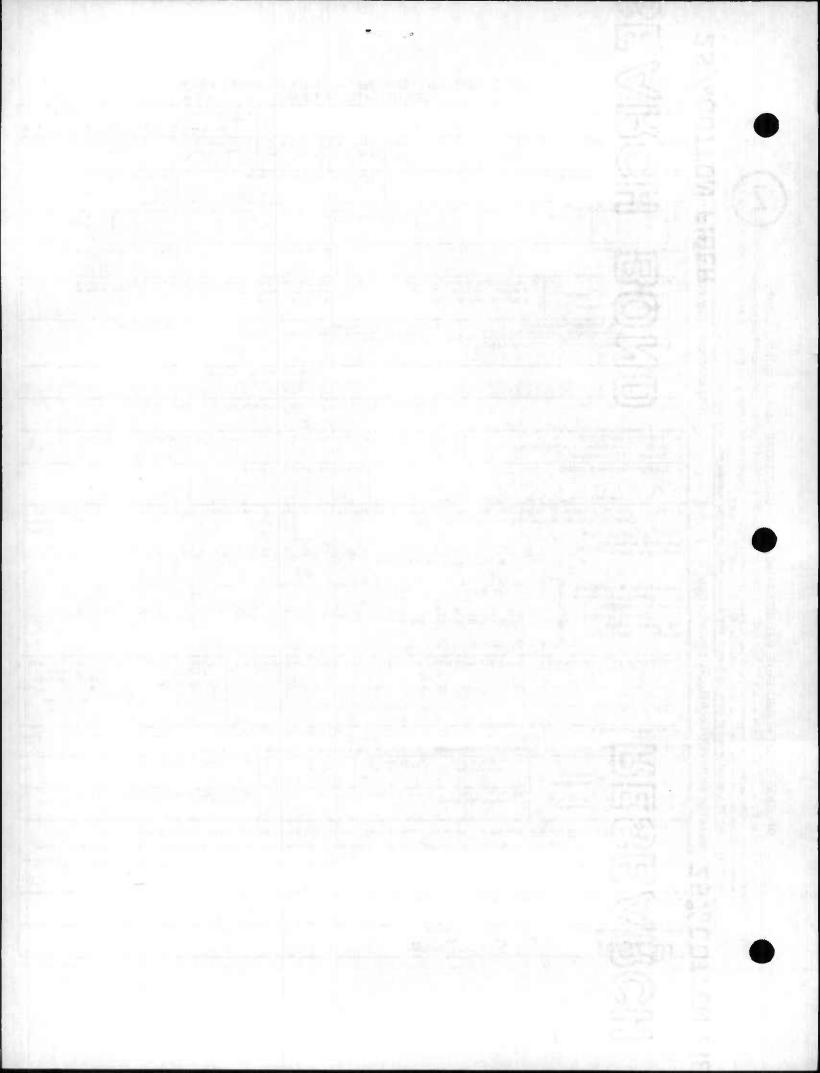


DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVIS TAL DR ATTE VAL DIRECTOR 72 hours afte

	1 - STATE REGISTRAR		C	ERTIF	ICAT	E OF	DEA	TH		HYGIENI REG. NO.	94	U	1031		
	1. DECEDENT'S NAME (First, Middle, Last)	Helen M	0 m m C m	4 + 1					2. DATE OF	DA		EAR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. let		IF UNDE	R 1 YEAR	IF INDE	R 24 HRS.	7. DATE OF		25,19		12:50 A N		
	217-36-3526	1 ☐ M 2 🖫 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, L	Month, Day, Year) 17-28-1918		Country) IN Y			
	Se. FACILITY NAME (If not institution, give	etreet end number)		9b. CIT	TY, TOWN OR LOCATION OF DEATH										
R	Harford Memor	d Memorial Hospital				Har	Ure	de (	Grace		N. ALL	Harf			
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT			_				40 (	aracc	ace   Harlor			51 G		
E						OR LOCAT		~					LIMITS?		
	MD H:	arford				Havr			ace				YES 2 NO		
RA		44				101	ZIP COD				10g. CITIZE		COUNTRY?		
NE NE	135 Deaver S		T EVED IN II O A	DMED	140	WM C DEC		1078	NIC ORIGIN?			US			
BY FU	1 Never Married 2 🖾 Merried 3 Widowed 4 Divorced	IF YES GIVE WAR OR DATES			13.	If yes, sp	ecify Cubi		en, Puerto Ric		OF NO.	Black, Wi	American Indian, nile, etc. White		
8	15. DECEDENT'S EDI		16a. Di	ECEDENT'S	USUAL C	CCUPATIO	ON .		18b. K	IND OF BUS	INESS/INDUS	TRY			
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 -	·)	Sive kind of a. Do NOT u	work done se retired.)	during mo	st of world	ing							
MP	12			He	omen	nake	r								
8	17. FATHER'S NAME (First, Middle, Last)				W.		18. MOT	HER'S NA	ME (First, Mid	dle, Maiden	Surname)				
BE	George	Riorda					_	elen	_	Jeffords					
6	19e. INFORMANT'S NAME (Type/Print)	a	19						Route Number						
	Mr. Kenneth E. Smith 135 Deaver Street, Havre de Grace, MD 21078														
	2 Burtel 2 Cremetton 3 Removal from State  4 Donatton 5 Other (Specify) Harford Memorial Gardens 2/28 Aberdeen, MD														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Mitchell-Smith Funeral Home, P.A.  Havre de Grace, MD 21078-3197														
CERTIFICATION	23. PART I. Enter the disease, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to	se on each line	o.  DUENCE OF  DUENCE OF	the	la la	do of dy	for p	la cardia	ty	Al	wa	Approximata interval Between Onset and Daath		
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  24b. WERE AUTOPSY FINAL OF DEATH? 1 YES 2 NO									RABLE PRIOR TO MPLETION OF CAUSE DEATH?					
IAN	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF I	DEATH (Ch	neck only one)						
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		• 5 🗆 R	eeldence	8 Other (	Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation								28d. DESCI	RIBE HOW I	NJURY OCCU	RED			
G	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — Al he etc. (Specify)	ome, farm,	street, fac	ctory, offic	•			LOCATION (Street and Number or Rural Route Number, City or Town, State)					
BE COMPLET	one) 2 MEDICAL EXAMIN	ER: On the beale of e					29e. CERTIFIER (Check only color)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.								

32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Thours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMBI ETER BY BLUCKAIAN. HERICAL ACTUATION
---	--	--	--

	1 - STATE REGISTRAR	STATE OF MAR				HEALTH ANI DEATH	) MENT/	AL HYGIE REG. N		14	0/032	
	1. DECEDENT'S NAME (First, Middle, Last)	2011					MON	E OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	MARGARET M. SAM  4. SOCIAL SECURITY NUMBER		OF the section to	Year of St. I was in		I was a second		RUARY E OF BURTH	20, 1	994		
	213-46-6302	1 🗆 M 2 🙀 F	A 32				(Mor	NOV. 15, 1901 PENNSY			HPLACE (State or Foreign ry) NSYLVANIA	
DIRECTOR		JTY NAME (If not institution, give street end number)  NTGOMERY GENERAL HOSPITAL  OLNEY						9c. COUNTY OF DEATH MONTGOMERY				
	MARYLAND MONT	GOMERY		10c. CITY, TOW	N OR LOCA						10d. INSIDE CITY LIM/TS? 1 YES 2 NO	
	10e. STREET AND NUMBER	MONIGOREKI			- Y	1. ZIP CODE			10g. CIT	IZEN OF	WNAT COUNTRY?	
EB/	19204 TREADWAY R	OAD				2083	3		I	JSA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	YES 2 X NO	ED	Il yes, s	CENDENT OF HIS	NT OF HISPANIC ORIGIN? (Specify Yes of Cuben, Mexican, Puerto Ricen, etc.)					
	15. DECEDENT'S EDU (Specify only highest grad	JCATION a correlated		EDENT'S USUA kind of work do			16	b. KINO OF B	USINESS/INI	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	(0-12) College (1-4 or 5+)			R.	ost or working						
0	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First,	Middle, Maide	n Sumame)			
BE C	GEORGE LO				EMMA	JANE	HAND		,			
8 0	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDR	ESS (Street	and Number or Ru	ral Route Nu	nber, City or T	own, State, Zip	Code)		
2	190. INFORMANT'S NAME (Types/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  19204 TREADWAY ROAD BROOKEVILLE, MARYLAND								ND 20833			
	20b. PLACE AND DATE OF DISPOSITION (Name of 1 Date of DISPOSITION (Name of DISPOS											
	23. PART I. Enter the diseasea, or ahock, or heart failure.	H 70 complications that can	used the deep on sech line.		FRANC 500 U	IS J. C NIVERSI	OLLIN TY BL	VD.,W	. SIL.	SPR	, INC. , MD. 20901 Approximata Interval Betwee	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cercy	The 1te	JENCE OF):	len						15 days	
MOIT	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								Irday			
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST	or Injury DUE TO (OR AS A CONSEQUENCE OF):										
CAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  Previdu 24a. WAS AN AUTOPSY PERFORMEC?  1 YES 2 AO							241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH	(Check only	onel				
ပ္က	EXAMINER?	HOSPITAL:	/Outpetlent 3		IER:							
	27. MANNEB OF DEATH  1 Netural 5 Pending	Pending (Month, Dey, Year) INJURY WORK?						EŞCRIBE HOV	INJURY OC	CURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF IN- building, stc.	JURY — At hom (Specify)	e, lerm, atreet,	factory, offic	:0	281. LO	CATION (Street y or Town, Sta	et and Number te)	r or Rural	Floute Number,	
COMPLETED		BICIAN: To the best of my I ER: On the basis of examin									s) end menner ee stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CENTRAL	-		27) (Type, Print)		29c LICENSE	HUMBER 726		29d. DAT	. /	(Month, Day, Year)	

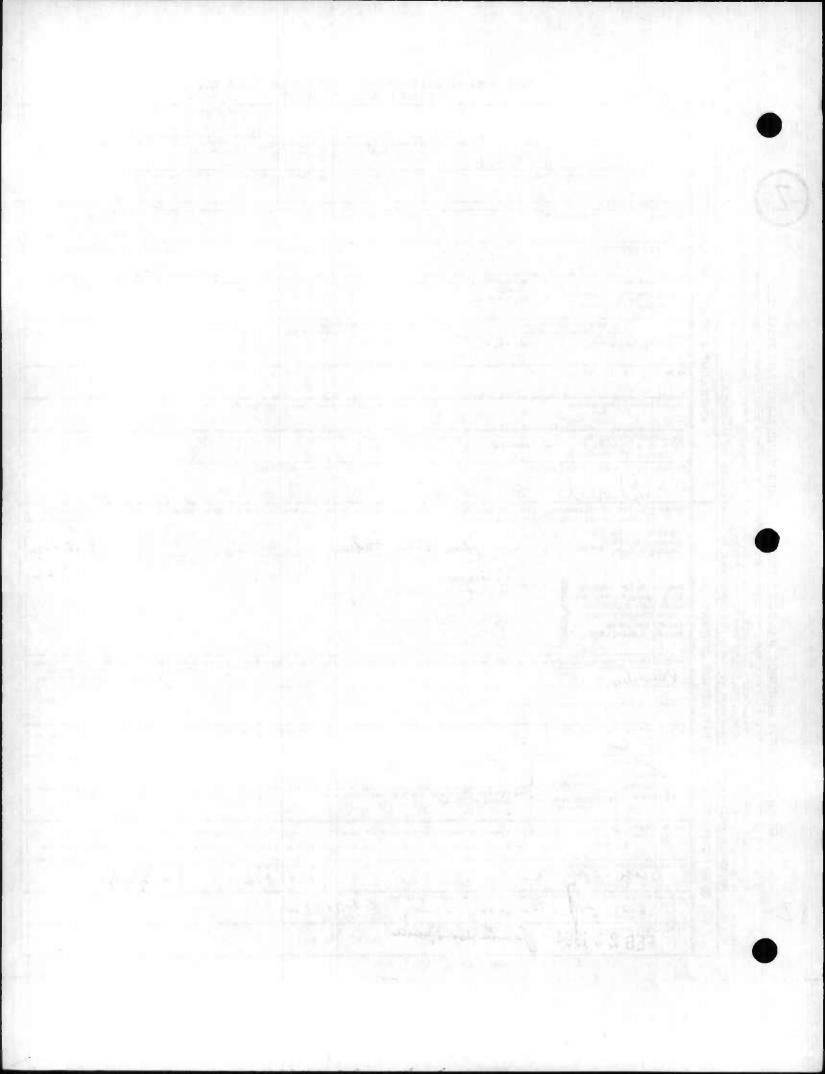
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

18101 Pr. N. C. Pl. Y. Dr., Charge, Print)

31. DATE FILED (Month, Day 1891994 Fine Manual Print)

FEB 2 3 1994 Fine Manual Prints (1994)

FEB 2 3 1994



8. BIRTHPLACE (State or Foreign

YEAR 994

3. TIME OF DEATH

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

DAY

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

lam

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

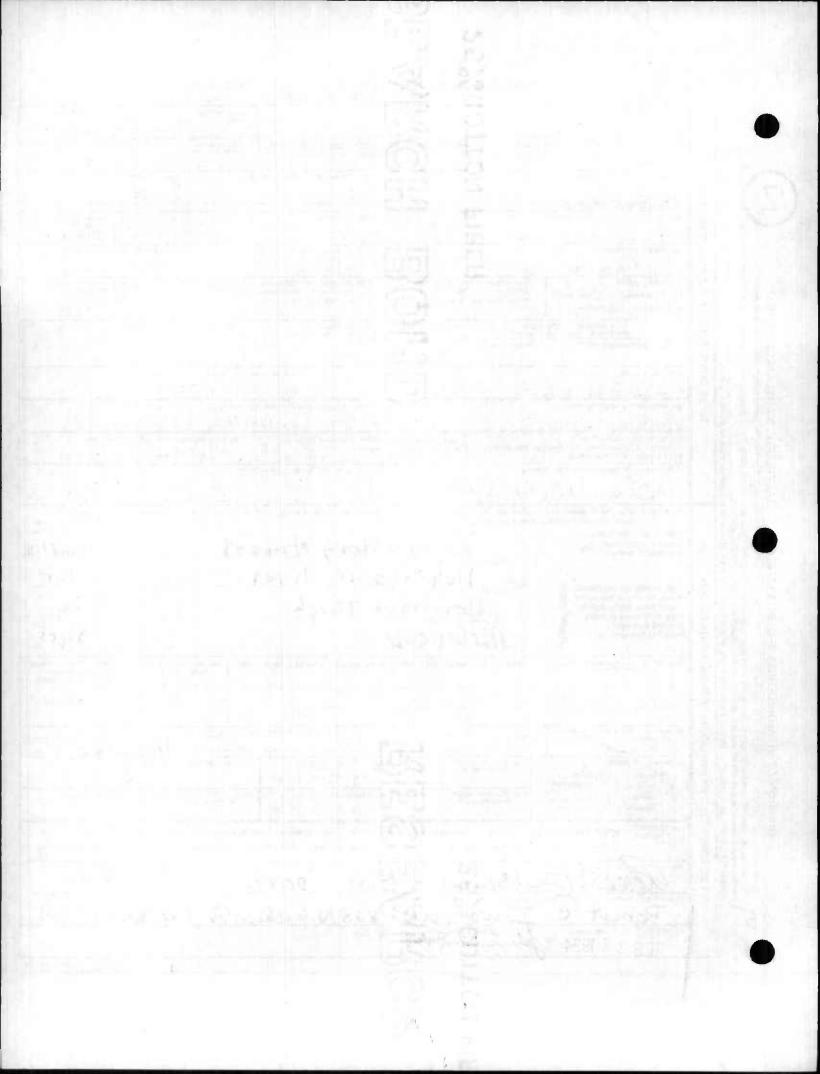
6	7	Y
6	4	7
	-	1
		TE.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	213-32-2127	1 🔀 M 2 🗆 F	58	YRS.	MONTHS DAY	B HOURS		ept. 5, 1	935	Penn	sylvania
_	9a. FACILITY NAME (If not institut	9s. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									
DIRECTOR	Joseph Riche	y Hospice			Balt	imore			nor	ne	
R	10a. STATE 101	10b. COUNTY 10c. CITY,				TOWN OR LOCATION					IOd. INSIDE CITY
	Maryland	aryland Queen Annes			Chester					1	YES 2 NO
A	10e. STREET AND NUMBER					10f. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?	
EB	305 Swan Co	ve Lane				2161	.9		Uni	ited	States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I			2 X NO If yes, specify Cuban, Mexican, Puerto Rica							
COMPLETED	15. DECEDE	NT'S EDUCATION heat grade completed)	16a, DE	16a. DECEDENT'S USUAL OCCUPATION 164					HNESS/IND	USTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 8+)	life Do NOT use retired )		Nation	Mational Institute					
P		5+	Res	earch	Admin	istrat	or	of Dru	Drug Abuse		
Ö	17, FATHER'S NAME (First, Middle	, Lest)	D.O.			18. MOTHE	ER'S NAME (	First, Middle, Maiden	Sumame)		
BE (	William E.	Spillane				Do	rothe	ee M. Her	ry		
	19a, INFORMANT'S NAME (Type/	Print)	19	b. MAILING	ADDRESS (Stre	et and Number o	r Rural Route	Number, City or Town	n, State, Zip	Code)	
2	Frederick L.	Ahearn, Jr.	30	)3 Sw	an Cov	e Lane,	Ches	ster, MD	21619	)	
	20a. METHOD OF DISPOSITION	Daniel Williams			F DISPOSITION	(Nama of		DATE 20c. LO	CATION — C	Ity or Tow	n, Stata
	1 Burlet 2 X Cremetion : 4 Donation 5 Other (Spe		Monta			torium	. Inc	1/94 Bet	hesda	. Ma	ryland
200	21. SIGNATURE OF FUNERAL SE	McMulan	\$10083	31	Robe Beth	rt A. F	of FACILITY Umphi	rey Funer Chase, Ir	al H	ome/ 7557	Wisconsin
CERTIFICATION	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	oue toyo	AS A CONSECUTION OF AS A C	OVENCE OF	asis	1 In	ver	3T			Minutes 1gr Zyrs 8grs
SICIAN: MEDICAL	PART II. Other algnificant of	conditiona contributing to de	ath but not r	reaulting i	n the underl	ying cause gl	ven in Pari	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
SICIA	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 XNO	HOSPITAL:	3/Outputient 3	□ no4	OTHER.	PLACE OF DE			No	5/21	
₽Ħ	27. MANNER OF DEATH	28s. DATE OF IN.	IURY	28b. TIM	E OF 28c.	INJURY AT WORK?	284	1. DESCRIBE NOW II			e.C.
ED BY	3 Suicide 8 Coul	id not be mined 28e. PLACE OF II building, atc	IJURY — At he (Specify)	ome, farm, s			_	LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	ute Number,
TO BE COMPLETED	296. SIGNATURE AND TITLE OF	NG PHYSICIAN: To the best of my EXAMINER: On the besie-of exam TERTIFIER PSON WHO COMPLETED CAUSE	Ination and/or	Investigatio	n, In my opinio	n, death occure		, deta and place, an	29d. DATE	SIGNED (I	Month, Day, Year)
	Robert 31. DATE FILED (Month, Day, Year)	9 32. REGISTRAR'S	SIGNATURE,	1)	828	N. EL	etal	056.15	च्य (१	oM	121278
	FFD 9 9 100	11 Stille Dayes	av-Nava	400							



BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-in
-	thin Hours after death. Page	stely filled in by the funeral direct
S, P.O. BOX 68760	e death certificate be executed wit	ne attending physician and comple
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that th	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
DIVISIOR	OR ATTENDING	DIRECTOR: After

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

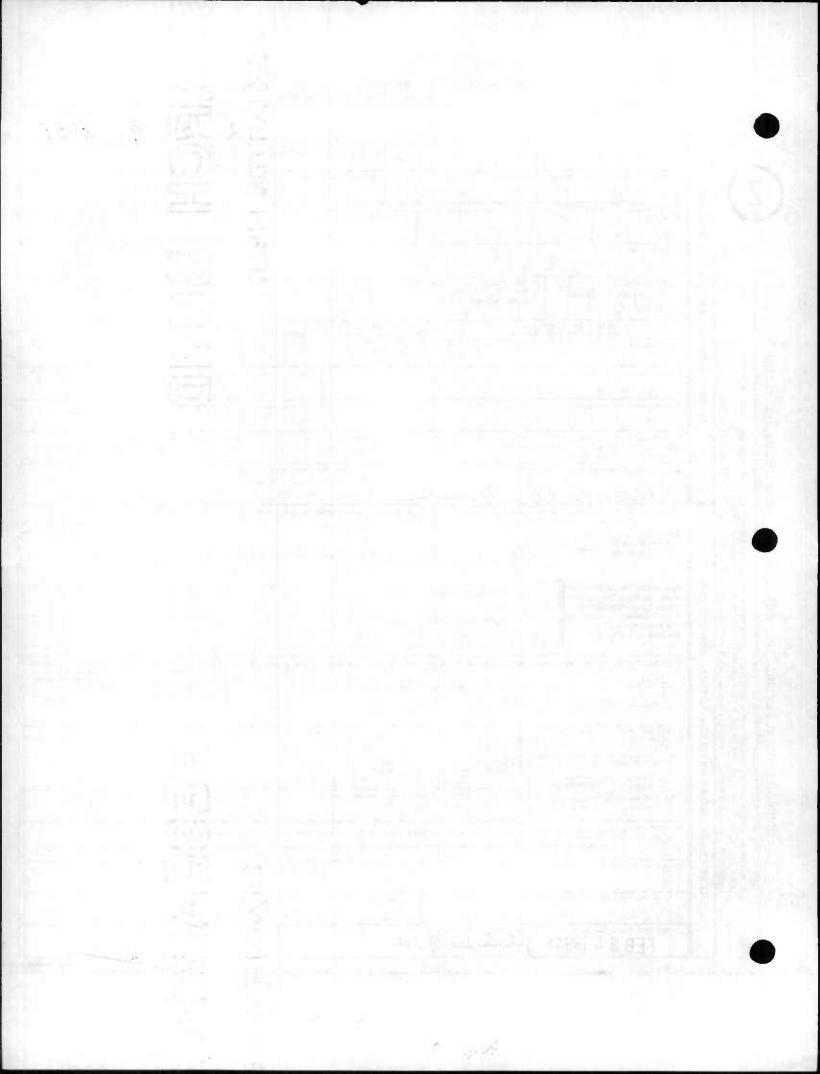
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

_	_	
	П	
	- 8	
	4	
	7	
	ш	
	П	
	U	
m	- 1	
$\overline{a}$		
$\simeq$		l
5	1	
$\sim$	П	
<b></b>		
ш.	П	
0		ľ
	M	
4		
~		
	П	
=		
<u> </u>	П	
$\supset$		
4	П	
8		ì
m	П	
	1	
	П	
111	П	ĺ
APLETE	Н	ļ
41	П	
_	1	ı
<u>_</u>	И	l
₹	н	ĺ
€.	u	ı
0	1	ı
O	1	ļ
BE CON	-1	
14	1	ŀ
0	-	
$\succeq$		
-	1	
	1	
	1	
	1	
	П	
	1	
	J	
	1	
	J	
	J	
	1	
	J	
	1	
	1	
	1	
	1	۱
	1	۱
	1	ĺ
	1	ı

REGISTRAR		MARYLAND /		ICATE					EG. NO.	_	94	0703
1. DECEDENT'S NAME (First, Middle, Last)  SADE STEI	NHORN	SADI	E	ST	EINE	IORN		2. DATE OF MONTH	DEATH DA	Ĭ	YEAR.	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 115-38-1993	5. SEX 1  M 2 X F	8. AGE (In yrs. le	st birthday) :	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, De SEPT.	y, Year)	191	Country	DON ENGL
9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE		12,		NTY OF DE	
HEBREW HOME OF GR		SHINGTO	N			CKV					ONTGO	
10a. STATE 10b. COUNTY MARYLAND MON	TGOMERY		10c. CIT	Y, TOWN OF	R LOCAT			0 3				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6105 MONTROSE	ROAD				101.	ZIP COD	852	R P	34			STATES
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN	YES 2 X	RMED	16	yes, spe	ENDENT C	OF HISPAN	NIC ORIGIN? (S an, Puerto Rica ly:			14. RACE	- American Indian, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade		(0	live kind of a	USUAL OC	CUPATIO	N st of workli	ng	16b. K#	D OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	1	SECRI	ETARY					LE	GAL		
17. FATHER'S NAME (First, Middle, Last)  SOLOMON REUBE	ENS						HER'S NA	AME (First, Midd		Sumame)	11	
19s. INFORMANT'S NAME (Type/Print)  MARTAN STETNHO	DN							ROCKVT				20852
20a, METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remo		20b. PLACE Centered Co.	ANDDATE	OF DISPOSIT	TION (Na	me of		DATE 2/23	20c. LO	CATION -	City or Tow	
23. PART I. Enter the diseases, or c shock, or heart failure. I	Omplications that	t caused the dese on each line	eath. Do r	DA 11	NZAI 70 I	NSKY- ROCK	VILL	DBERG E PIKE	-ROC	KVIL	LE,MD	ELS, INC. 20852  Approximata Interval Between
	PCUTE DUE TO	OR AS A CONSE				NEI	umo	AINC				Onset and Des
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONSE									9/-	
	e contributing to ARTES PEMENTA	MELLI		In the und	derlying	cause (	given in		PERFOR	MED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient	DOA	OTHER	:			neck only one)	nectful.			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY	28b. TIM		28c. INJI WO			28d. DESCRI		YJURY OC	CURED	
3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — Al ho etc. (Specify)	ome, ferm, :	street, facto	ry, offici			281. LOCATIO City or R	N (Street a	and Numbe	r or Rural Ro	ute Number,
29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	eath occurr	ed at the tin	ne, date	and place	and due	to the cause(s	and men	ner as sta	ted.	
(Check only one) 2 MEDICAL EXAMINE												and menner as stated.

Day. 31. DATE FILED (Month, FEB 2 1994

2. REGISTBAR'S SIGNATURA DEVILOSAN



ķ	2	2	
`		permit.	
20	ficate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Page	
00	90 0	e b	
5	uglu	as th	
2	affe	use	
2	10	ò	
N	hospit	ached	
Z	the	det	
Ξ	5	P	
MAR	etained	shoul	
_	De 7	Je 5	
M	hay	ba.	
5	9	Ctor	
Σ	90e	dire	
BALTIMORE, MARYLAND 21215-0020	leath.	funeral	
8	fter d	the the	Oval.
	Sa	6	rem
	DOL	P	6
•	24	1	tion,
50,	within	pleter	ne prior to burial, cremation, or removal.
BOX 68/60,	cuted	noo bi	urial.
×	exe	n an	5
ò	e pe	sicla	rior
n	heat	phys	De D

DIRECTOR

FUNERAL

BY

COMPLETED

8

9

notified at once.

9

must

examiner

medicai

the

traumatic event,

or other

Shows

has been Dept. of P WE

L OR ATTENDING PHYSICIAN: The law L DIRECTOR: After this certificate has 2 hours after death with the State Dep I liem 28 is marked, or liem 23

TO THE HOSPITAL OR AT
TO THE FUNERAL DIRECT
DE filed within 72 hours a
IMPORTANT: If Item 2

signed by the attending phy Health and Mental Hygiene

CERTIFICATION

PHYSICIAN:

В

COMPLETED

BE

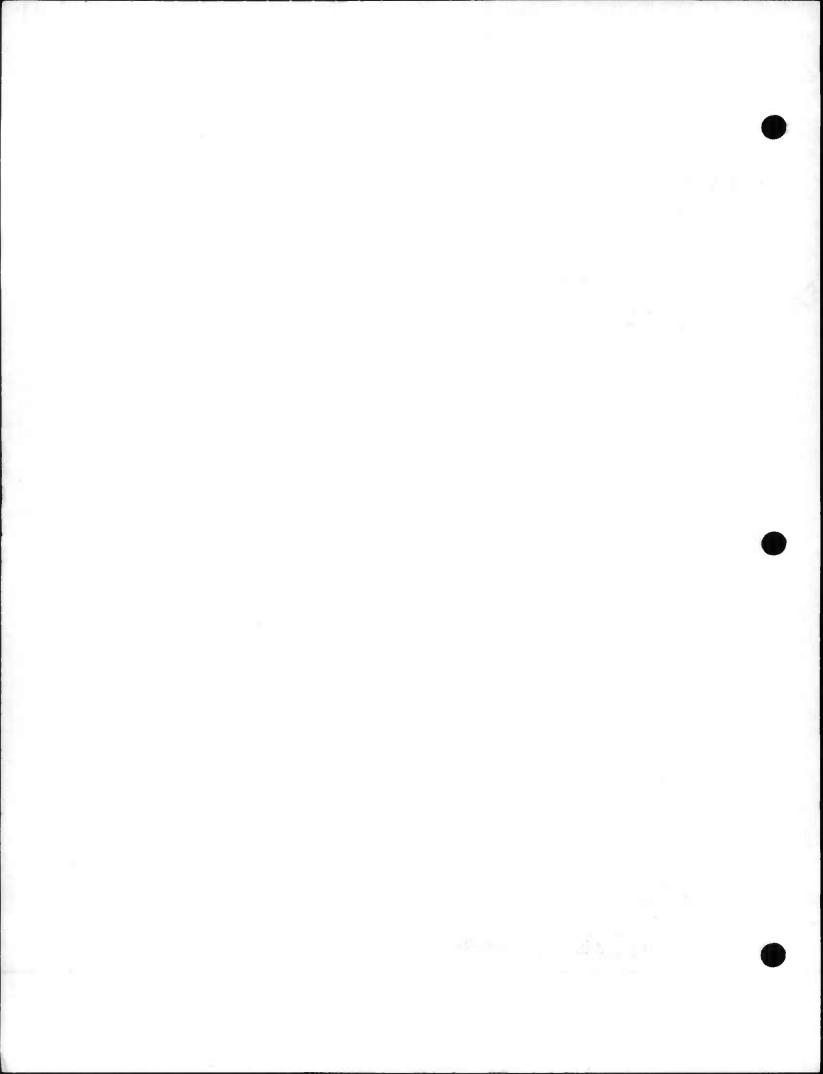
9

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Feb. 21, 1994 Zita Schlosser 4:10 AM M 7. DATE OF BIRTH
(Month, Dey, Year)
March 27, 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 308-32-7416 DAYS HOURS 89 ounny) Indiana 1 🗆 M 2 🖔 F YRS. 1904 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Brooke Grove Nursing Home 01ney Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery MD 01ney 1 YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 18430 Brooke Grove Road 20832 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married
3 Widowed 4 Divorced 1 TYES 2 NO Specify: White 16a. DECEDENT'S USUAL OCCUPATION
(Given kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) dary (0-12) College (1-4 or 5+) Homemaker Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Anton Meister Rose Graf 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) Mary Furman 13912 Mills Avenue, Silver Spring, MD 20904 20e, METHOD OF DISPOSITION
1 A Burlel 2 Cremation 3 Removal from State
4 Denetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 2/24/94 Pine Lake Cemetery, 2/17/94) 20c. LOCATION - City or Town, State DATE La Porte, Indiana 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home Ment ane land 11800 New Hampshire Ave Silver Spring MD 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only on ause/on each line. Interval Betwe IMMEDIATE CAUSE (Fine) Opport and Death disease or condition\_ tenonce ta resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 9 1 TYES 2 THO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 | YES 2 | 00 1 Inpatient 2 ER/Outpatient 3 DOA me 5 - Residence 8 - Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO \_\_\_ Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDIFAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and my 296. SIQUATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED Mover, Day, Year) 90838 ► 2/21/9L 36. AN E AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
D. Benjamin Avrunin 18111 Prince Philip Drive, Olney, MD

12. REGISTMAN'S SIGNATURE FUNDAMENTAL PROPERTY OF THE PROPERTY

DIVISION OF VITAL RECORDS, P.O.

**DHMH-18 Rev 1/89** 

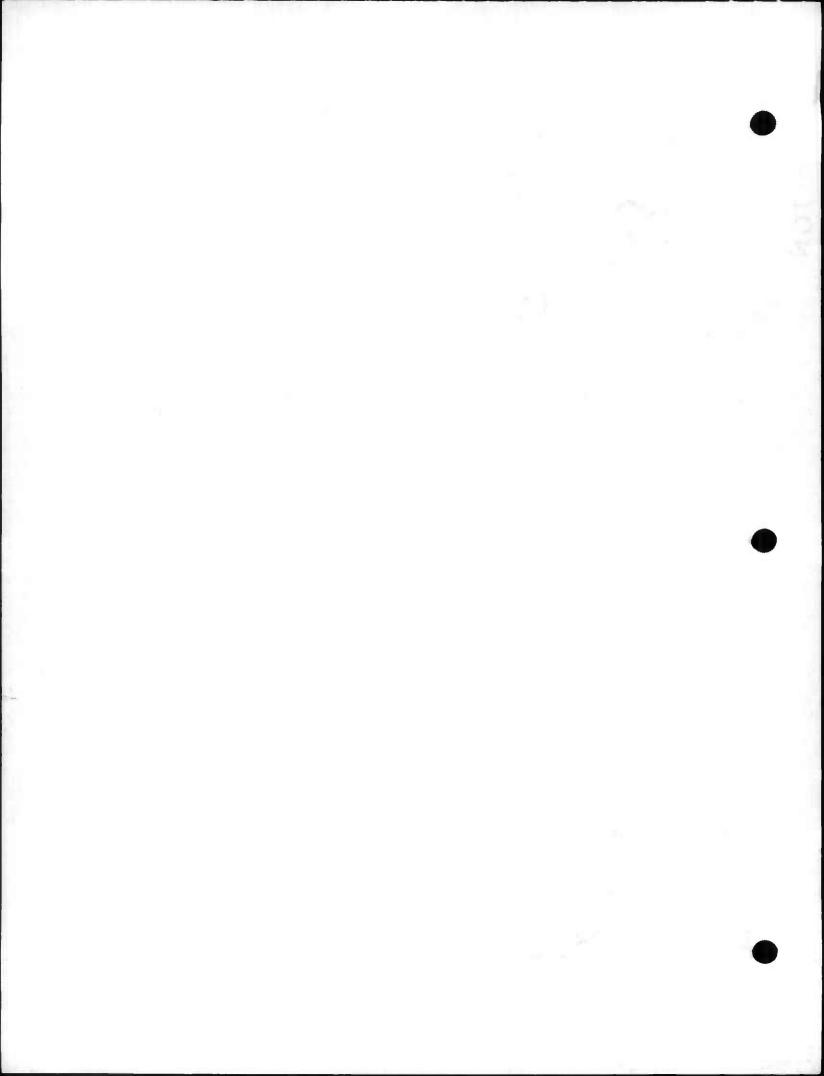


BALTIMORE, MARYLAND 21215-0	ours after death. Page 6 may be retained by the bosoital or attending
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	e law requires that the death certificate be executed with
DIVISION OF VITA	U OR ATTENDING PHYSICIAN: The

11. 1 [ 3 [ 20 ]	23 IIW did re CG CG th re 25.
TO BE COMPLETED BY FUNERAL I	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
tuneral director, page 5 should be detached for use as the bunial-transit permit. In the funeral director, page 5 should be detached for use as the bunial-transit permit.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68/60,

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF OE.										3. TIME OF OEATN			
	ERNE		WILLIAM TREDWAY							FEBRUARY 20, 1994			11:05 A.M	
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. les		MONTHS		1 YEAR			7. DATE OF BIRTN (Month, Day, Year)		8. BIRTI	NPLACE (State or Foreign	
	578-03-4969		1 M 2 D F	79	YRS.					EC. 7, 19			INGTON. D.C.	
œ	9e. FACILITY NAME (if not institution, give street end number)  707 TANLEY ROAD					9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEAT								
DIRECTOR	AESIDENCE OF DEC		SILVER SPRING MONTGOMERY							rGOMERY				
일	10e. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION 10c							10d. INSIDE CITY	
	MARYLAND MONTGOMERY				SILVER SPRING								LIMITS?	
A	10e. STREET AND NUMBER					101. ZIP CODE				10g. CITIZEN			WHAT COUNTRY?	
FUNERAL	707 TANLEY ROAD					20901					U	SA		
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U FORCES? 1 Y YES							CENDENT OF HISPA	NIC	ORIGIN? (Specify Yes		14. RAC	E — American Indian, k, White, etc.	
BY	3 Widowed 4 Divorced			WAR OR DATES	R DATES 1			3 2. NO Spec	derto riican, etc.)		Spec			
	WWII					HEHAL O	OCHBITI			Tana uma an au	TE			
COMPLETED	(Specify only highest grade completed)				16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b. KINO OF BUSINESS/INOUSTRY				
3	Elementary/Secondary (0-12) College (1-4 or 5+)				34 10 34 75					D. C. OTTTGT GUDDIN				
8	17. FATNER'S NAME (First, Middle, Last)				DWNER 18. MOTHER'S					P.G. OFFICE SUPPLY  AME (First, Middle, Melden Surname)				
BE C	CARL W. TREDWAY					SOPHIA BRUEGGER						0		
	19e. INFORMANT'S NAME (7	b. MAILING	AlLING AGORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)											
2	CECILIA C. TREDWAY 707						Y RO	AD SILV	/ER	SPRING,	MARY	LAND	20901	
	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal from State 20b. PLACE Al							ame of		OATE 20c. LO	CATION —	City or To	own, State	
	4 Donation 5 Other (Specify) FORT I					DLN				2/23 BRE	NTWO	DD.	MARYLAND	
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY								
								ANCIS J. COLLINS FUNERAL HOME, INC. OO UNIVERSITY BLVD., W. SIL, SPR., MD. 20901						
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,   Approximate													
	IMMEDIATE CAUSE (Fir		List only Wia Cat	ose Oil aacii lilia	•								Interval Between Onset and Daath	
ļ	disease or condition reaulting in death)	<b>→</b>	a. COLO	N CANC	CER									
	OUE TO (OR AS A CONSEQUENCE OF):													
S I	Sequentially list condit	Sequentially list conditions, SEPSIS												
EA	if any, isading to immediata cause. Entar UNDERLYING													
임	CAUSE (Disease or Inju	iry	cDUE TO	(OR AS A CONSEC	DUENCE OF	7:								
CERTIFICATION	resulting in death) LAS	Т	d.											
	DART II Other classifies	et con dition		Wan 15										
MEDICAL	PART II. Other significant conditions contributing to death but not res					sulting in the underlying cause given in i				Part I. 24s. WAS AN AUTOPSY PERFORMED?		24b	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
ă	COLONIC OBSTRUCTION									1 _ YES 2 _ NO			OF DEATH?	
									-	-			1 TES 2 NO	
AN	25. WAS CASE REFERRED TO	O MEDICAL								31 32				
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient 3	( pos	OTHER	R:	LACE OF OEATH (C		, _ ,				
H	27. MANNER OF OEATH		26e. OATE OF	INJURY	26b. TIMI	E OF		ne 5 🗆 Residence	7	d. OESCRIBE HOW I	NJURY OC	CUBEO		
	1 Natural 5 Pending (Month, Day, Yeer)					INJURY WORK?  M 1 TES 2 NO				The second of th				
D BY	3 Suicide 28e. PLACE OF INJURY — At horr				me, lerm, s					281. LOCATION (Street and Number or Rural Route Number,				
COMPLETED	4 Homicide determined building, etc. (Specify)									City or Town, State)				
	29e. CERTIFIER (Check only (Ch													
<u>8</u>													e) end menner ee stated.	
	290. LICENSE NUMBER													
BE	AOV (M/V/V/)				D249 9				72 >10		2-	2-21-94		
임	30. NAME AND ADDRESS OF	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	GREGORY		COMPTON,		831	7 CH	ERRY	LANE,	LAU	UREL, MD				
	FEB 2 2 1	994	Julia David	AR'S SIGNATURE	M.								***	



**burial-transit** 

is the

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

maleen

2 1994

Y
0
9
N
9289
(0)
$\times$
BOX
~
111
, P.O.
0
-
4
-
S
0
_
ш,
0
~
U
ш
CC
_
OF VITAL RECORDS, F
d
-
4
0
0
7
~
0
10
S
=
=
0
DIVISION

or afte	for use	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be find within 72 hours after death with the State Deor, or Health and Mental Horliere prior to bunial, cremation, or removal.	nce.
w the	be de	at o
ained	hould	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e ret	5 5	not
d yeu	bag.	t be
6 6 1	rector	Ē
Pao	ral di	Iner
death	fune	Mex
after	y the	cai
OULS	d in t	med
24 11	filler tion.	the
within	pleteh	ent,
petri	com	5
9000	n and to bu	ımat
ate be	ysicia	tra
ertifica	ng ph	othe
ath co	tendii Al Hv	0
he de	the a	njery
that t	d by	my i
uires	signe	W.S.
v requ	peen to	sho
he lav	has	п 23
T :N	State	He
SICI	the the	d, 0
HH E	or this	arke
NION	R. Afte	S
ATTE	ECTOF S afte	1 28
L OR	DIR.	iten
SPITA	VERAL TO	11:11
E HO	E FU	BITA
HT OT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the far within 72 hours after death with the State Deot of Health, and Mental Hodiere prior to build. Cremation, or remova-	MPO
		-

1 - FOR STATE REGISTRAR 96 07037 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Margaret Tremearne 2. DATE OF DEATH MONTH 3. TIME OF DEATH 605 A MARGARET REMEARNE 20 4. SOCIAL SECURITY NUMBER 5. 9FY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 219-36-7642 6/29/1897 96 Wash., DC 1 M 2 A F Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Greater Laurel Beltsville Hosp. Laurel, Prince Georges RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Prince Georges Adelphi 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3210 Powder Mill Road United States 20783 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: White 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Teaching/Montgomery ntary/Secondary (0-12) College (1-4 or 6+) Teacher County Schools 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Frank Townley Chapman Alice Brundage 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jane Margaret Tremearne 3315 Powder Mill Road, Adelphi, MD 20783 20e. METHOD OF DISPOSITION

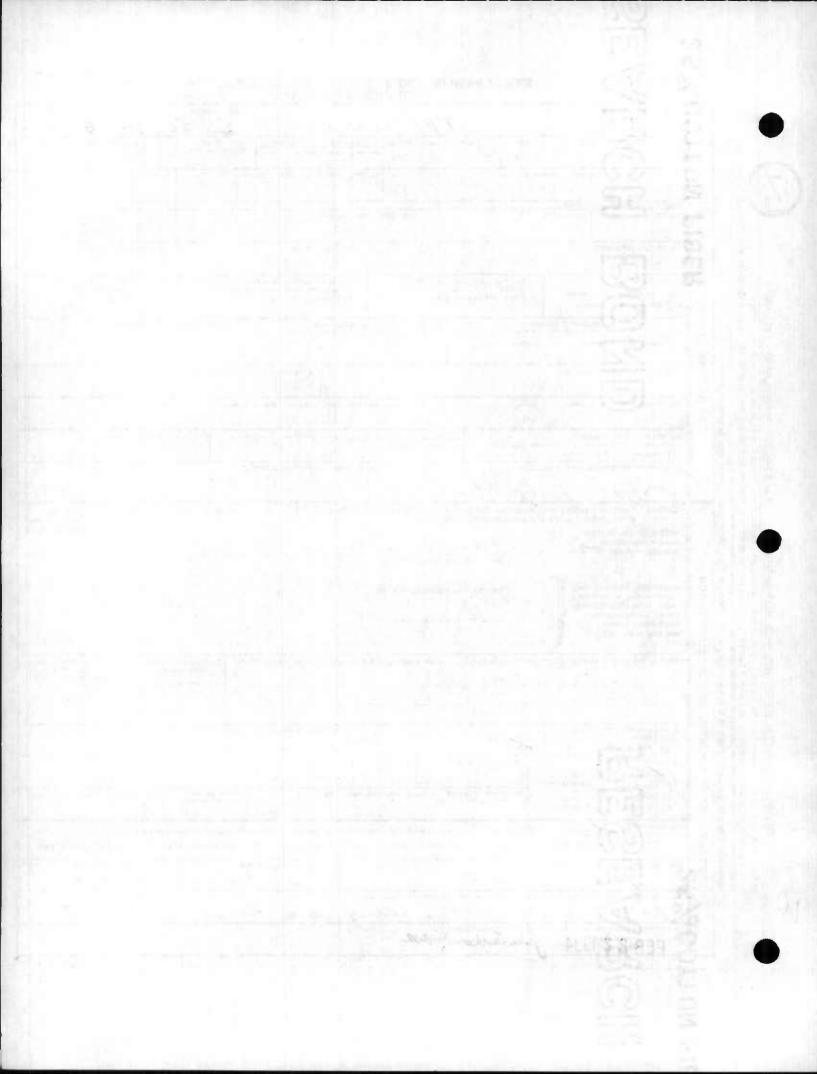
1 Burlel 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) 206. PLACEAND DATE OF DISPOSITION (Name of 2/22/94) OATE 20c. LOCATION - City or Town, State Forti Lincoln Crematory Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Ave Silver Spring MD 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition FAILUNE THRIVE 70 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? ANTHAITIS 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

29e. CERTIFIER

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0367/6 WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) KUNDRATME, 8317 Cherry Jane, Laurel, Md 20707 32. REGISTRAR'S SIGNATURE

ANDREW 31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89



-	.,	Dermit.
020	burs after death. Page 6 may be retained by the hospital or attending physician.	If in by the funeral director, page 5 should be detached for use as the burial-transit permit
0	8	the
'n	D.	as
21	atte	98
21	0	0.00
0	pita	P
Z	Soci	Ch
V	26	detz
7	y t	2
IAR	tained	should
2	2	5
Ë,	ay be	page
7	E	tor,
M	age 6	direc
BALTIMORE, MARYLAND 21215-0020	death. P	funeral
8	fler	寺
	60	5
	on o	E E

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLANE	hosp	ache	6
LA	the	de	1 09
₹	a d	Q P	P
A	taine	shou	tiffe
Σ	e re	4C	9
S.	nay t	pag	t be
0	9 6	ector	SAE
Σ	Page	di di	Ter
5	ath.	nuer	ami
BA	er de	the f	
	Saft	AG U	dica
	no	ed in	E
		ly fill	th.
00,	with	piete	ent,
876	uted	COM	9
9	Dec	and	nati
õ	2	Ician	ne
B	ficate	phys or	10
O.	certif	Jing	9
٩	ath	Iffend	0 '
SC	he de	the a	F
R	hat t	d by	J A
$\frac{1}{2}$	res t	igne	60
H	requi	of H	shov
_	3W	as be	23
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a find within 75 hours after death with the State Deni of Health and Mental Honland prior to hural cremation or removal	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
>	CIAN	the S	0
O	HYS	his c	ced,
Z	NG P	ter t	шан
0	Š	R. Af	2
118	ATTE	CTO	28
	OR.	DIRE	Item
_	TAL	A R	=
	OSP	UNE	ANT
	光光	出	ORT
	10.7	0 4	N N

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

4 Homicide

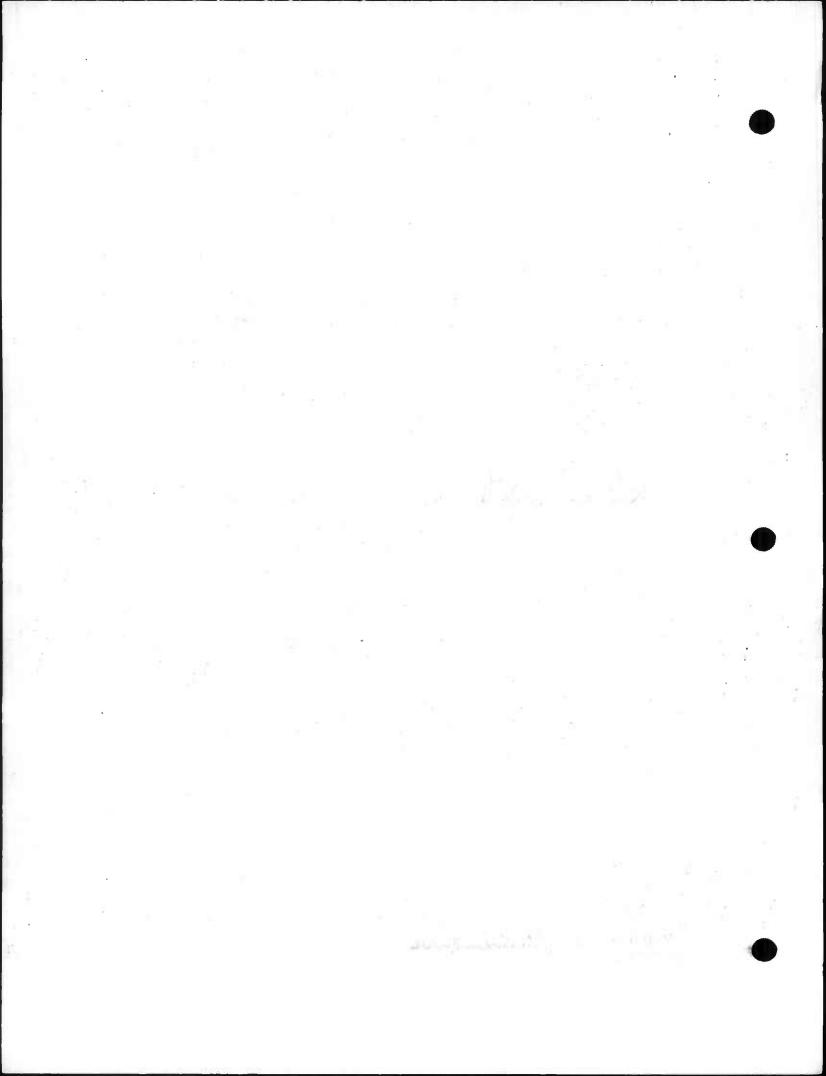
FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	TMENT OF I	EALTH AND	MENTA	L HYGIEN	<b>E</b> 9	4	07038
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	REBA	REBA L. UNGER				February				1:30 p
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
217-03-4660	1 🗌 M 2 💢 F	8	30 YRS.	MONTHS DAYS	HOURS MIN.	04/	719/13			vland
9a. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TOWN	OR LOCATION OF E			9c. COL	INTY OF DE	
Memorial Hospi	tal			Cumbe	rland			A	llega	any
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			1							
				Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
Maryland Alleg	any		Cun	berland						1 X YES 2   NO
10e. STREET AND NUMBER				10	. ZIP CODE			10g. CI1	TIZEN OF W	HAT COUNTRY?
1 Baltimore Str	eet				21502			US	SA	
11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. A			ENDENT OF HISPA			or No-	14. RACE Black	- American Indian, White, etc.
1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE Y				2 XNO Spec		ricani, arc.)		Specifi	y:
										White
15. DECEDENT'S EDUC (Specify only highest grade	completed)	(	Give kind of vide. Do NOT us	USUAL OCCUPATION or done during me	ON ost of working	186	KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)								
8		I.	Iomema	iker				*		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N			Surname)		
Harvey Shives					Effie					
19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street						
Louella Maxine Sh			.3417	Chatalia	ane N.E.	Cumb	erland	l, MI	). 2:	1502
20a. METHOD OF DISPOSITION 1 Burlai 2 Cremetion 3 Ramo	wal from State	20b. PLACE	E AND DATE	OF DISPOSITION (N		DAT			City or Tov	
4 Donation 5 Other (Specify)		Shive	s Cen	ther plece) netery	02/	19/94	Hand	ock,	Mary.	land 21750
21. SIGNAPORE OF JUNERAL SHENOOF THE	24	hous		Grove F	ND ADDRESS OF F	Aciuty Vain Si	t.POPox	368 H	lamook	.MD. 21750
23. PART I. Enter the diseases, or c ehock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition recuiting in death)	. A cu	t caused the cuse on each lin	اه.	not enter the mo	Tude	ch as care	liac or respi	ratory ar	rreat,	Approximate interval Batwee Onset and Dear
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSI								
PART II. Other significent conditions		death but not	reculting	in the underlyin	g ceuee given ir	n Part i.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
<i>J</i>						_				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (C	heck only or	10)			
1 YES 2 NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing Hon	a 5 🗆 Realdenca	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF (Month, E	FINJURY Day, Year)	28b. TIM INJ	URY WO	URY AT PRK?	28d. DES	CRIBE HOW I	JURY OC	CURED	
2 Accident Investigation	28e. PLACE C	OF INJURY - At h	nome term	street, factory offic		285 100	ATION /Street a	ad Numba	r or Burnt D	suda Mumbar

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 -94 South D 14865

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. R. Bar 31. DATE FILED (Month, Day, Year) MAR 0 8 1994 Barrera-Memorial Hospital Medical Building-Cumberland, MD 21502

32. REGISTRAR'S SIGNATURE



2-0050	ding physician. the bunal-transit permit. Pages 1.		
BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or after a funeral director, page 5 should be detached for use a l.	examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to effect within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR		STATE OF M	/MARYLAND Ci	DEPAR ERTIF	ICAT	T OF H	DEAT	AND I	MENTA	HYGIEN	E		
	1. OECEDENT'S NAME (First									2. DATE	OF DEATH			3. TIME OF DEATH
	Mary Caroli		NCE							Feb	ruary	23, 1	994	м
	4. SOCIAL SECURITY NUMBER 216-74-4025		5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH th, Day, Year)		8. BIRTH	IPLACE (State or Foreign
	9a. FACILITY NAME (# not in		1 □ M 2 📝 F	78	YRS.					Ju1	y 31,1	915		yland
Œ	1025 Mt. Ae							OR LOCATI		ATH		9c. COUN		
DIRECTOR	RESIDENCE OF DEC		Jau				Hage	rsto	wn			Was	hing	gton
RE	10a. STATE	10b. COUNTY		-	10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Maryland		ington		H	ager	stow	n						1 YES 2 NO
RAI	100. STREET AND NUMBER						101	. ZIP COD				10g. CITIZ	EN OF V	VHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	LIIA KO	12. WAS DECEDEN	T EVED IN II S AD	MED	40	WM 0 DE 0		740				USA	
	1 Never Married 2			YES 2 X			If yea, sp	ecify Cuba	n, Maxica:	n, Puerto	N? (Specify Yea Rican, atc.)	or No-		— American Indian, k, Whita, atc.
р Ву	3 Widowed 4 Divo							2 25 110	Орвену				whi	
E	(Specify only	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S live kind of a Do NOT us	USUAL O	CCUPATIO	ON st of working	10	168	. KIND OF BUS	INESS/INDU	STRY	
12	Elementary/Secondary (0	-12)	College (1-4 or 5 +	7	homer						her ov	m ho		
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						18. MOTA	ER'S NAI	ME (First.	Middle, Maiden S		me	
ш	Samuel Wal	ter Gr	ay								herine		e	
10 B	19s. INFORMANT'S NAME (7	ype/Print)		198							ber, City or Town			
-	Jack Vance				10	)21 M	It. A	Aetna	Roa	ad, I	Hagerst	own,	Mar	yland
	20a. METHOD OF DISPOSITI 1X Burlal 2 ☐ Crematio 4 ☐ Denation 5 ☐ Other	n 3 🗆 Reme	oval from Stata	20b. PLACE / cemetery, cre Rest	AND OATE	OF DISPOS ther place)	TION (Na	me of	Cen	DAT	E 20c. LOC	ATION — C		
	21. SIGNATURE OF FUNERAL		ENSEE	Rest	_Have	n_Ce	mete	D AOORES	2	2+26	Hage	rsto	wn,	Maryland
	Sca	XX	min	111	. 0	MI	.NNI(	CH FU	MERA	L H				
	23. PART i. Enter the di	701	omplications that	vice	1	41	.5 E.	. Wil	son	Blv	d., Hag	gerst	own,	Md. 21740
	shock, or he	esit fellure. I	List only one ceu	se on each line	eth. Do r	iot enter	the mo	de of dyl	ng, such	n as cen	diec or reapir	atory erre	st,	Approximats Interval Between Onset and Death
	disease or condition resulting in death)	<b>+</b>	Cond	lear	12-00	el.	~/							w. La
			DUE TO	OR AS A CONSEC	DUENCE O	5:	1	6	,	11		۲ ,	2 5	Fund Fas
ON	Sequentially list conditi	ons,	Remain	OR AS A CONSEC	A DILENCE OF	-de	nu	25	Mes	tabo	Ma	uch	ne	Duys
SAT	if sny, lesding to immac cause. Entar UNDERLY!	NG		on as a consec	DOENCE OF	7):								/-
Ĕ	CAUSE (Diseese or inju that initieted events		DUE TO	OR AS A CONSEC	DUENCE OF	F):		- ()	-					
CERTIFICATION	resulting in death) LAST													
١٢٥	PART II. Other significa	nt condition	s contributing to	daath but not r	esulting i	n the un	derlying	ceuse g	iven in F	Part I.	24s. WAS AN A	UTOPSY	24b	WERE AUTOPSY FINDINGS
ICAL											PERFORM		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED										_	1 TYES 2			OF DEATH? 1 ☐ YES 2 ☐ NO
Z.														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:			OTHER		ACE OF O	ATH (Che	ak only on	10)			
IYS	1 YES 2 NO		1 Inpatient 2			4 🗆 Nun	ling Home	5 He			. ())			
	1 Natural 5 🗆 i	Pending	28e. DATE OF (Month, Da		28b. TIMI INJ		28c. INJL WOF	RK?		28d. OES	CRIBE HOW IN	JURY OCCU	RED	
BY	2 - 2	nvestigation Could not be	28e. PLACE OF	INJURY At hor	me, farm, s	treet, facto		ES 2		281, LOC	ATION (Street an	d Number o	Bural B	Curto Mumber
COMPLETED		letermined	building, d	etc. (Specify)						City	or Town, State)		71212171	0000 17411000,
PLE	29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of i	my knowledge, des	sth occurre	d at the ti	me, date o	end place,	and due t	to the cau	rse(s) and mann	or on stated		
Ö	one) 2 MEDIO	CAL EXAMINER	R: On the basis of ax	minstion and/or is	nvestigutio	n, In my o	pinion, de	sth occur	d at the t	ime, data	and place, and	dua to the	cause(s)	and manner as stated.
W.	MA SUCHATURE AND TITLE	OF CERTIFIER	Mal	1				290 LICE	NSE NUME	900		29d. DATE	SIGNED	(Month, Day, Noar)
10/8E	may ten U	Ha	LOP	10				1)	318	8		12	12	5/94
- 1	JO. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	E OF DEATH (ITEM			. 11		10		21	1/		1 1
	31. OATE FILEO (Month, Day, )	- UNI	32. REGISTRAF	JE SIGNATURE	VI	1110	ME	rica	(An	npu	s Kd, 1	14160	Tri	va mos
		5 100		Sinden-R	العالية	L					(	,		

The first specification

<b>BALTIMORE, MARYLAND 2121</b>	. Page 6 may be retained by the hospital or atter	ral director, page 5 should be detached for use a
	ours after death	ed in by the funer or removal.
		ation,
OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN. The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attended to the complete or attended to the property of	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
OF VITAL	PHYSICIAN: The la	this certificate has with the State De

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

the burial-transit

38

once.

notified at

must be

medical examiner

Injury, or other traumatic event, the

shows any

or Item 23

28 is marked, L DIRECTOR: After the bours after death v

TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If Item 21

HOSPITAL DR ATTENDING PHYSICIAN: The Iaw DIVISION OF VITAL

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE 9

FEB 2 5 1994

07040 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH WILSON IAMO FEB 1994 500 DANE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) DAYS HOURE 1 M 2 TF 219-20-3611 1/31/04 WVa 9a. FACILITY NAME (If not institution, give street and nu 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. 1 TYES 2 NO Washington Hagerstown 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21740 Colton Villa Nsg.Center Dual Hghwy USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, Whits, stc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify Blk. IF YES, GIVE WAR OR DATES 3 🕅 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8 +) Homemaker Secondary 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George W. King Agnes King 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Iamo Harmon Cannon Ave. Hagerstown, Md. 21740 20s. METHOD OF DISPOSITION
1 M Burisl 2 Cremation 3 C
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Cemetery Hagerstown, Md 21. SIGNATURE OF FUNERAL SERVICE LICEUSEE Watson Funeral Home St. Hagerstown, Md 24 W. Bethel 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or neart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Fine) Onset and Desth diseese or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury resulting in death) LAST

PART II. Other	ignificent condition	contributing to dee	th but not resulting i	n the undarlying cause	given in Part i.
	7.	rest set		>	
10	a	1) - (1)			

Tili Danien Randall

PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO
1 TYES 2 NO	OF DEATH?
	1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)							
EXAMINER?	HOSPITAL: 1   Inputient 2   ER/Outputient		HER: Nursing Home 5 - Residence	8 Other (Specify)				
27. MANNER OF DEATH  Poly Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED				
3 Suicide & Could not be	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street	, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

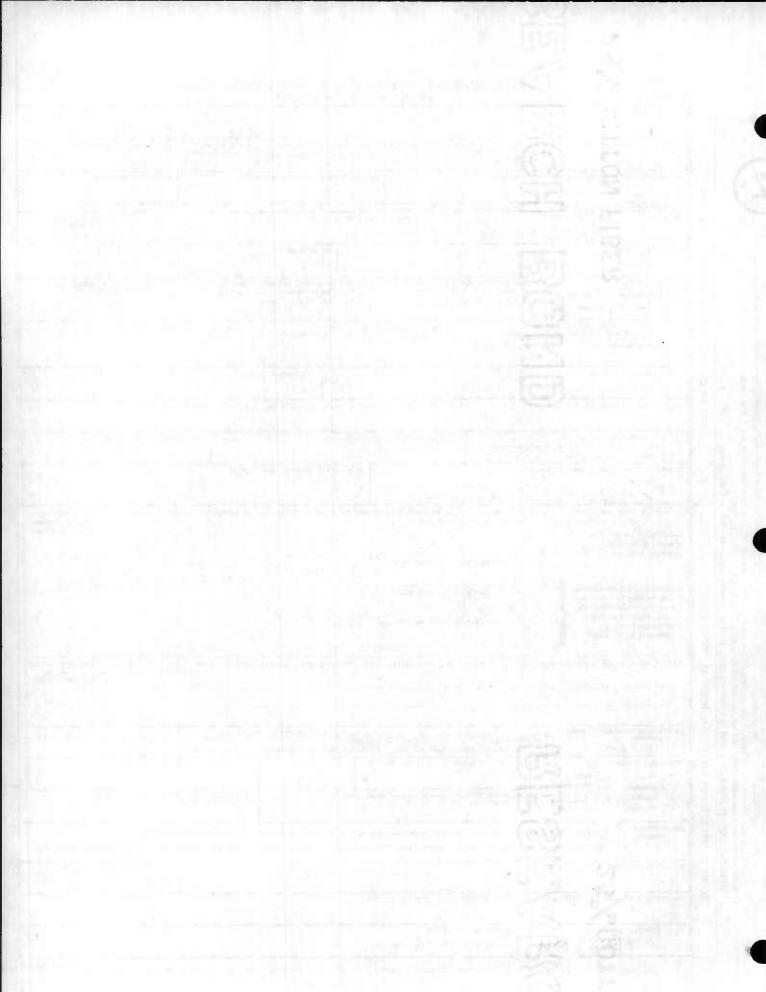
Check only	CENTER YANG PHYSICIPN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
one)	MEDICAL EXAMINER On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated

		and the to the seconds, and mainter as states.
B. SIGNATURE AND TITLE OF CERTIFIED	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

ID. SIGNATURE AND TITLE OF CERTIFIED	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
The	7/77	1 > 1/0,

ID. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	-	100	7
e.c. su	mb 378	0 pm/11 St.	He per for hel	2178
II. DATE FILED (Month, Day, Year)	22 BEGICTRAD'S CICNATURE		7 7	

DHMH-18 Rev 1/89



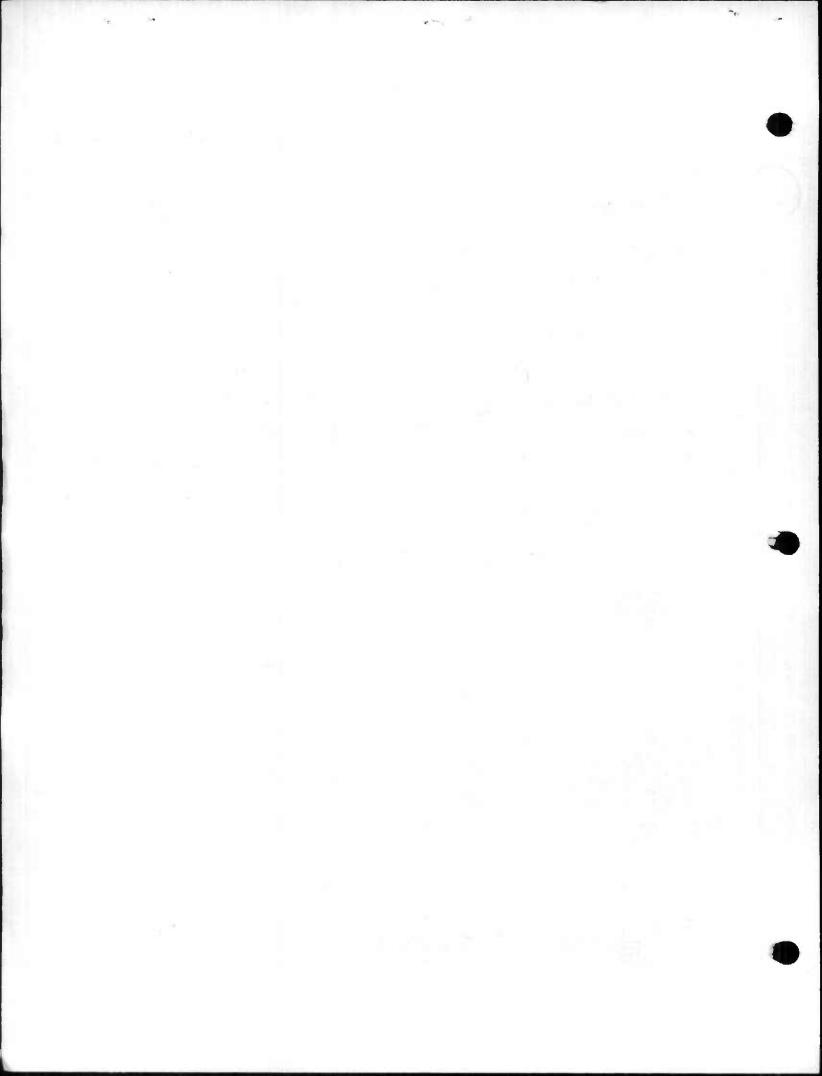
1 - FOR STATE REGISTRAR

BALLIMOHE, MARYLAND	nin yours after death. Page 6 may be retained by the hosp	tely filled in by the funeral director, page 5 should be detache nation, or removal.	I, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within regular after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND / D	EPARTMENT OF	F HEALTH ANI	MENTAL	HYGIENE
	CEF	TIFICATE C	F DEATH		REG. NO.

07041 94

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF MONTH	DEATH DA	Y	YEAR	3. TIME OF DEA	TH
	Edwin R. Wo	olfende	en							02	2		94	6:30	РМ
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AC				rs. lest birthday)	IF UNDE	ER 1 YEAR		R 24 HRS.	7. DATE OF (Month, De			8. BIRTI	HPLACE (State or I	Foreign
	038-05-8232 1 \( \overline{\pi} \) M 2 □ F 76				VDO		DAYS	HOURS	MIN.	8-4-			Rho	de Isla	nd
	9e. FACILITY NAME (If not in		treet end number)			9b. CIT	TY, TOWN	N OR LOCAT	ION OF D			9c. COU	NTY OF E		
FUNERAL DIRECTOR	6150 Forela	and Gar	rth			Co1	umb	ia				How	ard		
E C	10e. STATE	10b. COUNTY			10c. CI	ry, town	OR LOC	CATION						10d. INSIDE CIT	Υ
8	Maryland	Howai	n d			olum	1 4 -							LIMITS?	NO
7	100. STREET AND NUMBER					OTTHE		101. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
8	6150 Forela	and Co.	u + 1a					2.1	045			77	1	0	
3	11. MARITAL STATUS	mu Ga	12. WAS DECEDE			13	. WAS D			NIC ORIGIN? (S	Specify Yea		14. RAC	States E - American Ind	llen,
	1 Never Married 2			1 X YES 2 WAR OR DATE:				specify Cub		in, Puerto Rica V:	in, etc.)		Spec	k, White, etc.	
BY	3 X Widowed 4 Dive	orced	l w	WII				25		,			Whi	-	
COMPLETED	15, DEC	EDENT'S EDU	CATION completed)	16	a. DECEDENT'S				ina	16b. Kii	ND OF BUS	INESS/IN	DUSTRY		
<u> </u>	Elementary/Secondary (	1	College (1-4 or 5	+)	Ille. Do NOT L	ise retired.	)	most of work	,,,A						
를	12			E	nginee	r				Eng	inee	rino			
Ö	17. FATHER'S NAME (First, A	fiddle, Last)						18. MO	THER'S NA	ME (First, Mide					- 4
BE	Harry Wolfe	enden						7.1	11v	L. Buc	hanai	n			
	19e, INFORMANT'S NAME (				19b. MAILIN	G ADDRE	SS (Stree			Route Number,			Code)		
2	Carol Willi	Lamson			3571	Rog	ers	Aven	ue E	11icot	t Ci	tv M	210	043	
	20a, METHOD OF DISPOSIT	ION		20b. PL	LACE OF DISPO									own, State	
	1 Burial 2 Crematic	on 3 ⊔ Rem r(Specify)	oval from State		her place) stlawn						Mari	rioti	rsvi	lle Mary	vland.
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	,	00-00-11	22		AND ADDR							
	> 7/.	. 5	1 71/	10						ke Fun					
	22 PART   Enter the	ey 9	T. VIN	1796	a death De		411	2 01d	Co1	umbia	Pk E	llico	ott (	City MD	
	23. PART i. Enter the discessa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line.  Approximate interval Between Onset and Death														
	iMMEDIATE CAUSE (Fi	nitt	<												
	resulting in death)	<b>→</b>	a. Saw	CINDU	S CC	(	un	0 60	irei.	nomo				10	ea.r
	4		goe ii	0 (2011)	SIVOLO DE IVOL	J. j.								i	
CERTIFICATION	Sequentially list conditions, Due TO (DR AS A CONSEQUENCE OF):														
AT	if any, leeding to immediate cause. Enter UNDERLYING														
FIG	CAUSE (Disease or injuthat initiated events	ury	C												
E		reaulting in deeth) LAST													
8			v.	_		_									
MEDICAL	PART ii. Other algnifica								given in	Part i. 24	la. WAS AN PERFOR		24	b. WERE AUTOPSY AMILABLE PRIO	R TO
Sic	adence	xarci	inoma	0+ +	he ;	010	sta	te		1	☐ YES 2	DINO		OF DEATH?	CAUSE
W	Color	car	ICEY											1 YES 2	NO NO
PHYSICIAN	25. WAS CASE REFERRED T EXAMINER?	MEDICAL	1100001741			1		PLACE OF	DEATH (C	heck only one)					
Sic	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatio	ent 3 🗆 DOA	4 N		lome 5 EM	Pesidence	6 Other (S	Specify)				
£	27. MANNER OF DEATH		28e. DATE O	Day, Year)	28b. TI	ME OF	28c.	INJURY AT WORK?		28d. DESCR	RIBE HDW I	NJURY OC	CURED		
ВУ	1 Natural 8 2 Accident	Pending investigation				М		YES 2	□ NO						
1	3 Suicide 6	Could not be	28e. PLACE building	DF INJURY -	At home, farm.	street, fa	actory, o	ffice			ON (Street a		or or Rural	Route Number,	
	4 Homicide	determined													
COMPLETED	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best	of my knowled	ge, death occu	rred at the	e time, d	late end plac	e, and du	e to the cause	(e) end mar	nner as ata	rted.		
M	one)		ER: On the beele of											(a) and manner as	stated.
	29b. SIGNATURE AND TITE	E OE CERTIEIE	800				-	200 14	CENSE NU	MBED		and par	TE GIONE	D (Month Day Von	e)
BE	X	40 4	0/11		Cana	0		703	245	7) 1	11	25G. DA	2/2	D (Month, Day, Yea	')
2	30. NAME AND ADDRESS OF	Pun /	ID COMPLETED CA	USE DE DEATH	/// (ITEM 27) /3-	Drine)			7/0	de 10	CI ,	Ĺ	1-2	11/	
	4.14	D.	ID COMPLETED CA	LA A	77	M. C. (1)	016	100	RTZ	De	COL	4100	RA	AD 2,	ious
	31. DATE FILED (Month, Day)	Year)	32 REGISTE	AR'S SIGNATI	URF	(10.		, 5 - 7	47 77	-1-1		46.4	(		
	ECD.	2 8 '94	4	wina Dans	dron-Ra	ndale									

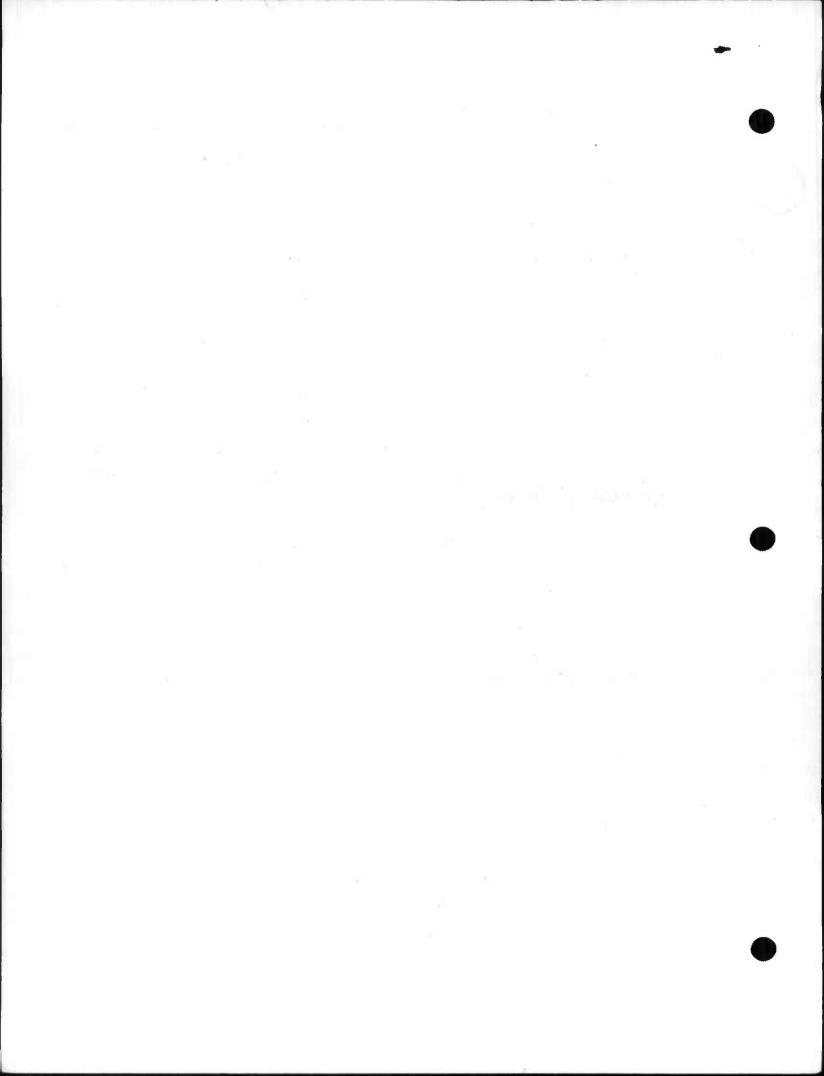


~	- F	S	
BALLIMORE, MARYLAND 212	pital o	of for	
Ž	e hos	etache	nce.
ב	by th	be d	310
T	ined	plnor	fled
Σ	e reta	22	noti
Ļ,	d yer	page	t be
2	е 6 п	rector	MUS
2	Pag	al G	iner
AL	death	fune	жаш
n	after	by the	cal
	OULTS	d in t	Dem
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Ď,	with	pleter	ent,
0	uted	nial,	ic ev
0	ехес	to bu	тар
ò	ate be	ysicia	IT.
5	rtifica	ajene	other
Į.	ath ce	tendir al Hy	10
'n	ne de	the at Ment	jury,
H	hat ti	d by	ny in
3	lires 1	Signe	WS 3
Ľ	requ	Deen of I	sho
AL	e law	has	n 23
-	N: J	State	Iten
	SICIA	certi	10 0
2	PHY	r this	arke
DIVISION OF VITAL RECORDS, P.O. BOX 88/80,	NIDING	Afte	ES
2	ATTEN	CTOR	28
5	OR,	DIRE	tem
_	PITAL	ERAL n 72	T: H
	HOS	FUN	TAN
	THE	THE PER	POR
	2	23	Ξ

FEB 25 1994

32. AEGISTRIDIS SIGNATURA PONDAR

FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND	/ DEPAR	TMENT (	F HEALTI	I AND		YGIENE EG. NO.	91	, O	7042
MAKI	Ι.				VESCH		2. DATE OF DESCRIPTION OF DESCRIPTIO	RY23	, 199	YEAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 153-14-6400	5. SEX 1 M 2 KF	6. AGE (In yrs.	last birthday) YRS.	MONTHS D	EAR IF UND AYS HOURS	MIN.	7. DATE OF B (Month, Day 3-1-1	( Want)		Country)	VCE (State or Foreign
99. FACILITY NAME (If not institution, give s PHYSICIANS MEMORI RESIDENCE OF DECEDENT		ΓAL		LA PI	LATA	TION OF D	EATH		CHAR		н
10a. STATE 10b. COUNTY	ce Geor	ge's	10c. CITY	r, TOWN OR I	ocation Ville	:					d. INSIDE CITY LIMITS?  YES 2 X NO
100. STREET AND NUMBER 1949 Tanow Pla  11. MARITAL STATUS	ce				101. ZIP CO 207	<sup>2</sup> 47				N OF WHA	T COUNTRY?
3 Wildowed 4 Divorced	12. WAS OECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED	If yo		an, Maxica	NIC ORIGIN? (Sp an, Puerto Rican y		r No — 14	Black, W	American Indian, hita, atc. White
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 4 17. FATHER'S NAME (First, Middle, Last)			OECEDENT'S (Give kind of v life, Do NOT us Seams	vork done duri e retired.)	ng most of work	sing	18b. KING	Sew:	ing	STRY	
17. FATHER'S NAME (First, Middle, Lost) Mathew Weichel							ME (First, Middle			Wei	chel
19a. INFORMANT'S NAME (Type/Print) Frank Tresente					treet end Numb	er or Rural	Route Number, Co	ity or Town,	State, Zip Co	ode)	· · · · · · · · · · · · · · · · · · ·
20a. METHOD OF DISPOSITION  1  Burial 2 Cremation 3 Ram  4  Donation 5 Other (Specify)		annatas.	E AND DATE	oFoisposition therplacel Ltain	Cren	nato:	ry 2-2	20c. LOCA	ATION — CH	y or Town, exan	State dria,VA
21. SIGNATURE OF FUNERAL SERVICE LIC	Filed	MOC	945		HART- lata,		OLS FU		AL H	OME,	INC.
23. PART I. Entar the disesses, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	List only ons cau	caused that so on each if	ina.	ot enter th	e moda of d	ying, suc	ch as cardiac	or respira	ntory arres	et,	Approximate interval Between Oneat and Death
Sequantially list conditions, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONS							-		
	PART II. Other significant conditions contributing to death but not resulting in					given In		WAS AN AI PERFORM YES 2	ED?	CO	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient	3   DOA	OTHER:	26. PLACE OF					<u> </u>	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL IN Impatient 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  1 Netures 5 Pending Investigation  28a. DATE OF INJURY (Month, Day, Year)  29b. TIME OF INJURY WORK?  1 YES 2 NO  21b. WE AM AUTOPSY PERFORMED?  1 YES 2 NO  24b. WE AM											
3 Suicide 6 Could not be determined	28e. PLACE Of building,	F INJURY — At atc. (Specify)	home, ferm, a	treet, factory.	office		281. LOCATION City or Tox	N (Street and vn, State)	d Number or	Rural Route	Number,
	CIAN: To the best of R: On the besie of ex										d manner ae stated.
396. SIGNATURE AND TITLE OF CONTIFIER	man	gar	fla	7	29c. LI	6064	MBER		29d. DATE S	SIGNED (Mo	3-94
30. NAME AND ADDRESS OF PERSON WHO VIDYASAGER ANMANO	SANDLA, MD	ROUT	<b>тем 27)</b> (Турө, Е 5 &G	Print) SOLDEN	BEACH	ROA	D CHARL	OTTE	HALL	, MA	RYLAND 206



Σ	confe
BALTIMORE, M.	118M. The law convince that the death cardificate he executed with
Ξ	Dano
BAL	War dansh
	o diese
€	
30,	unith.
6876	betrade
X	ha an
O. BC	artificato
٩.	anth o
DS	the of
OR	that 1
VITAL RECORDS, P.O. BOX 68760,	Paralirae
1 L	loan.
E	The state of
>	IAM

**DIVISION OF** 

BY

COMPLETED

BE

2

IMPORTANT: If Item

223

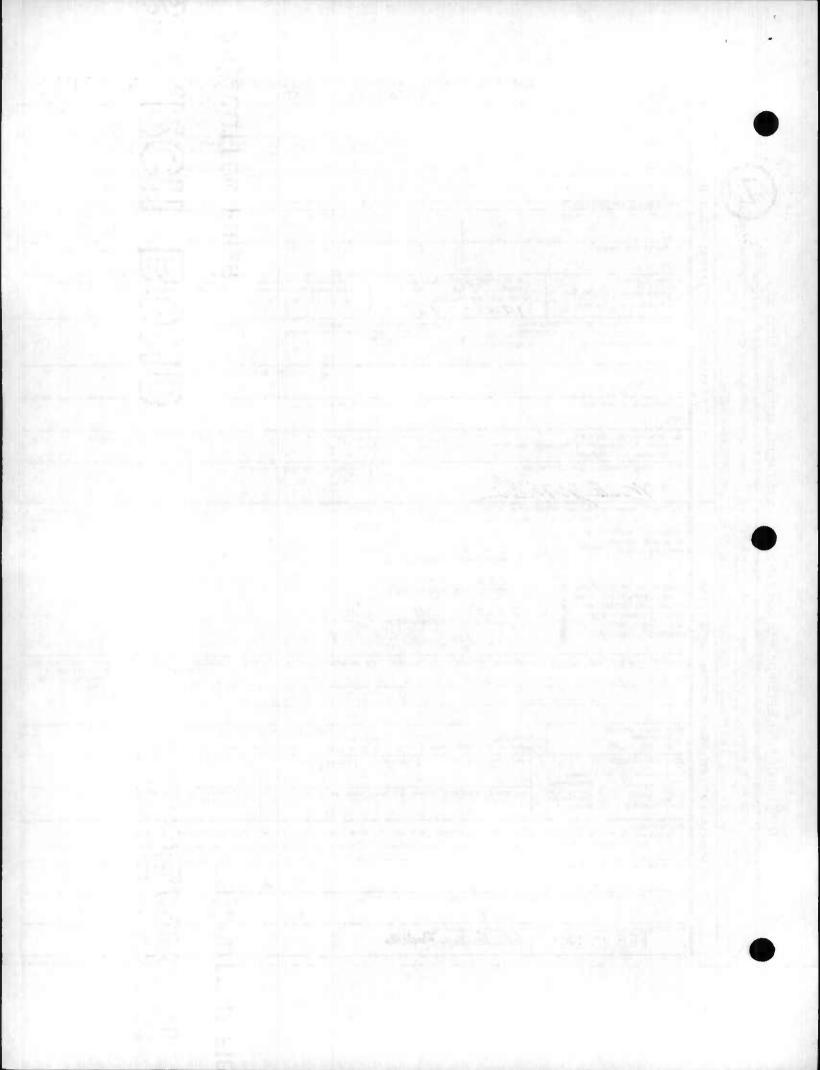
**ARYLAND 21215-0020** 

	4	
-	SUE	
Sicia	al-tr	
A d	M	
2	the	
tend	35	
E at	nse	
国	50	
idso	pedo	αš
d a	fetac	Duc
a Ac	Pa	अ
20	Pla	pa
etain	Sho	E .
e a	3e 5	9
Jay .	pag	ě.
9	ctor	T US
age	dire	er
TH. F	neral	min
deal	fun	exa
after	y the	Ea
urs	d il	Po
ē	lled .	=
	ly fill	£
with	plete	ent,
per	comic	8
moe	bui	atic
8	an a	E
ate b	ysici	=
tiffe	d D	the
Cer	Hain	0 1
leath	atte	7.
the d	Me M	를
hat t	and and	ı,
es th	gned	\$ 31
quir	I Si	10%
W re	bee	3 8
Je la	has	n 2
1	State	Te
CIA	ertif	0
HXSI	nis c	ed.
G P1	er th	Jark
NIQ	Aft	8
TEN	TOR after	28
RAI	REC	E
3 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit parties and the property of Health and Merial Houlene prior to burlal, cremation, or removal.	APORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITA	ERA I	1
HOS	FUN	MY
里	出	P
1	10	를

FOR STATE REGISTRAR 07043 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH February 18, 1994 1625 Wolf Arthur Danie1 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 F YRS. 214-10-8493 7,1902 New York December 9e. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH Calvert Memorial Hospital Prince Frederick Calvert DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Charles Bryans Road 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt. 1, Box 20 20616 U.S.A. 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No II yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried
3 Widowed 4 Divorced BY 928 White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 7 U.S. Government Electrician 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname) Adam Wolf BE Catherine Ellis 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Catherine E. Jenkins Same as 10 20. METHOD OF DISPOSITION
1 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE McEndree Cemetery 4 Donetion 6 Other (Specify) 1994 Rhodesdale, Maryland February 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Williams Funeral Home, P.A. M00668 Rt. 225 & Glymont Rd., Indian Head, Md. 20640 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximata interval Between IMMEDIATE CAUSE (Fine) **Onset and Death** disease or condition resulting in death) SEPSIS DUE TO (OR AS A CONSEQUENCE OF): NEUMONIA PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury SYNDROME RGANIC BRAM that initiated events DUE TO (OR AS A CONSEQUENCE OF): (GS

	d								
PART II. Other algorificent condition					PERFORMED?  YES 2 J.NO	24b. WERE AUTOPSY FINDI MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	theck only one)					
1 YES 2 ANO		OSPITAL: OTHER: Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)							
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRII	BE HOW INJURY OCCU	JRED			
3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — A building, etc. (Specify)					OCATION (Street and Number or Rural Route Number, ty or Town, State)			
ome)	SICIAN: To the best of my knowledge ER: On the beels of examination and								
296. SIGNATURE AND STILE OF CERTIFIE	legel on		29c. LICENSE NU	JMBER \$358	29d. DATE	SIONED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH (	ITEM 27) (Type, Print)							
( JBHN H.	WESTER.	my - PI	eince FRF	3 ERIC	t, and	20678			
31. DATE FILED (MONTH), Day, Year) FEB 2 5 1994	32 REGISTRAB'S SIGNATUR	E							
						DHMH-16 Re			



(G/ Whe. HEAT	MED HO NOT US WY ECO MAILING OF HI	USUAL OFFICE OF DISPOSITION OF DISPO	TOWN OF LOCATION O	DETERY  IN INDICATE SOFT STATE OF THE STATE	DEATH  PANIC O OR  NAME (I)  PARIC OLL  TY	DEPT. O  First, Middle, Meiden  RGARET K  Number, City or Tow  E GERMA  DATE 20c. LO  / 15 SIL  Y  INS FUNE  BLVD., W.	PS. COUNTY OF THE SIL.	Country  MARY  MARY  MY OF DI  ON I  SEEN OF WHI  ON I  Code)  N, MD  City or Too  SPRIN  HOME,  SPR.	TLAND  EATH  CONCER  10d. INSIDE CITY LIMITS?  1 YES 2 NO PHAT COUNTRY?  THAT COUNTRY?  TE  American Indian, White, etc.  107.  TE  20874  wn, State  NG, MARYLAND
EDENT EVER IN U.S. ARI  1  YES 2 No.  1  YES 2 No.  16a. DE( (G/ /////////////////////////////////	MED HO NOT US WY ECO AND AND ATECOMETRY OF OO OF HI	96. CITY, PO CONTROL OF THE PROPERTY OF DISPOSITE OF DISP	TOWN OF LOCATION O	IN LOCATION OF A CONTINUE TO SET OF THIS SET OF WORKING OPERAT SET OF THIS SET	PANIC O OR NAME (I MA)  FACILITY  TY	RIGIN? (Specify Yes erte Rican, etc.)  16b. KIND DF BUS  DEPT. O  First, Middle, Maiden  RGARET K  Number, City or Tow  E GERMA  DATE 20c. LO  / 15 SIL  Y  INS FUNE  BLVD., W.	PS. COUNTY OF THE SIL.	MARY NTY OF DI ON I  INTERPORT OF W  JSA  14. RACE Black Spech WHI OCODE  J, MD City or To SPRIN  HOME, SPR.	CLAND  EATH  CONCER  10d. INSIDE CITY LUMITS?  1  YES 2  NO  CHAT COUNTRY?  - American Indian, Whita, etc.  V. TE  20874  wn, State  NG, MARYLAND  INC.  MD. 20901
E  DENT EVER IN U.S. ARI  1  YES 2 N  E WAR OR DATES  I  16a. DE(  (G)  (B)  19b  20b. PLACE A  cometery, crei  GATE  (thet coused the deceuse on each line.	MED 100. CIT GI	USUAL OFFICE OF DISPOSITION OF DISPO	OR LOCAT  NTOWN  101.  102.  103.  104.  105.  1	DETERY  IDADORES OF IVERSI	PANIC O OR OR NAME (I MA) Tal Route LAC FACILITY TY	DEPT. O  First, Middle, Maiden  RGARET K  Number, City or Tow  E GERMA  DATE 20c. LO  / 15 SIL  Y  INS FUNE  BLVD., W.	I 109. CITIZ U D OF NO —  SINESS/INDI  F NAV Surname)  ELLEY IN, Stele, Zip NTOWN CATION — G VER S  RAL H SIL.	ZEN OF W JSA  14. RACE Bleck Speck S	10d. INSIDE CITY LIMITS?  1  YES 2  NO THAT COUNTRY?  American Indian, Ty: TE  20874 wn, Stata NG, MARYLAND INC.
DENT EVER IN U.S. ARI  1  YES 2  N  E WAR OR DATES  I  16a. DE  (G  Who.  HEAT  19b  20b. PLACE A  cometery, crei  GATE  (het coused the deceuse on each time	GI  MED HO  CEDENT'S TWO KIND OF INC.  WYY EC  D. MAILING 2613  AND DATE CONTROL OF HI	USUAL OCUOR done do en retired)  QUIPM  ADDRESS  MIST  OF DISPOSITE AVEC PLANE  EAVE DISPOSITE AVEC PLANE  22. I  FR. 50	MAS DECITY OF YES COUPATION (Name and ANC)	DETERY  IN INDICATE SOFT STATE OF THE STATE	OR NAME (I  LAC)  FACILITY  TY	DEPT. O  First, Middle, Maiden  RGARET K  Number, City or Tow  E GERMA  DATE 20c. LO  / 15 SIL  Y  INS FUNE  BLVD., W.	SINESS/INDI SINESS/INDI SINESS/INDI SINESS/INDI SINESS/INDI SINESS/INDI SILEY NTOWN CATION — C VER S RAL H SIL.	JSA  14. RACE Black Specific WHI DUSTRY  TY  Code) J, MD City or Too SPRIN HOME, SPR.	LUMITS?  1  YES 2 NO  THAT COUNTRY?  - American Indian, ty: TE  20874 wn, Stata NG, MARYLANI TINC.
DENT EVER IN U.S. ARI  1  YES 2  N  E WAR OR DATES  I  16a. DE  (G  Who.  HEAT  19b  20b. PLACE A  cometery, crei  GATE  (het coused the deceuse on each time	CEDENT'S No kind of a Do NOT us.  WY EC  MAILING 2613 ANDDATE metory or o OF HI	USUAL OCCUMOR done of servined.) QUIPM  ADDRESS  MIST OF DISPOSITIET PROPERTY FREE  EAVEN  22.1  FR. 50	WAS DECITY YES, SPECTURATION (National CENT)  I CENT	ZIP CODE  20874  ENDENT OF HISI bothy Cuben, Men 22 NO Sou  OPERAT  18. MOTHER'S  MARY  MARY  MARY  METERY  ID ADDRESS OF  IS J. C  NIVERSI	OR NAME (I  LAC)  FACILITY  TY	DEPT. O  First, Middle, Maiden  RGARET K  Number, City or Tow  E GERMA  DATE 20c. LO  / 15 SIL  Y  INS FUNE  BLVD., W.	SINESS/INDI SINESS/INDI SINESS/INDI SINESS/INDI SINESS/INDI SINESS/INDI SILEY NTOWN CATION — C VER S RAL H SIL.	JSA  14. RACE Black Specific WHI DUSTRY  TY  Code) J, MD City or Too SPRIN HOME, SPR.	1 PES 2 NO THAT COUNTRY?  - American Indian, White, etc.  7: TTE  20874 wn, Stata IG, MARYLANI INC. , MD. 20901
DENT EVER IN U.S. ARI  1	CEDENT'S EVE KIND OF US DO NOT US DO	ADDRESS MIST OFFICE PROPERTY P	WAS DECITED TO THE PROPERTY OF	20874  ENDENT OF HISI	OR NAME (I  LAC)  FACILITY  TY	DEPT. O  First, Middle, Maiden  RGARET K  Number, City or Tow  E GERMA  DATE 20c. LO  / 15 SIL  Y  INS FUNE  BLVD., W.	SINESS/INDI SINESS/INDI SINESS/INDI SINESS/INDI SINESS/INDI SINESS/INDI SILEY NTOWN CATION — C VER S RAL H SIL.	JSA  14. RACE Black Specific WHI DUSTRY  TY  Code) J, MD City or Too SPRIN HOME, SPR.	20874 wn, State INC. , MD. 20901
DENT EVER IN U.S. ARI  1	CEDENT'S EVE KIND OF US DO NOT US DO	ADDRESS MIST OFFICE PROPERTY P	MAS DECITY OF THE PROPERTY OF	ENDENT OF HISIOPING CONTROL OF THE SECOND PROPERTY OF THE SECOND PRO	OR NAME (I  LAC)  FACILITY  TY	DEPT. O  First, Middle, Maiden  RGARET K  Number, City or Tow  E GERMA  DATE 20c. LO  / 15 SIL  Y  INS FUNE  BLVD., W.	SINESS/INDI  F NAV Surname) ELLEY n, Stete, Zip NTOWN CATION — C VER S RAL H SIL.	14. RACE Bleck Spech WHI PUSTRY  YY Code N, MD City or Too SPRIN HOME, SPR.	20874 wn, Statis INC.
1 W YES 2 NE WAR OR DATES  II  16a. Det (G)  ##6.  HEAT  20b. PLACE A cometery, cree GATE (C)  thet coused the deceuse on each line.	CEDENT'S EVE KIND OF US DO NOT US DO	ADDRESS MIST OFFICE PROPERTY P	CCUPATION (Nail CENT CY MI CENT CONTROL (Nail CENT CONTROL (Nail CENT CENT CENT CENT CENT CENT CENT CENT	OPERAT  18. MOTHER'S MARY  INDICATE OF THE PROPERTY  MARY  M	OR NAME (I  LAC)  FACILITY  TY	DEPT. O  First, Middle, Maiden  RGARET K  Number, City or Tow  E GERMA  DATE 20c. LO  / 15 SIL  Y  INS FUNE  BLVD., W.	F NAV Sumame) ELLEY n, Stete, Zip NTOWN CATION — C VER S RAL H SIL.	WHI DUSTRY  /Y  // // // // // // // // // // //	20874 wn, Statis INC.
16a. DE(G////////////////////////////////////	b. MAILING 2613 AND DATE metery or of HI	WORK done of serviced.)  QUIPM  ADDRESS  MIST  OF DISPOSITION PROBLEM  EAVEN  22.1  FR  50	IENT  G (Street a)	OPERAT  18. MOTHER'S  MARY  10. MOTHER'S  MARY  11. MOTHER'S  MARY  12. MOTHER'S  MARY  13. MOTHER'S  MARY  14. MOTHER'S  MARY  15. MOTHER'S  MOTH	MAD	DEPT. O  First, Middle, Meiden  RGARET K  Number, City or Tow  E GERMA  DATE 20c. LO  / 15 SIL  Y  INS FUNE  BLVD., W.	F NAV Surname) ELLEY n. Stete, Zip NTOWN CATION — C VER S RAL H	YY  Code)  N, MD City or Too SPRIN  HOME,	20874 wn, State NG, MARYLANI INC.
19b Local Lo	VY EC	ADDRESS MIST OF DISPOSITION FR EAVEN  22.1 FR 50	ENT Y MI ITION (Na NAME AN C) OO UN	OPERAT  18. MOTHER'S  MARY  INDICATE OF PROPERTY  METERY  ID ADDRESS OF  IS J. C  NIVERSI	MAD	First, Middle, Meiden RGARET K Number, City or Tow E GERMA DATE 20c. LO / 15 SIL Y INS FUNE BLVD., W.	Surname) ELLEY n, State, Zip NTOWN CATION — C VER S RAL H SIL.	Code) N,MD City or To	wn, State  NG, MARYLAN  INC.  , MD. 20901
20b. PLACEA cometery, crei	and Do I	MIST OF DISPOSITION PLACED EAVEN	S (Street a)  Y ME  I CEN  NAME AN CI  O UN	MARY  MARY  MARY  MARY  MARY  MEDIUM  METERY  METERY  MEDIUM  MEDIUM  METERY  MEDIUM  MEDIUM  MEDIUM  METERY  MEDIUM  MEDIUM  METERY  MEDIUM	MAD	First, Middle, Meiden RGARET K Number, City or Tow E GERMA DATE 20c. LO / 15 SIL Y INS FUNE BLVD., W.	Surname) ELLEY n, State, Zip NTOWN CATION — C VER S RAL H SIL.	Code) N,MD City or To	wn, State  NG, MARYLANI  INC.  , MD. 20901
20b. PLACEA cometery, crei	ANDDATE OF HI	MIST OF DISPOS other place) EAVEN FR 50	Y MI ITION (National CEN NAME AND CEN RANCE	MARY  IN MARY  MEADOW P  METERY  ID ADDRESS OF  IS J. C  NIVERSI	MAI rel Route LAC: 2 FACILITY TY	RGARET K Number, City or Tow E GERMA DATE 20c. LO /15 SIL Y INS FUNE BLVD., W.	ELLEY  n. State, Zip  NTOWN  CATION — C  VER S  RAL H  SIL.	Code) N, MD City or Tor SPRIN HOME,	wn, State  NG, MARYLANI  INC.  , MD. 20901
20b. PLACEA cometery, crei	ANDDATE OF HI	MIST OF DISPOS other place) EAVEN FR 50	Y MI ITION (National CEN NAME AND CEN RANCE	EADOW P me of METERY ID ADDRESS OF IS J. C NIVERSI	LACT	Number, City or Tow  E GERMA  DATE 20c. LO  /15 SIL  Y INS FUNE BLVD., W.	n, State, Zip  NTOWN  CATION — C  VER S  RAL H  SIL.	Code) N, MD City or Tor SPRIN HOME,	wn, State  NG, MARYLANI  INC.  , MD. 20901
20b. PLACEA cometery, crei	ANDDATE OF HI	MIST OF DISPOS other place) EAVEN FR 50	Y MI ITION (National CEN NAME AND CEN RANCE	EADOW P meof METERY ID ADDRESS OF IS J. C NIVERSI	LAC:	E GERMA DATE 200. LO /15 SIL Y INS FUNE BLVD., W.	NTOWN CATION — O VER S RAL H SIL.	City or Too SPRIN HOME,	wn, State  NG, MARYLANI  INC.  , MD. 20901
20b. PLACE A cometery, cree GATE (CATE)  thet coused the deceuse on each line.	MANDDATE OF METORY OF HE	of DISPOSION PROPERTY	CEN NAME AN CANCI	METERY ID ADDRESS OF IS J. C	FACILITY TY	/15 SIL YINS FUNE	VER S RAL H	SPRIN HOME,	wn, State  NG, MARYLANI  INC.  MD. 20901
thet coused the deceuse on each line	OF HI	EAVEN FR 50	NAME AN CANCI	IS J. C	OLL:	INS FUNE	RAL H	HOME,	INC. ,MD.20901
thet coused the deceuse on each line.	ul ath. Do i	FR 50	NAME AN CANCI	IS J. C	OLL:	INS FUNE	RAL H	HOME,	INC. ,MD.20901
ceuse on each line.	ath. Do i	not enter	the mod	VIVERSI de of dying, s	TY .	BLVD., W.	SIL.	SPR.	
TO (DR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION	CUENCE O	PF):  PF):	C	a/P)					
· may		7700							1
to death but not n	eauiting	in the un	deriying	cause given	in Part	PERFOR	RMED?	24b.	WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
			26. PL	ACE OF DEATH	(Check o	nly one)			
	□ DOA			a 6 🗆 Residen	ce 8 🗆	Other (Specify)			
		IE OF	26c, INJ	URY AT				INJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be datermined 28s. PLACE OF SNJURY — At home, building, etc. (Specify)					281	281. LOCATIDN (Street and Number or Rural Route Number, City or Town, State)			
									) and manner as stated.
				29c. LICENSE	NUMBER		29d, DATE	E SIGNED	(Month, Day, Year)
				D 2	58.	30	> 2	2.1	2.94
CAUSE OF DEATH (ITE	90/		has	dy gr	00	ue Cot	,90	3;14	in buy
	Tell 2  To death but not reconstruction and/or cause of examination and/or cause of Death (ITE)	to death but not resulting  2 ER/Outpetlant 3 DOA  OF INJURY h, Day, Year)  28b. Till th, Day, Year)	2 ER/Outpetient 3 DOA OTHER 4 Nun OF INJURY N, Dey, Very E OF SNJURY — At home, farm, street, facting, etc. (Specify) At of my knowledge, death occurred at the tool examination and/or investigation, in my of examination and/or investigation.	26. Pt.  20 ER/Outpetlant 3 DOA 4 Nursing Hom  OF INJURY At home, farm, street, factory, officering, etc. (Specify)  At of my knowledge, death occurred at the time, date of axamination and/or investigation, in my opinion, decays of DEATH (ITEM 27) (Type, Print)	26. PLACE OF DEATH  2 G. PLACE OF DEATH  OTHER: 4 Nursing Homa 6 Resident  OF INJURY M 25b. TIME OF NJURY AT WORK? 1 YES 2 ND  E OF SNJURY — At home, farm, street, factory, office and of examination and/or investigation, in my opinion, death occurred at the time, data and place, and of examination and/or investigation, in my opinion, death occurred at 29c. LICENSE I	26. PLACE OF DEATH (Check of DEATH (Check of DEATH (Check of DEATH) (Check	26. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  2	to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  25. PLACE OF DEATH (Check only one)  2 EN/Outpetient 3 DOA 4 Nursing Homa 6 Residence 8 Other (Specify)  OF INJURY M 28b. TIME OF NURY AT WORK?  1 YES 2 ND  26c. INJURY AT WORK?  1 YES 2 ND  27. LOCATION (Street and Number City or Town, State)  28t. LOCATION (Street and Number City or Town, State)  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DAT  29d. DAT  29d. DAT  29d. DAT	To death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  21. Death (Specify)  22. PLACE OF DEATH (Check only one)  23. PLACE OF DEATH (Check only one)  24b. PERFORMED?  26c. INJURY AT WORK?  27. I YES 2 ND  28d. DESCRIBE HOW INJURY OCCURED Chy or Town, State)  28f. LOCATION (Street and Number or Rural Forty or Town, State)  28f. LOCATION (Street and Number or Rural Forty or Town, State)  28f. LOCATION (Street and Number or Rural Forty or Town, State)  28f. LOCATION (Street and Number or Rural Forty or Town, State)  28f. LOCATION (Street and Number or Rural Forty or Town, State)  28f. LOCATION (Street and Number or Rural Forty or Town, State)  28f. LOCATION (Street and Number or Rural Forty or Town, State)  28f. LOCATION (Street and Number or Rural Forty or Town, State)  28f. LOCATION (Street and Number or Rural Forty or Town, State)  28f. LOCATION (Street and Number or Rural Forty or Town, State)  28f. LOCATION (Street and Number or Rural Forty or Town, State)  28f. LOCATION (Street and Number or Rural Forty or Town, State)

DIVISION OF VITAL RECORDS, P.O. BOX 68760

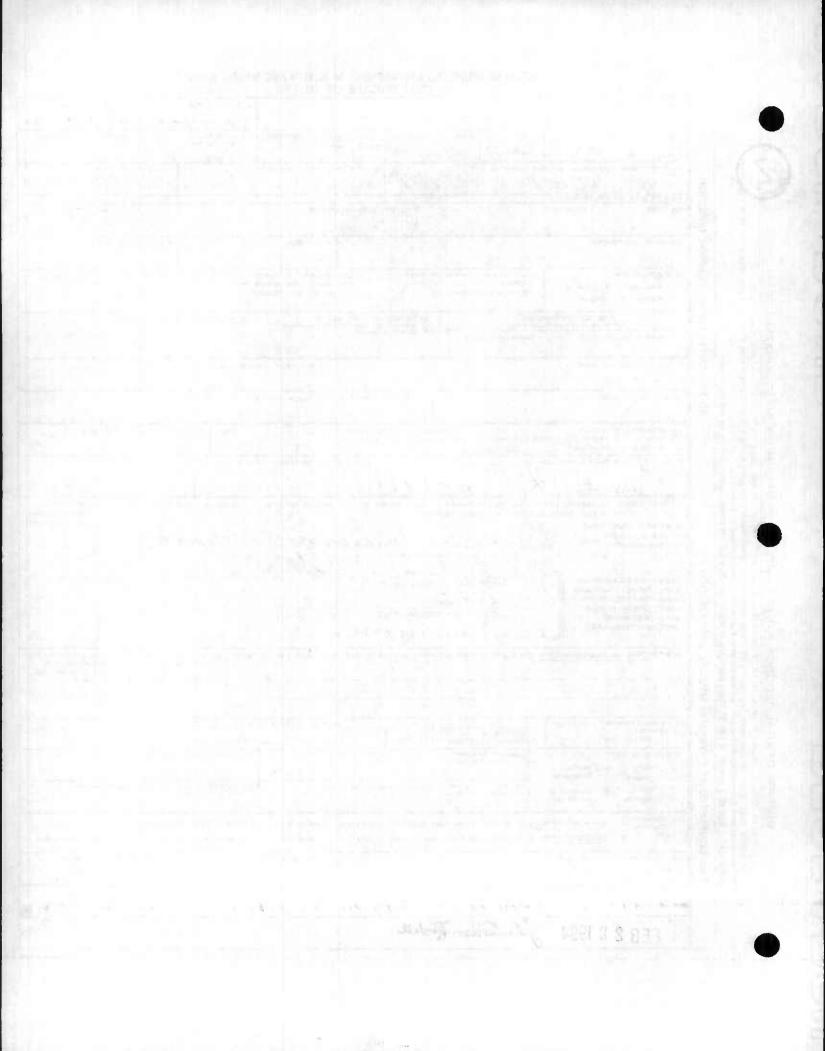
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZX hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

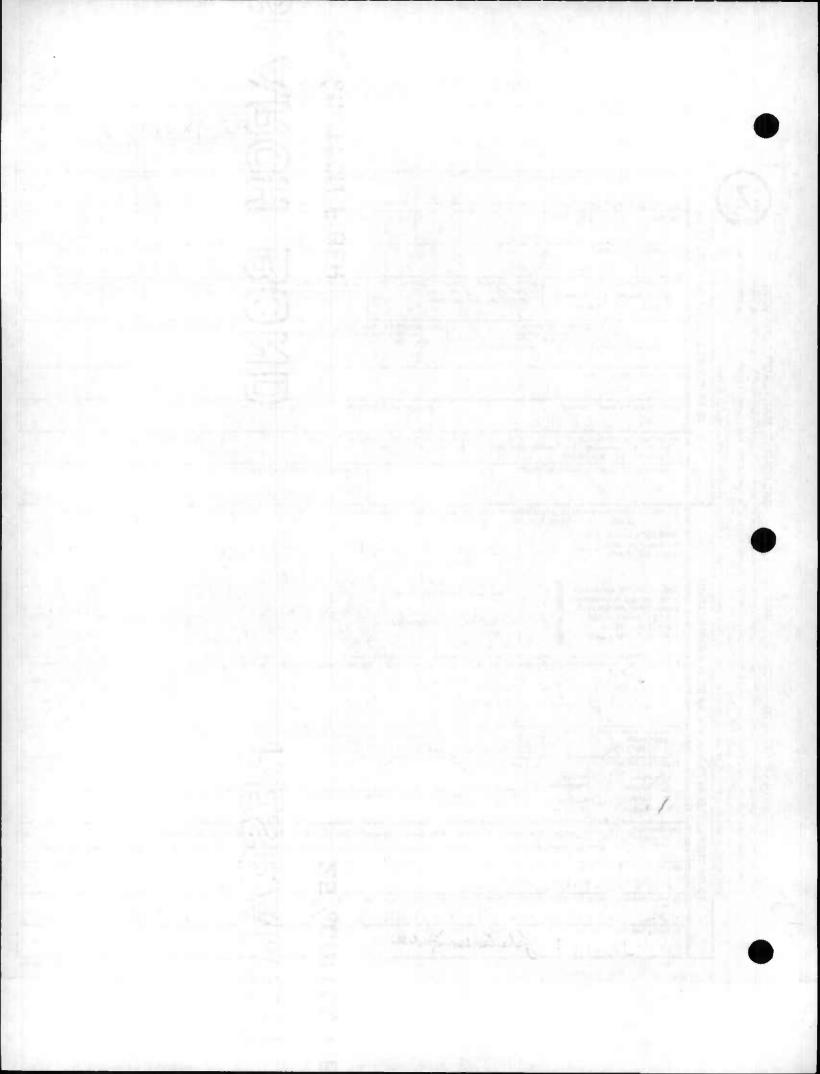
DHMH-16 Rev 1/89



-
0
8
120
00
9
BOX 68760
0
m
0
Ų.
P.O.
_
in
ö
=
Œ
0
0
RECORDS, I
=
ш
d
_
$\equiv$
>
ш.
OF VITAL
_
NOIS
0
$\simeq$
10

Yours after death. Page 6 may be retained by the hospital or attending physici	y filled in by the funeral director, page 5 should be detached for use as the burial-t	tion, or removal.	the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND F DEATH	MENTAL HYGIEI	-	1 0/045				
1. DECEDENT'S NAME (First, Middle, L Edgar F.	Wainw	right			2. DATE OF DEATH	1/04	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER  192-01-0180  9e. FACILITY NAME (If not institution, g	1 ₹ M 2 □ F 9	(In yrs. last birthday) () YRS.	MONTHS DAY		December		BIRTHPLACE (State or Foreign Country) Pennsylvania OF DEATH				
Holy Cross Hosp	ital		Silve	r Spring		Mont	gomery				
10e. STATE 10b. CO			ensingt				10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 NO				
100. STREET AND NUMBER 3000 Mc Commas	Ayanya			10f. ZIP CODE 20895			10g. CITIZEN OF WHAT COUNTRY? United States				
11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 ZINO	If yes	DECENDENT OF HISP	ANIC ORIGIN? (Specify Yolcan, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White				
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of Ma. Do NOT	work done during	ATION most of working	JSINESS/INDUST						
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)  1 2  17. FATHER'S NAME (First, Middle, Leel Unobtain		Budg	et Rent	18. MOTHER'S	NAME (First, Middle, Maide						
Unobtain  19e. INFORMANT'S NAME (Type/Print)  Mary E. Wainw				et and Number or Rur	nobtainable el Route Number, City or To ensington, N	wn, State, Zip Coo					
20a. METHOD OF DISPOSITION 1 Divide 2 C. Cremetion 3 D											
21. SIGNATURE OF PUNERAL SERVICE		es-Rinal	di Funeral	Home	pring,Marylan						
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	lesm!	A CONSEQUENCE OF A CONS	Ins	uffico womis an Azo	ncy ncy cident		Interval Betweer Onget and Death Studde				
PART II. Other aignificant cond	e atroph		in the underl	ying cause given	in Part I. 24a. WAS A PERFL 1 YES	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YES	HOSPITAL: 1   Inpetient 2   ER/OL	utpatient 3 🗆 DOA	QTHER:	S. PLACE DF DEATH	Check only one)						
27. MANNER OF DEATH  1 Natural 5 Pending Investigat	28a. DATE OF INJURY (Month, Day, Year,		IME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED				
3 Suicide 6 Could no determine	I not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)										
2001	HYSICIAN: To the best of my know.						euse(a) and manner as stated.				
296. SCHATURE AND TITLE OF CERT	ams			29c. LICENSE N	32332	29d. DATE SI	GNED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON	4 MB 0170	1 GAA	pe, Print)	20 5	Iver Spg	Md	20902				
FEB & 2 1994	92. REGISTRAR'S SIG	- Handell			, ,						

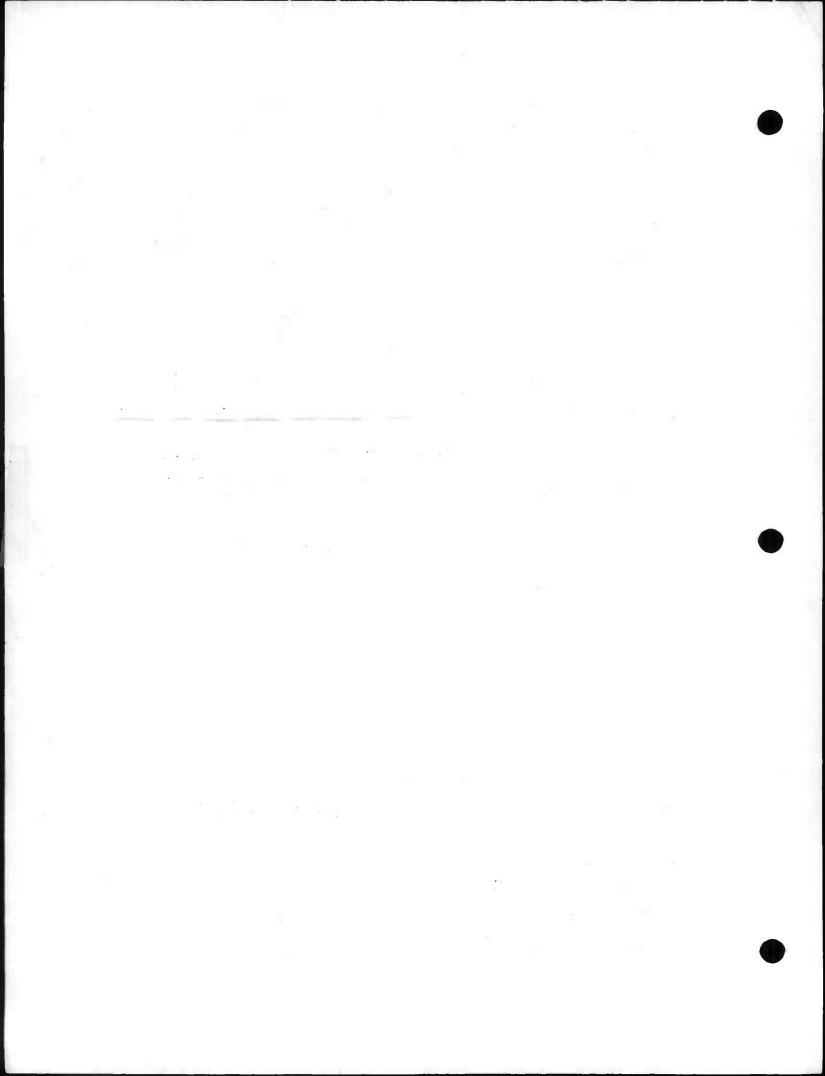


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

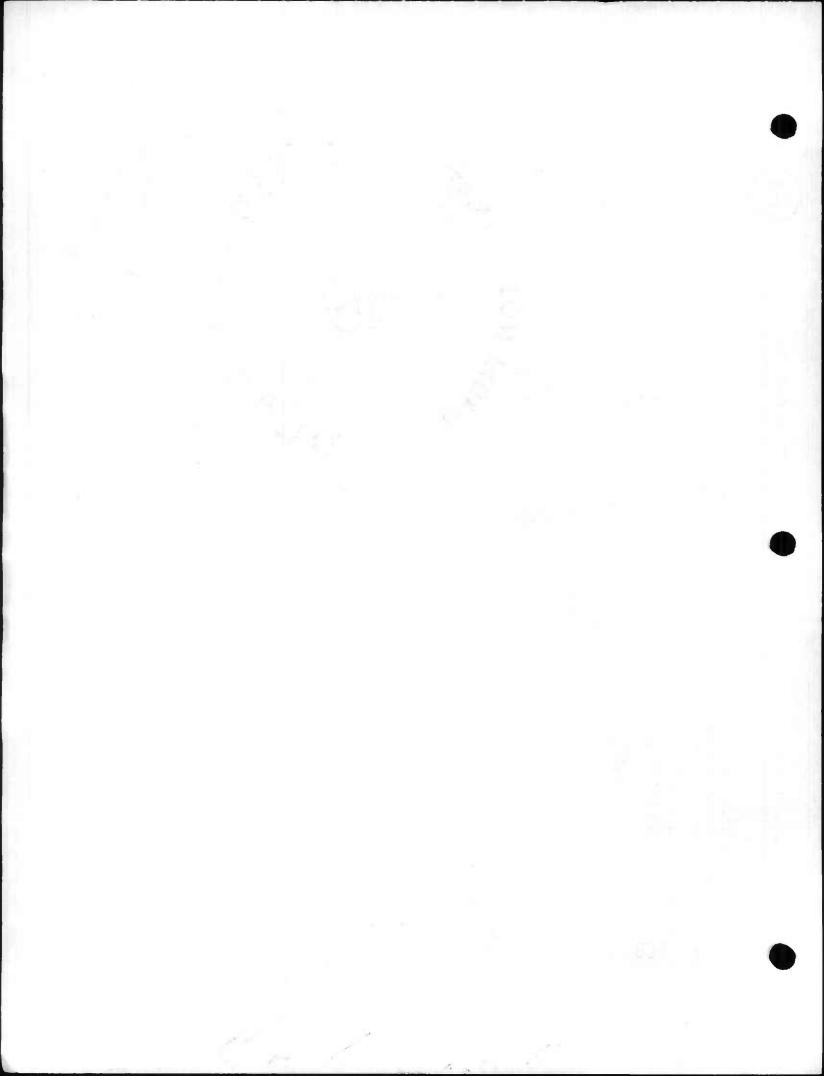
R		STATE	OF MARYLAN	D / DEPARTMENT	OF HEALTH AND	MENTAL
-1.1.	190, FLK	IN OKPANT	ILM 0-709 3	)/30/34 11.		

FOR 1 - STATE REGISTRAR	STATE OF N	/ NARYLAND CE			OF HEAL		MENT	AL HYGIENE REG. NO.			
t. DECEDENT'S NAME (First, Middle, Last)	_				01 00			TE OF DEATN	,	YEAR	3. TIME OF DEATN
JACLYN							B 06,	1994		4:58 PM	
4. SOCIAL SECURITY NUMBER 578-13-9864	5. SEX	6. AGE (In yrs. les		MONTHS 1	YEAR IF U	NDER 24 HRS. RS MIN.	(Mo	E OF BIRTH	000	Count	
9e. FACILITY NAME (If not institution, give st	Aug 10, 1986   D. C.										
DDINGE GEODGES											
PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES RESIDENCE OF DECEDENT  109. STATE 109. COUNTY 109. CITY TOWN OR LOCATION 109. LINCATION 109. LINCATIO											
D. C. Washington tob. County t										LIMITS?	
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									7-		
2223 Ridge Place, S. E. 20020 United States								States			
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Inc. 15. Never Merried 2 Married 16. Was DECEDENT EVER IN U.S. ARMED 17. Never Merried 2 Married 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. Black, White, etc.) 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. Black, White, etc.)							E — American Indian, ik, White, etc.				
3 Widowed 4 Divorced	IF YES, GIVE W				YES 2			, , , ,		Spec	Black
ts. DECEDENT'S EDUC (Specify only highest grade		180. DE	CEDENT'S	USUAL OC	CUPATION iring most of w	ndina		6b. KIND OF BUSI	NESS/IND	USTRY	
Elementapy/Secondary (0-12)	College (1-4 or 5 d	life.	Do NOT us	e retired.)		orang					
t7. FATNER'S NAME (First, Middle, Last)	-		30	udent		4071/707				_	
Edward Winston Hai	milton				100			i, Middle, Meiden S Wright	iurname)		
t9e. INFORMANT'S NAME (Type/Print)		tol	b. MAILING	ADDRESS			_	S.E. WASH	INGTO	N. D	.C. 20020
Gwendolyn Wright								H <del>111</del> , M			
20g. METNOD OF DISPOSITION t X Burlel 2 Cremetion 3 Reme	ovel from State	20b. PLACE /			TION (Name of		ים	ATE 20c. LOC	ATION —	City or To	own, State
4 Donation 5 Other (Specify)  2t. SIGNATURE OF FUNERAL SERVICE LIC	CNOCC	Harm	ony l	<u>Memor</u>	ial Pa		011 1771	La	ndove	er.	Md.
22. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  R. N. Horton Co. Morticians, Inc.											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  Approximate											
shock, or haart fellura.	List only one ceu	se on aach lina	etth. Do n	ot enter t	he mode of	dying, auc	h aa c	ardiac or respir	atory arr	est,	Approximata Interval Between
IMMEDIATE CAUSE (Finel disease or condition	CO-O N	NIC L.	4	on /	ALA		20	T 1 110			Onset and Death
disease or condition resulting in death)  a. STRINGULDTON DIM HADD IM UTY  DUE TO (OR AS A CONSEQUENCE OF):											
Sequentielly list conditions, 6.											
if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE OF	<b>ງ</b> :							
CAUSE (Disease or injury that initiated events	c	(OR AS A CONSEC	DUENCE OF	ŋ:							
resulting in daeth) LAST	d										!
PART II. Other significent condition	e contributing to	death but not r	esulting I	n the unc	leriving ceu	se alven in	Part I	24a. WAS AN	urmeev	241	b. WERE AUTOPSY FINDINGS
	_		overting .		orlying coo	ac givan in		PERFORI	MED?	244	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						-	0	t   YES 2	NO		OF DEATH?
	-										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		OF DEATH (C)	eck only	one)			
1 YES 2 NO 27. MANNER OF DEATN	t 🗆 Inpatient 2			4 🗆 Nursi	ng Nome 5			1-7 77			
t Netural 5 Pending	28e. DATE OF (Month, D	ay, Year)		URY	28c. INJURY A WORK? t YES			ESCRIBE HOW IN			M. LED
2 Accident Investigation PLB U, 1394 4.00E AX 3 Suicide 28e. PLACE OF INJURY — At home, term, street, tectory, office 28t. LOCATION (Street and Number or Rural Route Number,								Route Number,			
S Could not be determined building, etc. (Specify)  PRIVATE RESIDENCE  S Could not be determined building, etc. (Specify)  PRIVATE RESIDENCE  PRINCE GEORGE'S COUNTY								N MILTOM			
29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of										COMMIT
one) 2 MEDICAL EXAMINE											e) end menner ee stated.
296 SCHATURE AND TITLE OF CERTIFIES	1. 0				29c.	LICENSE NU	MBER		29d. DAT	E SIGNE	D (Month, Day, Year)
July to Jone	mile					C.M	Ε.		<b>•</b>	FEB	7, 1994
M. NAME AND ANDRESS OF PERSON WN			M 27) (Type,	Print)							
Margarita Kore 31. DATE FILED (Month, Day, Year)			Per	nn S	treet	Ba	lti	more.	Mar	vla	nd 21201
FEB 2 3 1994	Freha Da	HOLON-HON	dell								



BALTIMORE, MARYLAND 21203-3146	AN: The law requires that the death certificate be executed within 2000 after death. Page 6 may be retained by the hospital or attending physician.
ώ,	within c
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted
×	S S
9	rtificat
P.0	ath ce
S,	the de
ORI	s that
EC	require
K	ne law
VIT	IAN: TI
OF	HYSIC
NO	NOING
VISI	3 ATTE
Ճ	TAL OF
	HOSPI
	THE
	5

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPAR CERTIF	ICATE OF		REG. NO	E	9 0 10 9				
	1. DECEDENT'S NAME (First, Middle, Last) Her best W	white				2. DATE OF DEATH DO NOTH DO NOTH	à q'	3. TIME OF DEATH				
1	4. SOCIAL SECURITY NUMBER	· · ·	6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)				
_	90. FACILITY NAME (If not institution, give	street and number)	. 0	9b. CITY, TOWN	I OR LOCATION OF DE		9c. COUNTY	nassachucet of DEATH				
DIRECTOR	Carlyert County Nursing Cen C. CNC, Prince FREDERICK Calvertions 100, STATE 100, COUNTY 100, CTTY, TOWN OR LOCATION 100.											
DIRE		-vert			FREDER	ICK	10d. INSIDE CITY LIMITS?  1 X YES 2 NO					
FUNERAL	10e. STREET AND NUMBER  65 Hospital Drive  10f. ZIP CODE  10g. CITIZEN OF WH.											
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO AR OR DATES	II yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 NO Specify		RACE — American Indian, Black, White, etc. Specify: White					
once. COMPLETED	15. DECEDENT'S EDI (Specilly only highest grad Elementary/Secondery (0-12)		(Give kind of life. Do NOT L	work done during in retired.)  Ment	TION most of working - Worke	○ Fed	Federal Covernment					
т т	Date R. Branch	William S	S. White		18. MOTHER'S NA	ME (First, Middle, Meiden	Sumame)	Hicks				
TO B	19a. INFORMANT'S NAME (Type/Print) Alice Bowen (Da	aughter)				Prince Fre		«, MD 20678				
must be	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Ref		20b. PLACE OF DISPO other place) Baltimore—Wa	OSITION (Name of	cemetery, cremetory or	20c. LC		y or Town, State				
examiner m	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	logramore-we	22. NAME	AND ADDRESS OF FA			HU				
al exam	Dill-13.	Clif	M00827	7 933	Gist Ave,	Silver S	oring,					
event, the	23. FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):											
or other traum ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	c	OR AS A CONSEQUENCE	OF):								
shows any inju  : MEDICAL	PART II. Other algorificant condition			) in the underly	ring cause given in	Part I. 24a. WAS AI PERFO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
8 1 8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Programme and a	OTHER:	PLACE OF DEATH (C							
2 MANNER OF DEATH 1980 DATE OF INHIERY 280 TIME OF 1980 INHIERY AT 1984 DESCRIBE							INJURY OCCU	RED				
250. PLACE OF INJURY — At nome, Term, street, Tectory, ornice 251. DOCATION (ST								TION (Street and Number or Rural Route Number, Town, State)				
2 = 2	CONSCRIONS /		my knowledge, death occu xamination end/or investiga					l. cause(e) and manner as stated				
be filed within 72 h IMPORTANT: If 1 TO BE COMP	296. SIGNATURE AND TITLE OF CERTIF	youra	A . r	MD.	29c LICENSE NU	189	29d. DATE	SIGNED (Month, Ony, Year)				
-	Zahir Yousaf, M	.D. 24	17 Solomons		Rd, North	n, Hunting	Town,	MD 20639				
	FEB 2 5 1994	12 REGISTRA	Ars SIGNATURE									



1000	pino
6	7
y	4)
	it permit.
	344

BALTIMORE, MARYLAND 21215-0020

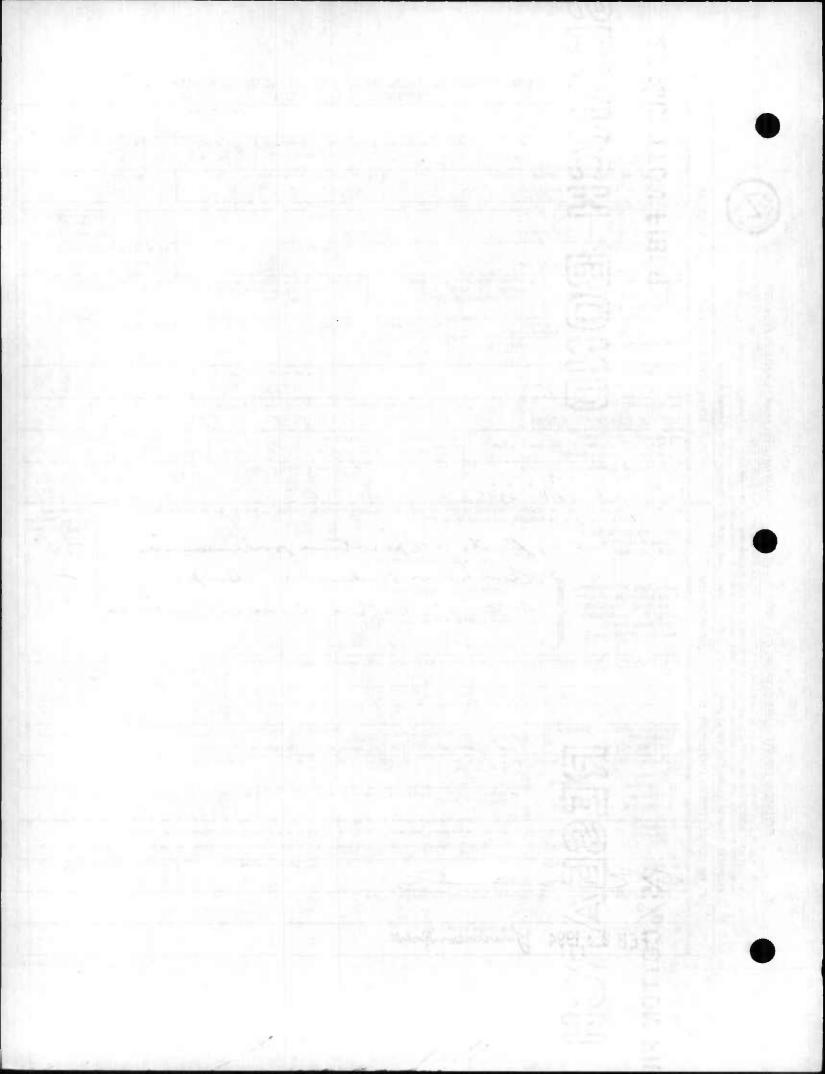
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a foour after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netfilled at once.

DIVISION OF VITAL RECORDS, P.O. BOX 687604

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
	MAURINE	ZEIDMAN							FEBRUARY 20, 1994			6:35 A.M		
	4. SOCIAL SECURITY NUMBER 5. SEX						IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year)			HPLACE (State or Foreign		
	356-18-5474 1□ M 2 🖫 F			85 -	YRS.	MONTHS	DAYS	HOURS	MIN.	MARCH 11,	1908	ILI	INOIS	
	9a. FACILITY NAME (If not in	nstitution, give	street and number)			96. CITY	, TOWN	OR LOCAT	ION OF D	EATH	9c. COU	NTY OF I	DEATH	
DIRECTOR	POTOMAC VALLEY NURSING CENTER					R	OCKV	ILLE			M	ONTG	OMERY	
딥	RESIDENCE OF DEC	19b. COUNT	TY		10c, CIT	Y, TOWH (	OR LOCA	TION			_	_	10d. INSIDE CITY	
5	MARYLAND	MON	NTGOMERY		1	отом							LIMITS?	
	10e. STREET AND NUMBER	1	01011		1. ZIP COD	DE		10g, CIT	ZEN OF	WHAT COUNTRY?				
8	14001 N. CO				2085	54				STATES				
FUNERAL	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDER	NT EVER IN U.S. AF	RMED 13 WAS DECEMBENT OF HISBAN				NIC ORIGIN? (Specify Yea or No— 14. nn, Puerto Rican, etc.)			E — American Indian, k, Whita, atc.		
BY	3 ₩Idowed 4 □ Dive	proed		JAN ON DAILS				2 10	Speci	r:			Specify: WHITE	
		EDENT'S EDU			ECEDENT'S				ina	16b. KIND OF BUS	BINESS/IN	DUSTRY		
COMPLETED		(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8 +)			Do NOT u	se retired.)	doring m	AST OF WORK	n ng					
M M			2	SI	ECRET	ARY				REFRIGERATION				
5	17. FATHER'S NAME (First, N							100		AME (First, Middle, Maiden	Sumame)			
9E	FELIX ALVI		RON						10LL					
5	19a. INFORMANT'S NAME (I		ON)							POTOMAC,		2085	54	
	20s METHOD OF DISPOSIT	AND DATE	other place)				1	CATION —		own, Stata ILLINOIS				
	21. SIGNATURE OF FUNERA		CENSTE	WALIDI	TPITT	22.	NAME A	NO ADORI	ESS OF F	ACILITY				
	· Hi	ust	n. Hise							DBERG MEMO			PELS, INC. MD 20852	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
MEDICAL CER	PART II. Other significa	-	na contributing to	death but not	reaulting	In the ur	ndertyin	g cause	given in	PERFOR	MEO?	24	a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
_										1 _ YES 2	XINO		OF DEATH?  1 YES 2 NO	
PHYSICIAN:	OF WAS CASE DEFENDED T	O MEDICAL												
5	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	7 804	- 7	QTHE				heck only one)				
2				ER/Outpetient		47±Mur	sing Hon	ne 5 🗆 F	lesidenca	6 Other (Specify)	N HIRW OC	CHREO		
BY P	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  26b. TIME OF INJURY WORK?								URY AT 26d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 4 Homicide  8 Could not be determined  28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)									281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)				
COMPLETED										e to the cause(a) and man			a) end manner as stated.	
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	ER					29c. LIC	ENSE NU	MBER			(Month, Day, Year)	
2		25			C				D419	31	F	EB.	20, 1994	
	RONALD SHUMA						D.,	WHEA	TON.	MD 20902				
	31. DATE FILEO (Morith, Day,			AR'S SIGNATURE										



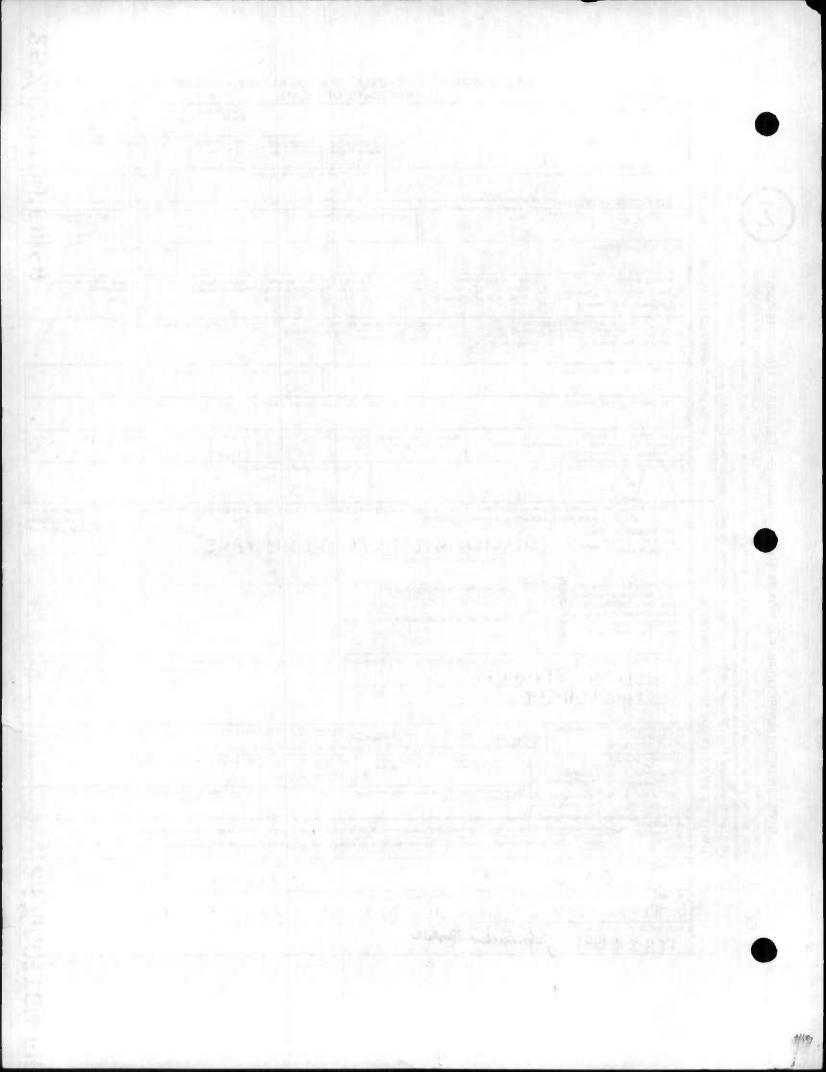
		- 8
020	d within shours after death. Page 6 may be retained by the hospital or attending physician.	impletely filled in by the funeral director, page 5 should be detached for use as the burial-transit per
15-0	ending	as the
12	or att	W USe
9	ospital	ched fo
LAN	the h	e detac
RY	ned by	d pino
M	retai	5 sh
RE,	пау Б	, page
<b>BALTIMORE, MARYLAND 21215-0020</b>	30e 6 r	director
F	leath. P	funeral
8	after o	by the
	nours	impletely filled in by the
	-	lety fill
.09	d with	mplet

68760
BOX
P.O.
RDS,
RECORD
VITAL
OF
DIVISION

TO BE COMPI	TO BE COMDIFTED BY DHYSICIAN: MEDICAL CEDTICICATION	
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
s funeral director, page 5 should be detached for	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	3
death. Page 6 may be retained by the hospital or	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with frours after death. Page 6 may be retained by the hospital or	2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH		94	07049
DEBORAH ANN ZINN	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN	1 65	07049
	1. DECEDENT'S NAME (First, Middle, Last)	DEBORAH A	NN ZIN			2. DATE OF DEATH		3. TIME OF DEATH
	DEBO P	AH 21	NN				21, 1994	4:10 P. M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	6. BIF	ITNPLACE (State or Foreign untry)
	395-48-6677		9 YRS.	MONTHS DATE	MOUNTS MIN.	SEPT. 28,		SCONSIN
~	9a. FACILITY NAME (If not institution, give s	treet and number)			OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
CTOR	HOLY CROSS HO	SPITAL		SILVE	SPRING		MONTGO	MERY
DIREC	10a. STATE 10b. COUNTY	Y	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
	MARYLAND MON	TGOMERY	SI	LVER SPE	RING			1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
y	1118 DRYDEN				2090		USA	
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	2 V NO	If yes, sp	ecity Cuban, Mexic	NIC ORIGIN? (Specify Year, Puerto Rican, stc.)	a or No — 14. R/	ACE — American Indian, ack, Whita, atc.
ž R	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 TYES	2 NO Speck	fy:	Sp	white
ED	15. DECEDENT'S EDU (Specify only highest grade			USUAL OCCUPATION		16b. KIND OF BU	SINESS/INOUSTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 6+)	Ille. Do NOT u	ee retired.)				
COMPL		2	RADIOLO	GY TECHN		MEDICA		
_	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Malder		
N N	CHARLES C.  19a. INFORMANT'S NAME (Type/Print)	ZINN	405 1404 1146	400000000000000000000000000000000000000	GERALD	NE E.  Route Number, City or Tov	ARMSTRO	
2	CHARLES C. ZI	NN				E, BOX 665		
	20a, METHOD OF DISPOSITION	201	b. PLACE AND DATE				CATION City or	
	1 Donation 5 Other (Specify)		ETROPOLI			5/00	EXANDRIA	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ND ADDRESS OF FA	CILITY		
	+ tome	tional		FRANCI	S J. COL	LINS FUNE	RAL HOME	, INC. SP., MD 20901
ION	IMMEDIATE CAUSE (Final	a. GASTRO DUE TO (OR AS	each line.	NAL Pi:				Approximate interval Between Onset and Death
RIIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE O	F):				
	resulting in death) LAST	d,						
2	PART II. Other aignificant condition	as contributing to death i	but not reculting	in the underlyin	- cours show to	Post I as ungas	Lauranau I.a	4b. WERE AUTOPSY FINDINGS
\$	HEPATIC F	ALLURE	out not resulting	in the underlyin	g cause given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	COAGULOPAT			V.		1 TYES	2 DNO	OF DEATH?
3	0-1190-01111					_		1 TES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (C)	neck only one)		
PHYSICIAN	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER: 4 Nursing Hon	e 5 🗆 Residence	6 ☐ Other (Specify)		
	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM		URY AT	28d. DESCRIBE HOW	INJURY OCCURED	
0	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
EIED	3 Suicide 8 Could not be determined	25a. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, offy)	street, factory, offic		261. LOCATION (Street City or Town, State		al Route Number,
COMPLE		CIAN: To the best of my know						
3			on and/or investigate	on, in my opinion, i				
	29b. SIGNATURE AND TITLE OF CERTIFIES	n Mb			D 33	MBER 3224	≥ 212	ED (Month, Day, Year) 2194
	8. TREHAN MO SO	. 0.4	Aton P	Prim) V # 40	Roci	WILLE	40208	SZ
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SICH	ATURE					
3	FFB 2 4 1994	fura varidon-17						CHE ELLEY



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Pages 1, 2, 3 should permit. use as the burial-transit retained by the hospital or attending physician. page 5 should be detached for Ħ notified death. Page 6 may be pe must and completely filled in by the funeral director. examiner hours after the medical event, traumatic 9 attending physician ental Hygiene prior to death certificate be other the atten Mental h Health and any been of of b certificate has be th the State Dept. 23 The HOSPITAL DR ATTENDING PHYSICIAN: marked, this c After 28 18 DIRECTOR: / FUNERAL | within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1

Item4 thru 19b, Film709, 3/9/94, lt FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RICHARD ALLEN SR, FEB. 26 94 8:35 Α M 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-34-3089 1 🔀 M 2 🔲 F 55 6-7-38 9a. FACILITY NAME (If not institution, give street and number, Bb. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANCES SCOTT KEY MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT 18b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore MD 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 4300 Falls Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, GIVE WAR OR OATES 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married Specify: White 1 TYES 2 NO Specify. 87 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) COMPL 12 Machine Operator 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rose Isner 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard Allen Jr. 2-C Shelbys Path- Sparks Maryland 21152 ocme 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 🗆 Burial 2 🗆 Cremation 3 🗆 🖯 4 Donation 5 Other (Specify) In State cemetery crematory or other place) A SIGNATURE OF FUNERAL SERVICE LICENSEE ROMALD Wade, DIT | 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt, Balto, MD21201 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between IMMEDIATE CAUSE (Final Onset and Daeth disease or condition resulting in death) AT HONOSCOPPOTE CAMBON ASCURDO DISIDST DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL **EXAMINER?** OTHER: 1XXYES 2 NO 1 Inpetient XXER/Outpetient 3 DOA ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY Investigation 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 💢 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occursed at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 8 O.C.M.E ▶FEB. 27,1994 2 0. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HAMADOWN D. KOROTA 111 Penn Street, Baltimore, Maryland 21201

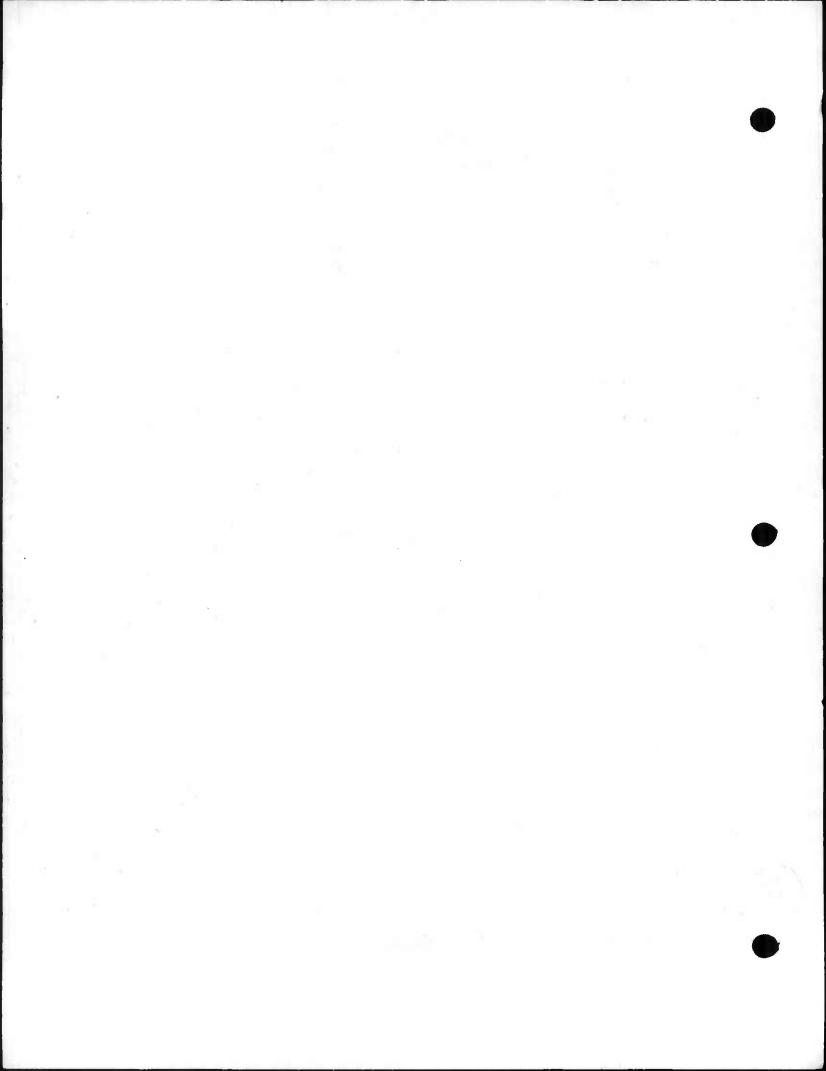
32. PEGISTRAN'S SIGNATURE

		1 - STATE OF	OF MARYLAND / DEPA CERTI	ARTMENT OF H		MENTAL HYGIEN	4 1	6 07051		
		1. OECEDENT'S NAME (First, Middle, Last)  BIBIANE  AI	LOGNON			2. DATE OF DEATH MONTH D		3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER  5. SEX  1  M 2   1	6. AGE (In yrs. last birthday	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	FEB 22  7. DATE OF BIRTH (Month, Day, Year)		7:10 PM  BIRTHPLACE (State or Foreign country)		
2, 3 should	DIRECTOR	99. FACILITY NAME (If not institution, give street end number) 99. COUNTY OF DE SUITLAND 99. COUNTY OF DE SUITLAND PRINCE								
Pages 1,		II 10a, STATE 10b, COUNTY 10c CITY, TOWN OR LOCATION								
nsit permit.	ERAL	10. STREET AND NUMBER 4840 Eastern Lane	#102		. ZIP CODE		10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?		
215-0020 attending physician. se as the burial-transit	BY FUN	1 Never Merried 2 Merried FORCES?	ried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexic					RACE — American Indian, Black, White, etc. Specify: Black		
, o	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4)	(Give kind o	"S USUAL OCCUPATION work done during mo use retired.)	DN st of working	16b. KIND OF BU	SINESS/INDUST	RY		
TLAND of the hospital be detached for at once.	E COMPI	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAM	AE (First, Middle, Meiden	Surname)			
man e retained 5 should notified	TO BE	19e. INFORMANT'S NAME (Type/Print) OCME	19b. MAILIN	NG ADDRESS (Street e	nd Number or Rural R	loute Number, City or Tow	n, Stete, Zip Coo	le)		
e 6 may rector, pa	6	20e. METHOD OF DISPOSITION  1	cemetery cremetory or			1	CATION — City	or Town, State		
		mount 1010	yald Wade, D:	6551		moreSt,B	alto,			
death certificate be executed within a hours after a strending physician and completely filled in by the ental Hypiene prior to bunial, cremation, or removal in, or other traumatic event, the medical	CERTIFICATION	Approximate interval Between Onset and Death  IMMEDIATE CAUSE (Finel diseases or condition reaulting in death)  Due to (or as a consequence of):  Oue to (or as a consequence of):  Due to (or as a consequence of):  Oue to (or as a consequence of):  Oue to (or as a consequence of):								
requires that the been signed by the signed by the r. of Health and M shows any Inju	MEDICAL	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FERMILLABLE PRIOR II.  OF DEATH?  1 YES 2 NO								
N: The law icate has b State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XX YES 2 NO 1   Input light	.: 2 ☐ ER/Outpatient 3 ☐ DOA	OTHER:	ACE OF DEATH (Che					
NG PHYSICIA fer this certification with the marked, or		27. MANNER OF DEATH 28e. DAT (Moi	E OF INJURY 28b. TI	IME OF 28c. INJ	RK7	28d. DESCRIBE HOW I	NJURY OCCUR	ED		
TTENDI TTOR: A after de	тер ву	Accident   Investigation								
4 2 4 E	COMPLET	29e. CERTIFIER (Check only one) XXMEDICAL EXAMINER: On the bedien						use(e) end menner ee stated.		
TO THE HOSPI TO THE FUNER TO THE FUNER IMPORTANT:	BE	THE SUSPICION OF CERTIFIER OF	he M		29c. LICENSE NUMBER O. C. M. E  29d. OATE SIGNED (Month, Dey, Year)  FEB 23, 1994					
	5	J. LA RON COCKE			StreeT E	BALTIMOR	E, MARY	LAND 21201		
		MAR 0 9 1994 July 32. 1561	TARE SAMPLE	9						

ex Solve to

FOR

		1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF H	DEATH AND	MENTAL HYGIEN REG. NO		40	7052
		t. DECEDENT'S NAME (First, Middle, Last)  RALPH			ALEXAND	ER	2. DATE OF DEATH	לל ל		:49A. M
P		4. SOCIAL SECURITY NUMBER 219-16-4997		THE (In yrs. last birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-17-26	8.	BIRTHPLACE (SIL Country) MARYLA	-
2, 3 should	OR	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH								
permit, Pages 1,	DIRECTOR	100. STATE 100. COUNTY  MARYLAND	Y, TOWN OR LOCAT				10d. INSI	TS?		
	FUNERAL (	too. STREET AND NUMBER  3001 BELAIR RO	n/a AD			21213		10g. CITIZER	N OF WHAT COU	
0020 g physician. e burlaf-transit	BY FUNE	tt. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 [X] (O	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)		RACE — Americ Black, White, et	cen Indian,
21215-0020 al or attending physician for use as the burlat-tra	ETED 8	15. DECEDENT'S EDUC (Specify only highest grade	completed)	t6a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION Work done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUS		AUN
(4 = 5	COMPLI	Elementary/Secondary (0-12)  n/a	College (1-4 or 5+)	n/a	a		n/a			
2 2 2 Z	BE CO	17. FATHER'S NAME (First, Middle, Last) UNKNOWN				18. MOTHER'S NA UNKNO	ME (First, Middle, Malden )WN	Surname)		
E, MARY y be retained sage 5 should be notified	10	EVANGELINE HOOK	ER		BELAIR		BALTIMOR		21213	
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be re-		20a. METHOD OF DISPOSITION  1X X Burlel 2 Cremetton 3 Remo 4 Donetton 5 Other (Specify)	oval from State	Ob. PLACE AND DATE	MEMORIAL	GARDE	NS 03- 11	DUNDA	y or Town, State L.K., MD	
0 = 0		21. SIGNATURE OF FUNERAL SERVICE LIC	olland	d	WM.		CH FH 11		NORTH	AVE.
ours at the filled in by nation, or removed the medical state of the		and the state of the diseases, or construction of the state of the sta	e. Hen op h	sech line.	5 Curcu		2	Iratory arrest	inte	proximate erval Batween set and Daath
68 and cand cand buris	NO	Sequentially list conditions,		S A CONSEQUENCE O	···).		of			
Phy Phy	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST		S A CONSEQUENCE C						
	뜅	PART II. Other eignificant conditions	contribution to death		1-4-		S., [5]			
RECORI requires that the been signed by to of Health and shows any in	N: MEDICAL		continuing to death	n but not resulting	in the underlying	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	AMAILABLE COMPLET OF DEATH	TOPSY FINDINGS E PRIOR TO ION OF CAUSE I? 2 NO
VITAL AN: The law tificate has b e State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Ch	eck only one)			
마 크 등 등 이	HYS	1 XES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJUR	IY 28b. TIR	4 Nursing Hom	URY AT	8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCUF	RED	
ON O	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year,		M 1 🗆 1	PK? (ES 2 NO				
TTENDI TTENDI TTOR: A after d	ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	IRY — At home, term, pecify)	street, factory, offic		281. LOCATION (Street City or Town, State	end Number or	Rurel Route Numb	er,
AL DI	29e. CERTIFIER t Check only (Check only control of the cause) To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner ee atsted.									ner ee stated.
TO THE FUNERA TO THE FUNERA Be filed within 7 IMPORTANT:	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Thoughout Me	Kug, m	D,		O.C.M			AR 07,	
シュ	F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I			reet, l	Baltimore	e, Mai	cyland	21201
		31. DATE FILED (MONTH, Day, Year) MAR 0 9 1994	32. SEGISTRAR'S SIG	SON-ABADE						



		1 - FOR STATE REGISTRAR	STATE OF I	MARYLA	AND / DEPAR CERTIF					IENTAL HYG		94	7053
		t. DECEDENT'S NAME (First, Middle, La	si)							2. DATE OF DEAT			TIME OF DEATN
		MILDRED		GRACI	Ξ		BRA	XTON		монтн 3 —	5 -	YEAR QA	n/a m
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (II	n yrs. last birthday)	IF UNDER 1	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRT	N mr)	8. BIRTNPL Country)	ACE (State or Foreign
P		219-22-6680	1 🗆 M 2 🔀 F		68 YRS.		OMIO	HOURS	MUIX.	11-25-			MD
3 should	m	9a. FACILITY NAME (If not institution, gi	ve street and number)						ON OF DEA	TN	A 2000	OUNTY OF DEA	TN
2, 3	CTOR	SINAI HOSPITAL				BAI	TIM	ORE				N/A	
晃	REC	10e. STATE 10b. COU			10c. Cl1	TY, TOWN OF	R LOCAT	ION			-	10	Dd. INSIDE CITY
2	S	MD	N/A			BALTI	[MOR	E				1	LIMITS? YES 2 NO
7 >	(4)	10e. STREET AND NUMBER					101	. ZIP CODE	E		10g. C	TIZEN OF WH	Α
1.1	Æ.	1701 EUTAW PLA	ACE APT.#	217					21217	7		U.S.A	•
attending physician.	1	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN	U.S. ARMED					C ORIGIN? (Special Puarto Rican, etc.			- American Indian, Vhita, atc.
e pr	ВУ	1: Never Married 2 X Married 3 Wildowed 4 Divorced	IF YES, GIVE						Specify:	, roanto mean, et	2-)	Specify:	
tending as the	ED	15. DECEDENT'S E	DUCATION		16a. DECEDENT'S	LIEUAL OC	CHRATIC	NM.		Ter Kinio o	F DIJONIFOO !!		BLACK
. 6 .	ETE	(Specify only highest gr	rade completed)		(Give kind of life. Do NOT u	work done do			ng	166, KIND O	F BUSINESS/I	NUUSTRY	
g gi	립	Elementary/Secondary (0-12)	College (1-4 or 5	*)	n/	a Dor	mest	ic		n	/a		
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)							HER'S NAM	E (First, Middle, M.		)	
क्र देव	ш	JOSEPH CONTEE						A	LICE	BOSTON			
retained to 5 should notified	8	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street e			oute Number, City of	r Town, State,	Zip Code)	
5 5	유	MILDRED CONTER	<b>∑</b>		1124	N. FF	REMO	NT A	VE.	APT.#1/E	BALTIM	ORE, MI	21217
> 2 -		20a. METNOD OF DISPOSITION 1 M Burtel 2 Cremation 3 R	amoval from State		PLACE AND DATE	OF DISPOSIT						- City or Town	
Page 6 ma Il director, p		4 Donation 5 Other (Specify)		VO	SHELL M	EMORI	AL (	GARDE	ENS	D	UNDAL	K, MD	
death. Pag e funeral di ii. examiner		21. BIGINATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
_ e # e		Unit	W K	. 4	mos	MM	CI	MARCE	наг	./1101	E NOE	מינו אינים	NIT IE'
E 3 & a		23. PART I. Enter the diseases, or heart follow	or complications the	nt grused	the death. Do	not enter t	the mo	de of dyl	ing, such	as cardlec or	reapiratory	arrest,	Approximate
DO E		shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel Onset and Death											
		IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. CEREBRAC THROM BOSIS											
ted with completely al, cremat		DUE TO (OR AS A CONSEQUENCE OF):											
executed and com o burial, matic ex	N	Sequentially flet conditions,											
e be execut sician and o rrior to buri traumatic	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
	FIC.	CAUSE (Disease or Injury	c. DUE TO	OR AS A	CONSEQUENCE O	IFI.							
n certifical anding phy Hygiene I or other		that initiated events resulting in deeth) LAST		(011 110 11	OUNDEDUCTION O	·· •							j
	S		d										
= 20 =	CAL	PART II. Other significent condit			t not resulting	in the und	derlying	g ceuse g	given in P	art I. 24a. W	S AN AUTOPS	Y 24b. W	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
1 2 E E	음	HO OLD .	STROKE		7					1 TES 2 NO		OMPLETION OF CAUSE F DEATH?	
requires been sign of Healt	MEDI	CALBUVARE	ART	بمرع	Duse	MIE				_		1	YES ZE NO
law lepf.	AN:		ISION										
# as as #	i i	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	_	ACE OF D	EATH (Chec	k only one)			
SICIAN: The Certificate the State	PHYSICI	1 YES 1 NO	1   Inputlant 2			4 Mursi	ing Hom			Other (Specify			
this with		Natural 5 Pending	28a. DATE Of (Month, L	Day, Year)	26b. TIR	JURY M		RK?		28d. DESCRIBE H	O YRULNI WO	OCCURED	
	ВУ	2 Accident Investigation		OF INJURY	- At home, ferm,	etraat taata		/ES 2		281. LOCATION (S	teres and bloom		
ATTENDING ECTOR: After s after death	0	3 Suicide 8 Could not datarmined	Duliaing.	, etc. (Speci	(y)	311841, 18010	ny, onice			City or Town,	State)	ber or nurar nou	te Number,
OR ATTENDING DIRECTOR: After hours after death	COMPLET	29a. CERTIFIER					-				111		
14 14 12 12 12 12 12 12 12 12 12 12 12 12 12	MP	(Check only	IVSICIAN: To the best of a										Special Control of the Control of th
HOSPITAL FUNERAL WITHIN 72				Adminiation	and/or meangan	on, in my op	ATRIOTI, O						
F 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	BE	SHATURE AND TITLE OF CERTI	La Di Di	2.		. 3		29c. LICE	ENSE NUME	DER O	29d. D	ATE SIGNED	Ponth, Day, Year)
P P 2 \	2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	ISE OF DEA	TH (ITEM 27) Appe	(A)			43	23		3/8/	14
3		TASNEEM (	AKHANI	72	20 PA	RK I	HE	100	117	Arie	BAC	N MI	21208
		MAR 0 9 19	94 32. REGISTR	AND SIGNA	TURE Pundal	٤							

THE PROPERTY OF THE PARTY OF TH

68760,
80)
o
P.0
SC
8
0
O
RECORDS
AL
_
5
ш,
0
Z
IVISION
<u>S</u>
2

DIVISION OF VITAL RECOKUDS, P.C. BOX 00.00.

The first location of ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The first location of the physician of completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal.

IMPORTANT; If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN		24 0703					
1	1, DECEDENT'S NAME (First, Middle, Lest)	ton. Blanche		2. DATE OF DEATH MONTH	MY 4	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  9. YRS.  6. AGE (In yrs. last birthday)  9. WONTHS  9. DAYE  9										
TOR	9a. FACILITY NAME (If per Institution, give s MNCReude	ells town	BALTO. 21	1 33 MD	9c. COUNTY	OF DEATH					
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10d. INSIDE CITY LIMITS?									
	10e. STREET AND NUMBER		10f, ZIP CODE		10g. CITIZEN	1 YES 2 NO					
FUNERAL	312 ESS	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECEMBENT OF NISPA	07	1	<u>/</u> (,					
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexic 1 TYES 2 NO Spec	an, Puerto Rican, etc.)	8 of No 14.	RACE — American Indian, Black, White, atc. Specify: BIACK					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		k done during most of working	16b. KIND OF BU	SINESS/INDUST	FRY					
COMF	17 FATHER'S NAME (First, Middle, Lest)	Charle	16. MOTHER'S N	AME (First, Middle, Meiden	Surneme)						
) BE	190. INFORMANT'S NAME (Type/Print)	CITCK RE 196. MAILING AT	DDRESS (Street and Number or Ryma)	Route Number Cay or Tow	m, State, Zip Coo	C)					
유	Nellie BROL	UN 3112	Essex Rd B	AMO MD							
	1 A Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State		3/ 3/	CATION — City	or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE ROLL	22. NAME AND ADDRESS OF F	adulty Kopt	172	Malone					
-	23. PART I. Enter the diseeses, or canock, or heert fellure.	complications that caused the deeth. Do not List only one cause on each line.	enter the mode of dying, suc	ch ee cerdiac or reep	iratory erreet,	Approximata Interval Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	arterioses	roses			Onset and Death					
z		DUE TO (OR AS A CONSEQUENCE OF):									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury thet initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):									
4	PART II. Other significent condition	es contributing to death but not recuiting in the	the underlying ceuse given in	Part I. 24a. WAS AN PERFOR	******	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
PHYSICIAN: MEDIC	1000			1 🗆 YES 3	DINO	OF DEATH?					
AN:	25. WAS CASE REFERRED TO MEDICAL										
rsici	EXAMINER?		26. PLACE OF OEATN (CI THER: Nursing Home 5  Residence								
	27. MANNER OF DEATH  1 Aligural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME O INJURY		28d. OEŞCRIBE HOW I	NJURY OCCUR	EO					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, stree building, etc. (Specify)		281. LOCATION (Street end Number or Rural Route Number, City or Town, State)							
COMPLETED	290. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, death occurred a R: On the besie of examination end/or investigation, i	at the time, date end place, and du	a to the cause(e) end man	nner as stated.	use(a) and manner so stated					
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU			GNED (Month, Day, Year)					
5	30. NAME AND AODRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (ITEM 27) Tipe, Pri	D2096		03-0	3-94					
	Jerome H. Ginsl	berg, M.D.	<sup>m)</sup> 8630 Libert Randallstow		Mall 1133						
	MAR 0 9 1994	Julia Menidon Pandose	The state of the s								

1 - STATE REGISTRAR

	1
	A CONTRACTOR OF THE PROPERTY O
	Z,
7	4
2	1
9	4
~	4
õ	3
Τ.	3
×	-
0	4
m	-
-	3
<u>.</u>	4
ب	-
0	4
_	1
CO	4
Ö	3
~	3
_	3
0	3
C	-
ш	1
~	-
_	
	1
•	1
-	F
	1
>	9
L.	5
~	3
9	2
7	7
~	1
2	Ē
20	1
	1
>	4
=	5
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
	F
	3
	- 5

1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Karl Clifford Bechtol Karl Bechtol 03 06 -94 10:55 7. DATE OF BIRTH (Month, Day, Year) 3/22/21 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leat birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 3 M 2 - F Pennsylvania 176-16-2430 Sa. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 Greater Baltimore Medical Center Baltimore Towson RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Parkville 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 8718 Stockwell Road 21234 USA after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married
3 Widowed 4 Divorced BY 1 TES 2 NO Specify: Specify: use as the White 16a. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) D Elementary/Secondary (0-12) College (1-4 or 5+) COMPL funeral director, page 5 should be detached Painter 8th Grade Self-Employed ONCE. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ Unavailable

19a. INFORMANT'S NAME (Type/Print) Della Huliq notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carolyn LeBorys Towson, MD 1418 Autumn Leaf Road must be 20a. METHOD OF DISPOSITION
1 □ Burlal 2 □ Cramation 2 □ Re
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION - City or Town, State Metro Crematory 3/8/94 Catonsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Johnson Funeral Home 2 Loch Rayon Blud 21286 or removal. Touson medical 23 Mart the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. filled in by Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** cremation, the disease or condition resulting in death) ysician and completely i Vascu a 40 event, DUE TO (OR AS A CONSEQUENCE OF) os clewto traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING physician CAUSE (Disease or Injury other 1 the attending phy Mental Hygiene p DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY 1 TES 2 WHO OF DEATH? 1 TES 2 NO PHYSICIAN: Dept. Nem 23 has 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) State certificate **EXAMINER** HOSPITAL:
1 Unpatient 2 ER/Outpatient 3 DOA OTHER: 1 | YES 2" NO Ing Home 5 - Residence 6 - Other (Specify) 0 朝 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with o marked. 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY Investigation After death 3 Suicide 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be determined COMPLETED DIRECTOR: after 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Itom 2 29a, CERTIFIER SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the beels of examin ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 194 30 85 2 30-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Miller mo

7801

32. INDISTRAR'S SIGNATURE

YOVK

600

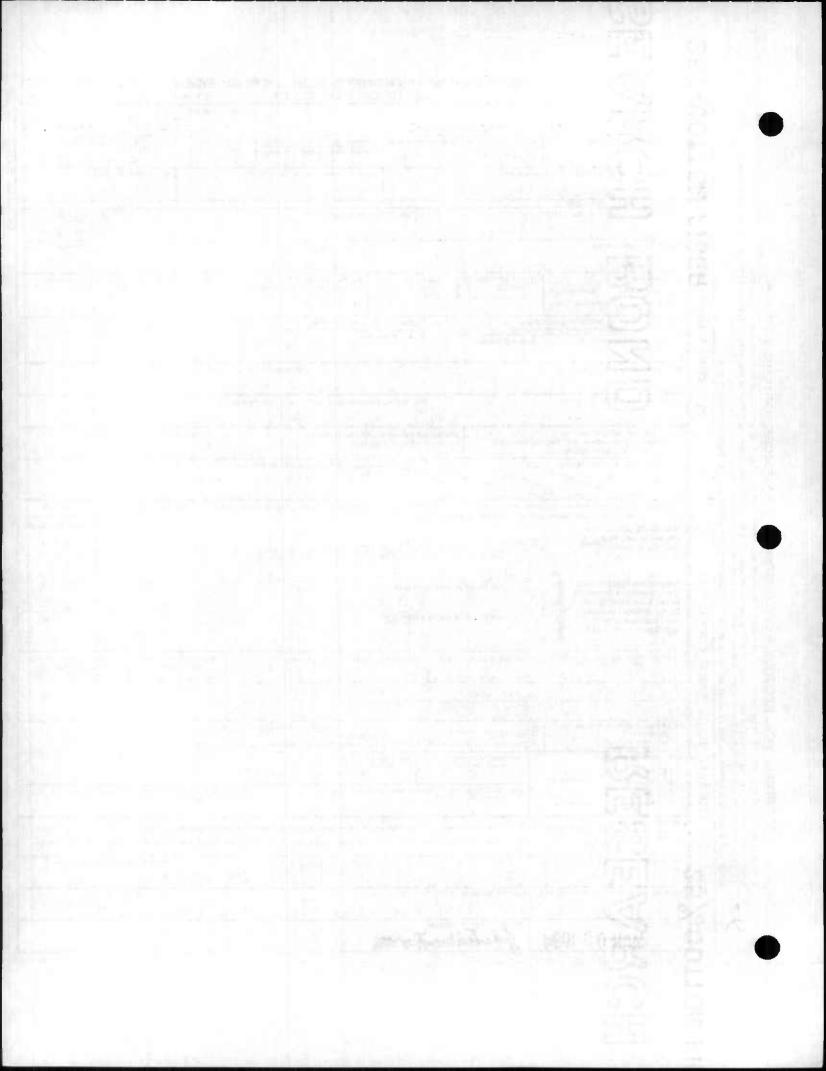
Towson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

lows



1	2	2		
,	6	S		
	Tre	60		
	70	Sn.		
	tai	101		
	dsc	hed		-
	B 17	etac		ace.
	#	6 0		10
	5	Q P		2
	inec	DOU		flet
	reta	SS		oti
	pe	96		9
	Jay	pa		4
	6 m	tor.		SIL
	ogi	lirec		T. T.
	9	JE C		Ine
	ath	iner		E
	de de	e fi	je.	EX
	after	y th	MOV	63
	SIS	0 0	ren	ipe
	100	9	0	Ě
		14	NO.	the
ı	TO THE HARLING OR ALT MOING PHYSICIAN. The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending	TO THE FUND MEMORIAN PARTER this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 from the first mediath with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	W	Thole	Cre	Ver
	rted	00	ia,	63
	Cect	and	pg	ati
	8	an a	9	E
	e b	Sicie	200	5
	Cat	phy	9	-
	ertif	Du	gie!	oth
	4	put	Ŧ	0
	deat	att	mtai	>
	he c	the	¥	100
	at t	3	and	1 /
	thus the	Dec	the state of	an
	lires	Sign	Hea	*
	regu	Sen	of	9
	WE	S De	pt.	53
	he s	ha	0	77
	F ::	cate	Stati	in a
	SIAN	rtiffi	he	70
	YSK	S Ce	th th	0
	H	1	W	rke
	NG	fter	eath	Ë
	9	A	0	M
٦	B	P	Ē	28
	B A	¥	ij	E
٩	0	曹	2	報
ĺ	E.	Œ.	R	=
5	ø	발	复	F
	王	H	3	T
	THE	出	filed	00
	2	2	Pe 1	3
			_	

Kendall R. Faulkner, MD
31. DATE FILED (Month, Day, Year)
MAR 0 9 1994

	GISTRAR DENT'S NAME (First	. Middle Last)			CENTIF	ICATE OI	DEA	ın	2 DATE	REG. N	U.	1 4	3. TIME OF	DEATH:
		,	Porton						MONT	Н	DAY	YEAR	100	
Irer	AL SECURITY NUMB	BER	Bevan 5. sex	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER	2 24 MBC	Mar	OF BIRTH	8, 1	994	10:55	
21	7-26-163	37	1 M 2 W F		YRS.	MONTHS DAYS	HOURS	MIN.	(Mont	h, Day, Year)	0.0	Cou	ntry)	
	ILITY NAME (If not in		Λ	91		9b. CITY, TOWN	OBLOCATI	ON OF OF	05	02	02		EST VIR	GINI
			S HOSPICE	7				ON OF DE	EATH			INTY OF		
RESID	DENCE OF DEC		3 HOST ICE	2		100	ISON	_				BALI	IMORE	
10a. STA	ATE	10b. COUNT	Y		toc, CIT	Y, TOWN OR LOC	ATION						tod. INSIDE	CITY
MAR	RYLAND					BALTI	MORE						1 X YES	
	REET AND NUMBER					1	of. ZIP COD	E			10g. CIT	TIZEN OF	WHAT COUNT	RY?
	3838 ROI	LAND A	VENUE				212	211				US	SA	
N .	NTAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED					17 (Specify	fee or No-	14. RA	CE — America	I Indian,
	over Married 2 🗍			YES 2	XINO		pecify Cube S 2 X NO			Rican, atc.)			ick, White, atc. acity:	
X													WHIT	E
	(Specify onl	EDENT'S EDU by highest grade	completed)	16a.	(Give kind of	WORK done during n	TON post of workli	ng	168	. KIND OF E	USINESS/IN	DUSTRY		
Elem	nentary/Secondary (0	0-12)	College (1-4 or 5	+)	IHe. Do NOT u	SEWIFE								
47 FAT.	I Z. 111	diodollo 6 AL			HUL	BEWIFE	1			1	-			
	ROBERT R		וזידו				18. MOT			Middle, Maid				
			IIIH								MWELI			
11.	ORMANT'S NAME (1)		N N T			ADDRESS (Street							2001	
	THOO OF DISPOSIT		71/			14th ST		N.E.	-	- v				\-TT
1 XBut	riel 2 Cremetic	on 3 🗆 Rem	ioval from State			of disposition (i ther place) RK CEME			- 1		LOCATION -			
	nation 5 🗆 Other	(Specify)		1 1 1 31 31					7.7 / 4	17. 1 12 /				ARTT
				_ L LOUI	DUN PA					74 DA	ALTIMO	JRE,	MARYL	AND
21, SIGN	ATURE OF FUNERA	L SERVICE LI	1	11	)	22. NAME	AND ADDRE	SS OF FA	CILITY					
21, SIGN	ATURE OF FUNERA	L SERVICE LI	CENSEE Ser	11	h.	A.	ALAN	SEIT	Z,	R. FU	INERAI	НО	ME 2	1211
•	A. A.	L SERVICE LI	Ser Ser	t (	death, Do	22. NAME A . 381	ALAN 8 ROL	SEIT	Z, Z AVEN	R. FU	INERAI BALTIM	HO ORE	ME 2 , MARY	1211
23. PAI	FIT 1. Enter the d	L SERVICE LI	1	t (	death, Do	22. NAME A . 381	ALAN 8 ROL	SEIT	Z, Z AVEN	R. FU	INERAI BALTIM	HO ORE	ME 2 MARY	1211 LAND
23. PAI	RT t. Enter the d ahock, or h DIATE CAUSE (Fir	L SERVICE LI	complications the	et caused the use on each i	death. Do	A. 381	ALAN 8 ROL	SEIT	Z, Z AVEN	R. FU	INERAI BALTIM	HO ORE	ME 2 , MARY Apprinter Onse	1211 LAND eximate rai Betw t and De
23. PAI	FIT 1. Enter the d ahock, or h	L SERVICE LI	complications the List only one certain	t (	death. Do line.	22. NAME A. 381 not enter the m	ALAN 8 ROL	SEIT	Z, Z AVEN	R. FU	INERAI BALTIM	HO ORE	ME 2 , MARY Apprinter Onse	1211 LAND
23. PAI	RT t. Enter the d ahock, or h DIATE CAUSE (Fir	L SERVICE LI	complications the List only one certain	t caused the use on each i	death. Do line.	22. NAME A. 381 not enter the m	ALAN 8 ROL	SEIT	Z, Z AVEN	R. FU	INERAI BALTIM	HO ORE	ME 2 , MARY Apprinter Onse	1211 LAND eximate rei Betweet and De
23. PAI IMMED disease reaultir	RT t. Enter the dahock, or holaTE CAUSE (Fire or conditioning in death)	SERVICE LI	complications the List only one cet	t caused the use on each i	death. Do nine.	22. NAME. A. 381 not enter the m	ALAN 8 ROL	SEIT	Z, Z AVEN	R. FU	INERAI BALTIM	HO ORE	ME 2 , MARY Apprinter Onse	1211 LAND eximate rei Betw
23. PAI IMMED disease reaultin Sequer if any, cause.	FIT t. Enter the dahock, or holate CAUSE (Fire or conditioning in death)	AL SERVICE LE	complications the List only one cet	et caused the use on each i	death. Do nine.	22. NAME. A. 381 not enter the m	ALAN 8 ROL	SEIT	Z, Z AVEN	R. FU	INERAI BALTIM	HO ORE	ME 2 , MARY Apprinter Onse	1211 LAND eximate rei Betw
23. PAI IMMED disease reaultir Sequer if any, cause. CAUSE	RT t. Enter the dahock, or holate CAUSE (Fire or conditioning in daeth)	AL SERVICE LE	Complications the List only one cet	et caused the use on each i	death. Do i	22. NAME. A. 381 not enter the m	ALAN 8 ROL	SEIT	Z, Z AVEN	R. FU	INERAI BALTIM	HO ORE	ME 2 , MARY Apprinter Onse	1211 LAND eximate rai Betw
23. PAI IMMED disease reaultir Sequer if any, cause. CAUSE that init	RT t. Enter the dahock, or holate Cause (Fire or conditioning in death)  Intielly list conditioning in death)	IL SERVICE LI	Complications the List only one cet	et caused fine use on each i	death. Do i	22. NAME. A. 381 not enter the m	ALAN 8 ROL	SEIT	Z, Z AVEN	R. FU	INERAI BALTIM	HO ORE	ME 2 , MARY Apprinter Onse	1211 LAND eximate rai Betw
23. PAI IMMED disease reaultir Sequer if any, cause. CAUSE that init reaultir	RT t. Enter the dahock, or holate CAUSE (Fire or conditioning in death)  Intelly list conditioning in death)  Intelly list conditioning in death)  Intelly list conditioning in death)	IL SERVICE LI	a. DUE TO  DUE TO  d. DUE TO	et caused the use on each i	death. Do i	22. NAME. A. 381 not enter the m	ALAN  8 ROL	SS OF FA SEIT AND ing, suc	AVEN	R. FU	INERAI BALTIM	HO ORE	ME 2 , MARY Apprinter Onse	1211 LAND eximate rei Betw
23. PAI IMMED disease reaultir Sequer if any, cause, CAUSE that init reaultir	RT t. Enter the dahock, or holate CAUSE (Fire or conditioning in death)  Intelly list conditioning in death)  Intelly list conditioning in death)  Intelly list conditioning in death)	IL SERVICE LI	Complications the List only one cet	et caused the use on each i	death. Do i	22. NAME. A. 381 not enter the m	ALAN  8 ROL	SS OF FA SEIT AND ing, suc	AVEN	IR. FUIUE, I	INERAI BALTIM	HOMORE Trest,	ME 2 , MARY Apprinter Onse	1211 LAND DIVINITION TO S  TO
23. PAI IMMED disease reaultir Sequer if any, cause, CAUSE that init reaultir	RT t. Enter the dahock, or holate CAUSE (Fire or conditioning in death)  Intelly list conditioning in death)  Intelly list conditioning in death)  Intelly list conditioning in death)	IL SERVICE LI	a. DUE TO  DUE TO  d. DUE TO	et caused the use on each i	death. Do i	22. NAME. A. 381 not enter the m	ALAN  8 ROL	SS OF FA SEIT AND ing, suc	AVEN	IR. FUIUE, I	UNERAI BALTIM Piratory at	HOMORE Trest,	ME 2 , MARY Apprinter Onee 8 // MARY Apprinter Analytic Analytic COMPLETE C	1211 LAND  Distinate rei Betweet and D  TO S
23. PAI IMMED disease reaultir Sequer if any, cause. CAUSE that init reaultir	RT t. Enter the dahock, or holate CAUSE (Fire or conditioning in death)  Intelly list conditioning in death)  Intelly list conditioning in death)  Intelly list conditioning in death)	IL SERVICE LI	a. DUE TO  DUE TO  d. DUE TO	et caused the use on each i	death. Do i	22. NAME. A. 381 not enter the m	ALAN  8 ROL	SS OF FA SEIT AND ing, suc	AVEN	IR. FUIUE, I	UNERAI BALTIM Piratory at	HOMORE Trest,	ME 2 MARY Apprinten Ones 8 V  About Apprinten Apprinten Analytic Analytic Analytic Analytic	1211 LAND DIVINITION TO S  PSY FINDINITION TO NOT CAUST
23. PAI IMMED disease reaultir Sequer if any, cause, CAUSE that init reaultir	RT t. Enter the dahock, or holate CAUSE (Fire or conditioning in death)  Intelly list conditioning in death)  Intelly list conditioning in death)  Intelly list conditioning in death)	IL SERVICE LI	a. DUE TO  DUE TO  d. DUE TO	et caused the use on each i	death. Do i	22. NAME. A. 381 not enter the m	ALAN  8 ROL	SS OF FA SEIT AND ing, suc	AVEN	IR. FUIUE, I	UNERAI BALTIM Piratory at	HOMORE Trest,	ME 2 , MARY Apprinter Onee 8 / 8 / Apprinter Onee Conee Completion Analysis	1211 LAND  Doximate rei Betwet and Doximate rei Betwet and Doximate reinforce reinforc
23. PAI IMMED disease reautit  Sequer if any, cause. CAUSE that ini reautitr	ATT t. Enter the dahock, or holate CAUSE (Fire early condition and in death)  Intielly list condition is adding to immere Enter UNDERLY.  E (Disease or Injuited eventering in death) LAS  iii. Other aignificer	IL SERVICE LI  Il seezes, or leart feiture. nei  Il ons, diate ING ury  ET Condition	a. DUE TO c. DUE TO d	et caused the use on each i	death. Do i	22. NAME. A. 381 not enter the m F): F):	ALAN  8 ROL	SS OF FA SEIT AND ing, suc	AVEN As can	IR. FU	UNERAI BALTIM Piratory at	HOMORE Trest,	ME 2 , MARY Apprinter Onee 8 / 8 / Apprinter Onee Conee Completion Analysis	1211 LAND  Doximate rai Betweet and Doximate rained by the second
23. PAI IMMED disease reaultir Sequer if any, cause. CAUSE that intreaultir PART i	RT t. Enter the d ahock, or h DIATE CAUSE (Fire or condition ng in death)  Intielly list condit ieading to imme Enter UNDERLY E (Disease or Injuitlated evente ng in death) LAS	IL SERVICE LI  Il seezes, or leart feiture. nei  Il ons, diate ING ury  ET Condition	a. DUE TO  DUE TO  d. DUE TO	et caused fine use on each i O (OR AS A CON O (OR AS A CON O (OR AS A CON	death. Do dine.  SEQUENCE O	22. NAME A . 381 not enter the m	AND ADDRE	SS OF FAND SEIT AND ing, suci	AVEN h as can	IR. FU IUE, I diec or res 24a. WAS. PERF 1 UYES	INERAI BALTIM Piratory au AN AUTOPSY ORMED? 2 NO	HOMORE Trest,	ME 2 , MARY Apprinter Onee 8 / 8 / Apprinter Onee Conee Completion Analysis	1211 LAND  Doximate rai Betweet and Doximate rained by the second
23. PAI IMMED disease reaulti Sequer if any, cause. CAUSE that intreaultir PART i	ATT t. Enter the d ahock, or h DIATE CAUSE (Fire or condition ng in death)  Intielly list condit is adding to imme Enter UNDERLY.  E (Disease or Injuitlated eventeng in death) LAS  II. Other aignifice  CASE REFERRED T. MINERY.  YES 2 NO.  NER OF DEATH	IL SERVICE LI  Il seezes, or leart feiture. nei  Il ons, diate ING ury  ET Condition	DUE TO  C. DUE TO   et caused the use on each i OF AS A CON OF AS A CON OF COR AS	death. Do nine.  AND ISEQUENCE OF SEQUENCE	22. NAME. A. 381 not enter the m  F):  F):  The underlying has a continuous series of the continuous series series and the continuous series s	AND ADDRE	SS OF FAND SEIT AND ing, suci	Part t.	IR. FU IUE, I diec or res  24a. WAS. PERF 1 — YES	UNERAI BALTIM Piratory at	HOMORE Trest,	ME 2 , MARY Apprinter Onee 8 / 8 / Apprinter Onee Conee Completion Analysis	1211 LAND  Doximate rai Betweet and Doximate rained by the second	
23. PAI IMMED disease reaulting Sequer if any, cause. CAUSE that init reaulting PART is EXA. 1	RT t. Enter the d ahock, or h DIATE CAUSE (Fire or condition ng in death)  Intielly list condit is adding to imme Enter UNDERLY.  E (Disease or Injuitlated evente ng in death) LAS  III. Other algnifice  CASE REFERRED T.  MINER?  YES 2 100  NER OF DEATH  Metural 5	IL SERVICE LI  Il seezes, or leart feiture. nei  Il ons, diate ING ury  ET Condition	DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL:  1   Inpetlent 2	et caused the use on each i OF AS A CON OF AS A CON OF COR AS	death. Do nine.  AND ISEQUENCE OF SEQUENCE	22. NAME. A. 381. not enter the m  F): F):  The underlying the leave the second	AND ADDRE	SS OF FAND SEIT AND ing, suci	Part t.	IR. FU IUE, I diec or res  24a. WAS. PERF 1 — YES	INERAI BALTIM Piratory au  NAUTOPSY ORMED? 2 NO HOSpi	HOMORE Trest,	ME 2 , MARY Apprinter Onee 8 / 8 / Apprinter Onee Conee Completion Analysis	1211 LAND  Doximate rai Betweet and Doximate rained by the second
23. PAI IMMED disease reautir Sequer If any, cause, CAUSE that inireautir PART I	RT t. Enter the d ahock, or h DIATE CAUSE (Fire or condition ng in death)  Intielly list condit is adding to imme Enter UNDERLY.  E (Disease or Injuitlated evente ng in death) LAS  III. Other aignifice  CASE REFERRED T.  MINER?  YES 2 NO  NER OF DEATH  Metural 5   Accident	LI SERVICE LI  LI SER	DUE TO  b. DUE TO  d. HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, D.) 28e. PLACE OF (Month, D.)	of caused the use on each in the cause of the cause	death. Do inne.  SEQUENCE OF SEQUENCE OF The Control of The Contro	22. NAME. A. 381. not enter the m  F): F):  The underlying the leave the second	AND ADDRE	SS OF FAND SEIT AND ing, suci	Part 1.  Part 1.  28d. DE	24a. WAS. PERF 1 YES  ATION (Streibe Hove	AN AUTOPSY ORMED?  2 No  HOSDI VINJURY OCH	2 HO AORE	ME 2 , MARY Apprinter Onee 8 / 8 / Apprinter Onee Conee Completion Analysis	1211 LAND  Doximate rai Betw t and Do  TO S
23. PAI IMMED disease reaulti Sequer if any, cause. CAUSE that ini reaultir  PART i  25. WAS EXA 1  27. MANH 1	ATT t. Enter the dahock, or holate Cause (Fire eor condition in tielly list condition in tiell list condit	IL SERVICE LI  Il seeses, or leart feliure.  Il seeses seeses, or leart feliure.  Il seeses seese	DUE TO  b. DUE TO  d. HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, D.) 28e. PLACE OF (Month, D.)	et caused the use on each i ON CO (OR AS A CON O (O	death. Do inne.  SEQUENCE OF SEQUENCE OF The Control of The Contro	22. NAME. A. 381. not enter the m  F): F):  The in the underlying his off the Nursing Hotel House Hotel House Hous	AND ADDRE	SS OF FAND SEIT AND ing, suci	Part 1.  Part 1.  28d. DE	24a. WAS. PERF 1 YES	AN AUTOPSY ORMED?  2 No  HOSDI VINJURY OCH	2 HO AORE	ME 2 MARY Apprinten Onse 8 V ONSE ONSE ONSE ONSE ONSE ONSE ONSE ONSE	1211 LAND  Divinitate rai Betw t and Do  TO S
23. PAI IMMED disease reautit  Sequet if any, cause, CAUSE that ini reautit  PART i  25. WAS EXA 1	ATT t. Enter the d ahock, or h plate and the	IL SERVICE LI  Ilseenes, or leart feiture.  Interpretation of the service of the	DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL: 1   Inpetlant 2    28e. DATE OF (Month, D.)  28e. PLACE C building.	et caused the use on each i ON ON ON ON AS A CON ON O	death. Do inne.  SEQUENCE OF S	22. NAME. A. 381 not enter the m  F):  F):  in the underlyi  26. OTHER: 4   Nursing He HE OF   28c.   Murring He HE OF   28c.   Murring He street, fectory, off	AND ADDREAL AN 8 ROLL ode of dy  PLACE OF D me 5 TRIJURY AT ORK? 2 [IGE	SS OF FAND SEIT AND Ing, such	Part 1.  Part 1.  By Other  284. DE  285. Loo  City	24a. WAS. PERF 1 YES  ATION (Streen, Ste	INERAI BALTIM BALTIM Piratory at AN AUTOPSY ORMED? 2 NO HOSDI V INJURY OC et and Numbe	THO MORE Trest,	ME 2 MARY Apprinten Onse 8 V ONSE ONSE ONSE ONSE ONSE ONSE ONSE ONSE	1211 LAND  Divinitate rai Betw t and Do  TO S
23. PAI IMMED disease reautit  Sequer if any, cause, CAUSE that ini reautit  PART i  25. WAS EXA 1 1 27. MAN 1 2 1 3	ATT t. Enter the d ahock, or h charter CAUSE (Fire or condition in the property of the propert	IL SERVICE LI  Ilseeses, or leart feiture.  Ilseeses, or leart feiture.  Interpretation of the condition  O MEDICAL  Pending investigation  Could not be determined	DUE TO  b. DUE TO  d. HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, D.) 28e. PLACE OF (Month, D.)	et caused the use on each i of the use	death. Do inne.  SEQUENCE O  SEQUENCE O  SEQUENCE O  SEQUENCE O  SEQUENCE O  The sequence of t	22. NAME. A. 381 not enter the m  F):  F):  in the underlyi  26.    OTHER: 4   Nursing Ho  IE OF   28c.    JURY M   1    street, factory, offeed at the time, day	AND ADDRE ALAN 8 ROLL ode of dy some 5 Roll of the	SS OF FAND SEIT AND ing, suci	Part 1.  Part 1.  South of the care of the	24a. WAS.  24a. WAS.  PERF  1 YES  ATION (Streen, States)	NNERAI BALTIM Piratory at NN AUTOPSY ORMED? 2 NO HOSpi V INJURY OC	THO MORE Trest,	ME 2 , MARY Apprinter Ones 8 / WERE AUTO AMAILABLE IS COMPLETION OF DEATH? 1   YES ::	1211 LAND Distinguished Between the and D TO S  PSY FINDS PSY FIND

2300 Dulaney Valley Road, Towson, Maryland

The state of the s DISTAUROUSS 2000 3

Orange Coulder

1 - FOR STATE REGISTRAR

-	
-	٦
-	
_	
ம	
-	
σ-	
COL	
_	
-	
$\mathbf{\mathcal{C}}$	
200	
••	
_	
-	
0	
_	
-	
00	
<b>U</b> 2	
0	
_	
2	
_	
U	
13	
$\mathbf{Q}$	
14.1	
-	
~	
- 0	
-	
R	
-	
_	
OF VITAL RECORDS, P.O. BOX 68760	
11	
=	
_	
_	
Z	
=	
_	
-	
2	
S	
15	
<u>S</u>	
INISI	
DIVISION	

	1. DECEDENT'S NAME (First, Middle, Leet)	Bakos				2. DATE OF DEATH	DAY O	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER  324-05-2460		E (In yrs. lest birthday)  R 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  1-28-19		BIRTHPLACE (State or Foreign Country), neland		
стов	9a. FACILITY NAME (If not inetitution, give FAIISTM GENC RESIDENCE OF DECEDENT	,/	6/	Sb. CITY, TOWN	to Go	emcral.	1	Chorol		
DIRE		r Ltimone		altimo	re			10d. INSIDE CITY LIMITS? 1 TES 2 NO		
FUNERAL	5 Bridgeview				2/236		In	n of what country?		
BY FU	11. MARITAL STATUS  1  Never Married 2  Married  3  Widowed 4  Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, sp		NIC ORIGIN? (Specify Yo an, Puarto Rican, atc.) ///:	na or No—	Black, White, atc.  Specify: White		
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		Ille. Do NOT us	ork done during me retired.)	ON ost of working	16b. KIND OF BU		тнү		
COMP	17. FATHER'S NAME (First, Middle, Last)	ALC: SI	Homema	ren		AME (First, Middle, Maide	n Surname)			
TO BE	Hubert Nealis				and Number or Rural	Route Number, City or To	wn, State, Zip Co	ode)		
	Mrs. Kathleen 20a. METHOD OF DISPOSITION 1 Charles 2 Cremation 3 Rec	2	06. PLACE AND DATE O	F DISPOSITION (N			DCATION — CIT	y or Town, State		
	21. Signature of Funeral Service Licensee    A   Donation   5   Other (Specify)									
	23. PART 1. Enter the diseases, or shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Br	nelso-	ot enter the mo	oda of dying, suc	Apus	troin	t, Approximata interval Betwe Onset and Da		
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Example 1  Example 2  Example 1  Example 1  Example 2  Example 3  Example 2  Example 2  Example 3  Example 4  Example 2  Examp									
CERTIF	that initiated events reaulting in death) LAST	d	A CONSEQUENCE OF	yper	Husin	n, Essen	tel			
MEDICAL	PART II. Other aignificant condition	one contributing to deeth	but not resulting i	n the underlyin	ng cause given in		N AUTOPSY PRMED? 2 (3c)NO	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	stpatient 3 DOA	OTHER:	LACE OF DEATH (C	heck only one)  6  Other (Specify)				
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	Y 28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCU	RED		
	3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE OF INJUS	RY — A1 home, ferm, secify)	treet, factory, offi	ce	281, LOCATION (Street City or Town, State		Rural Route Number,		
COMPLET	cool	SICIAN: To the best of my kno						cause(a) and manner as stated		
BE	29b. SIGNATURE AND TITLE OF CERTIFI			D	29c. LICENSE NU			GNED (Month, Day, Your)		
2	30. NAME AND ADDRESS OF PERSON W			Print)						

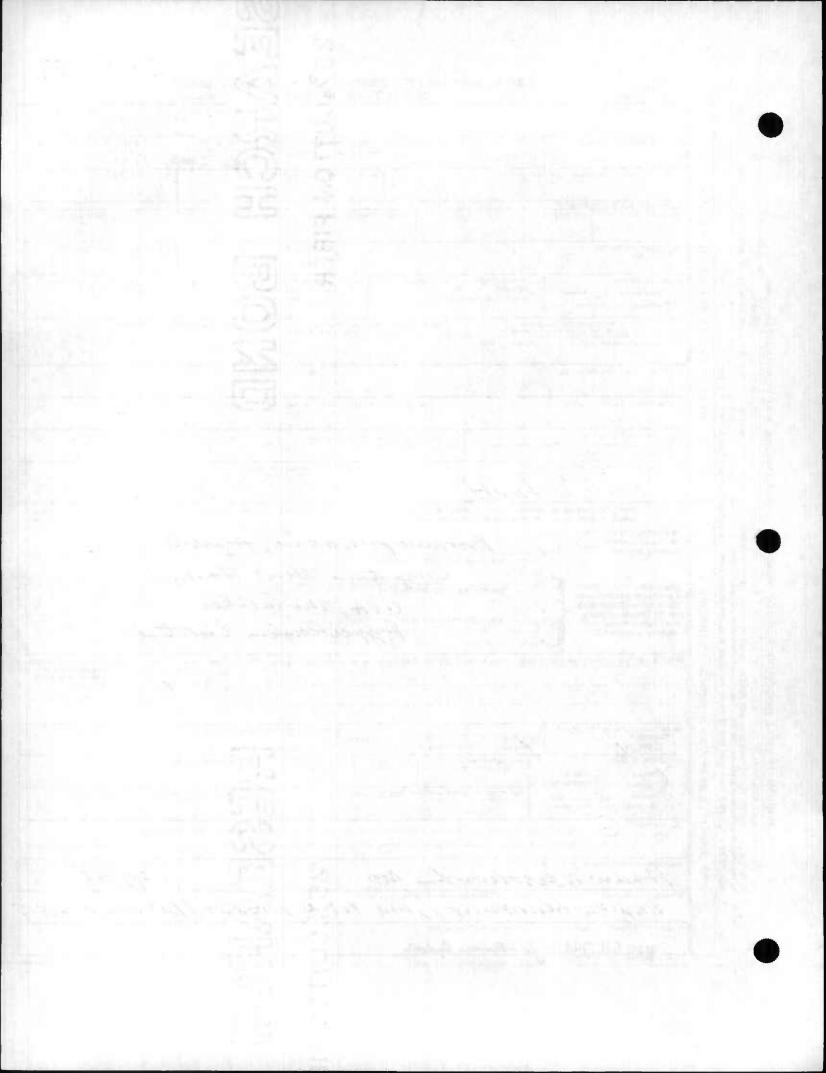
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ANDREW NOWASKER, MO DEN KIAMS & / BER BIK, MIDIN.

3. TIME OF DEATH 11:20 PM

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Approximata Interval Between Onset and Death



1 - STATE

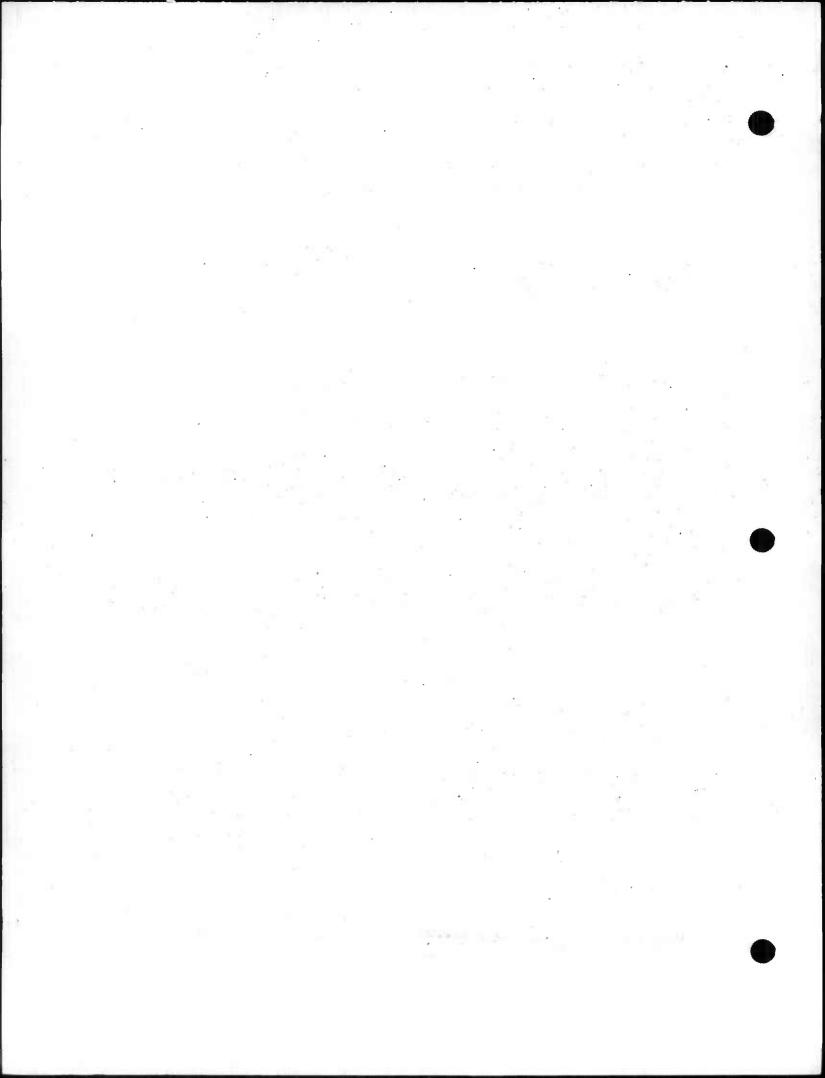
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CHIIL	ICALL	E Ur	DEAL	I H		REG. NO			
- 1		1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			. TIME OF DEATH
- 1		GLADYS N	MAY CO	OLLISO	N					2 - 1 0	-94ª	AY Y	EAR	9:10P M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	8.	BIRTHP	LACE (State or Foreign
		216 03 9902	1 🗆 M 2 🖵 F	90	YRS.	MONTHS	DAY\$	HOURS	MIN.	(Month, I			Country)	
		98. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF GEATH  9c. COUNTY OF GEATH									yland			
- 1	œ	Heritage Meri		rs Hon	ne		nda		J. V. O.					e County
	CTOR	RESIDENCE OF DECEDENT												2.
	III I	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCA	TION					1	IOd. INSIDE CITY
	DIR.	Maryland Bal	ltimore	Co		und	la 1 k							LIMITS?
	AL	10e. STREET AND NUMBER					10	r. ZIP COOE	E			10g. CITIZEI	N OF WH	AT COUNTRY?
	8 1	8100 Dundalk Avenue 21222 USA												
	FUN	11. MARITAL STATUS	12. WAS DECEDE			13.	WAS DEC	CENOENT O	F HISPAN	NC ORIGIN?	Specify Yes	or No — 14	. RACE -	- American Indian.
	31	1 Never Married 2 Married		1 YES 2 WAR OR OATES			If yea, sp	ecity Cuba	n, Maxica	n, Puerto Ric	en, atc.)			White, atc.
	В	3 KWidowed 4 Divorced			no				Opedin				Specify.	White
		15. DECEOENT'S EOU (Specify only highest grade	JCATION e. completed)	16a.	OECEOENT'S	USUAL O	CCUPATIO	ON	_	16b. K	NO OF BU	SINESS/INOUS	TRY	
		Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of v life. Do NOT us	e retired.)	during inc	ISI OF WORKE	N .					
	<u>ē</u>			S	Secre	tary	У							
once	COMPI	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)												
7	ш	Oliver Arrîn	gton											100
fled	B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AODRES	S (Street a	and Number	or Rural I	Route Number,	City or Tow	n, State, Zip Co	ode) .	
be notified at once.	2	Larry Colliso	on		8100	Dun	dal	k Av	/enu	ıe,Du	ndal	k,MD	212	222
t be		20a. METHOD OF DISPOSITION		20b. PLAC	E AND DATE (	OF OISPOS	SITION (Na	ame of		DATE	20c. LO	CATION — City	y or Town	n, Stata
other traumatic event, the medical examiner must		20a. METHOD OF OISPOSITION  1 Burlai 2 Cremation 3 Removal from State  4 & Donation 5 the Other (Specify)												
ner		21. SIGNATURE OF FUNERAL SERVICE LICENSEER OF Ald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board												
саш	Į.	MANAL												
3 6	4	3011au 1111au												
ğ		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart fellure. List only one cause on each line.												
E		IMMEDIATE CAUSE (Fine)												
#		e. CARDIO PUL MOMARY ARREST  OUE TO (OR AS A CONSEQUENCE OF):												
even		OUE TO (OR AS A CONSEQUENCE OF):												
tic	Z	Commission that are different	· MET	ASTA	TIL	Bat	REAS	ST	CA	RUM	OMA	-		
E	CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)  OUE TO (OR AS A CONSEQUENCE OF):  ATHEROSCLE PLOT (CARDIO V-BSULLAL DISEASE)  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
r tra	2	cause. Enter UNDERLYING CAUSE (Disease or Injury	HIME	20 SCLE	POTI	6	CA	RDIK	OV.F	BULL	AL	DISEAS	E	
othe	E	thet initiated eventa												
0		reaulting in deeth) LAST												
3	- 11	PART ii. Other significent condition	ne contributing to	dooth but not	t requising i	n Alba con	a el a el alas		atom at the	Dial L			1	
y in	EDICAL	TART II. Other significant condition	is contributing to	death but no	t resulting i	n the ur	nderiyin	g cause g	jiven in	Part I. 2	PERFOR			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
an	ă									1	YES 2	□ NO		OMPLETION OF CAUSE OF DEATH?
shows	M	<b> </b>								_			1	YES 2 NO
23 8	ž l													
Item .	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				_	ACE OF O	EATH (Ch	eck only one)				
0 10	S	1 TES 2 1 NO	1 Inputient 2	☐ ER/Outpetlant	3 DOA	4 Nur		10 5 🗆 Ra	sidence	6 🗆 Other (S	Specify)			
	PHY	27. MANNER OF DEATH	26a. OATE OI	F INJURY Day, Year)	26b. TIM	E OF URY	28c. INJ			28d. OESCF	IBE HOW I	NJURY OCCUP	PED	
-00	ВУ	1 Natural 5 Pending	(moran, a	Day, Ibary	INJ	M		PRK? YES 2 [	NO					
		2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE	OF INJURY - At	home, tarm, s	treet, fact	tory, offic	4		28f. LOCATI	ON (Street a	and Number or	Rural Roo	ate Number,
00	ш	4 Homicide datarmined	bullaing	, atc. (Specify)					- 1	City or	Town, State)			
E	Ē	29a. CERTIFIER						×1						
=	MPL		ICIAN: To the best o											
Ë	COM	2 MEOICAL EXAMINI		examination and/o	or investigatio	n, in my o	opinion, d	leath occur	ed at the	time, data an	d placa, an	d dua to the c	ause(a) :	and manner as stated.
8	w	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICE	NSE NUN	IBER		29d. OATE S	IGNEO (A	Nonth, Day, Year)
MP	10 B	Javindu K	Jullie	e M	11)			02	718	18		<b>▶</b> 3/	2)	34
	F	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETEO CAU	SE OF DEATH (IT	ГЕМ 27) (Туре,	Print)							-	
- 1	. }	DR SAVIN	DER JUL	KA 2	Mar	ket	Pla	ace,	Dun	dalk,	MD2	1222		
		MAR 0 9 1994" 4	STREGISTRA	AR STEIGHATU	4									
		0		• '										

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the most offer the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



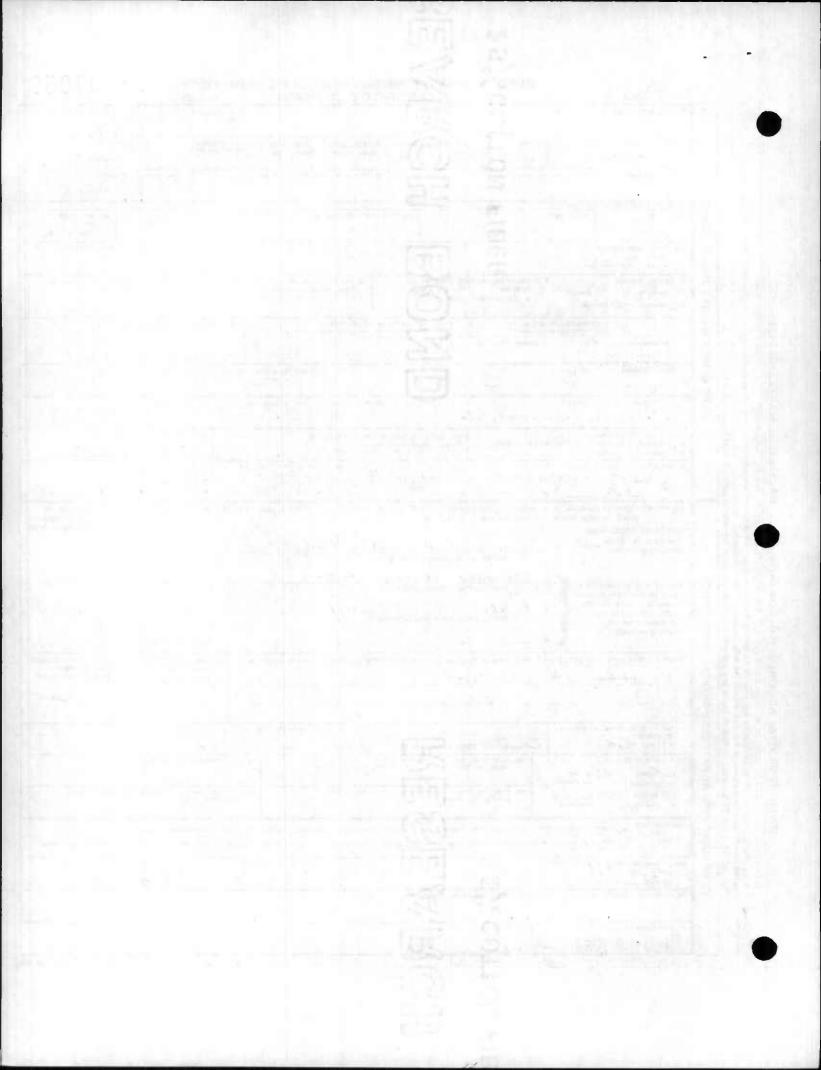
FOR STATE REGISTRAR

1 -

pite	8	
2	tach	9
4	e de	10
5	P	9
aine	Shou	E S
80	5	5
ay b	pag	be
E 9	tor,	tsn
age	direc	75
P.	eral	E
deat	Ę	X
the	the the	je
IIS 9	In the	Pe
Š	De led	5
é	ily fi	=
with	plete	ent
pat	Com	6
Dec	and	Jati
pe e	cian or to	ane.
cate	hysi	10
ertifi	ng p	di o
th c	endi HV	0
dea	e att	7
the	42	Ē
that	ed b	amy
nires	Sign	×
regi	uee lo	sho
ME	as b	23
E e	nte h	E
IAN:	tifica	=
VSIC	th th	d.
PH	r this	arke
DING	Afte	E .
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospita	TOR:	82
R AT	REC	E
N O	L D	=
PIT	ERA in Z	E
HOS	F	TAN
품	THE	S.
2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he find within 70 hours after health with the State Deat of Health and Mental Huniane prior to build. Cremation or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLA	ND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA			94	070	5
)			2. DATE OF DEATH	H	YEAR	3. TIME OF DEA	ľN
	(Theresa)	COLEMAN	03 0	)1	94 1	2:00 PM	

	1. DECEDENT'S NAME (First, Middle, Last)			2	DATE OF DEATH DAY	YEAR 3	. TIME OF DEATN	
	JESSIE T (T	heresa)	COLEMAN	0	3 01		12:00 PM M	
- 1	4. SOCIAL SECURITY NUMBER 5. SE 203-03-9603		MONTHS DAVE	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIRTHPL Country)	ACE (State or Foreign	
1.6		M 2 K) F   85	YRS.		12/28/1908		nsylvania	
OR	9a. FACILITY NAME (If not institution, give street and NORTH ARUNDEL HOSPIT			BURNIE	N 9	A.A. C		
EG	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10							
DIRECTOR	Maryland Baltim	ore	Baltimor	e (Lansdow	ne)		LIMITS?	
FUNERAL	100. STREET AND NUMBER 929 Catawba Court			of. ZIP CODE 21227		USA		
BY FUNI	1 Never Married 2 Married FO	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes or No- If yes, specify Cuben, Maxican, Puerto Rican, etc.) 15. Never Married 2 Married IF YES GIVE WAS DR DATES.						
G	15. DECEDENT'S EDUCATION (Specify only highest grade comple		CEDENT'S USUAL OCCUPAT		16b. KIND OF BUSINE			
COMPLETED			ve kind of work done during n Do NOT use retired.)	nost of working				
MP	8th Grade		Homemaker			fe and M	other	
BE CO	17. FATHER'S NAME (First, Middle, Last) Hugh	Scullian		18. MOTHER'S NAME Mary	(First, Middle, Maiden Sun MCC lar	ey Scu	llian	
TO B	Mr. Dennis W. Cole	man, Sr.	929 Cata	wba Ct., B	altimore,	Mary land	21227	
	20a. METHOD OF DISPOSITION  1 XBurial 2 Cremation 3 Removal fro  4 Qonation 5 Other (Specify)	om State 20b. PLACEA	nd date of disposition (interpretation of the Nation	vame of	DATE 20c. LOCAT	imore. M	aryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Kevin F	FCKOY 22, NAME	AND ADDRESS OF FACILI	7 1/5   Bare	Dunalilum	ur y runu	
	· Ja		Ecker McCu 237				. 21225	
	23. PART I. Enter the diseases, or compile shock, or heart failure. List or IMMEDIATE CAUSE (Finel disease or condition resulting in death)	nly one cause on each line.			s cerdiac or respirate	ory srrest,	Approximeta Interval Batween Onset and Death	
		DUE TO (OR AS A CONSED						
NO.	Sequentially list conditions, b.	DUE TO (DR AS A CONSED	TERY DUST	ASE				
CAT	if any, leading to infillediste	ENAL IN SO						
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (DR AS A CONSED	UENCE OF):					
	PART II. Other significant conditions conf	tributing to death but not re	esulting in the underlyi	ng cause given in Pa	rt I. 24a. WAS AN AUT	TOPSY 24b. W	PERE AUTOPSY FINDINGS	
<u>8</u>	SEPS BACTE				PERFORME	D? A	MAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL					_		F DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	OTHER:	PLACE DF DEATN (Check	only one)			
YSI	1 Q YES 2 Q-MO 1Q1	npatient 2 - ER/Outpatient 3	DOA 4 Nursing Ho	me 5 🗆 Residence 6	Other (Specify)			
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY Y	IJURY AT ORK? YES 2 NO	Bd. DESCRIBE HOW INJU	RY OCCURED		
		28s. PLACE OF INJURY — At hor building, etc. (Specify)	ne, 1erm, street, factory, of					
COMPLETED	one)	To the best of my knowledge, dea						
8	2 MEDICAL EXAMINER: On t	THE DESIG OF EXEMPLIATION STIGYOF II	weatigation, in my opinion,					
) BE	29b. SIGNATURE AND TITLE OF CERTIFIER	D		3895	8 29	DATE SIGNED (A	Aprith, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEN				1.1	7	
	DALJEET S. SIDHU, M.	D./1413 ANNAP	OLIS RD #10	6/ODENTON,	MD_21113			
	31. DATE FILED (Month, Day, Year)	D./1413 ANNAP		6/ODENTON,	MD 21113	-		

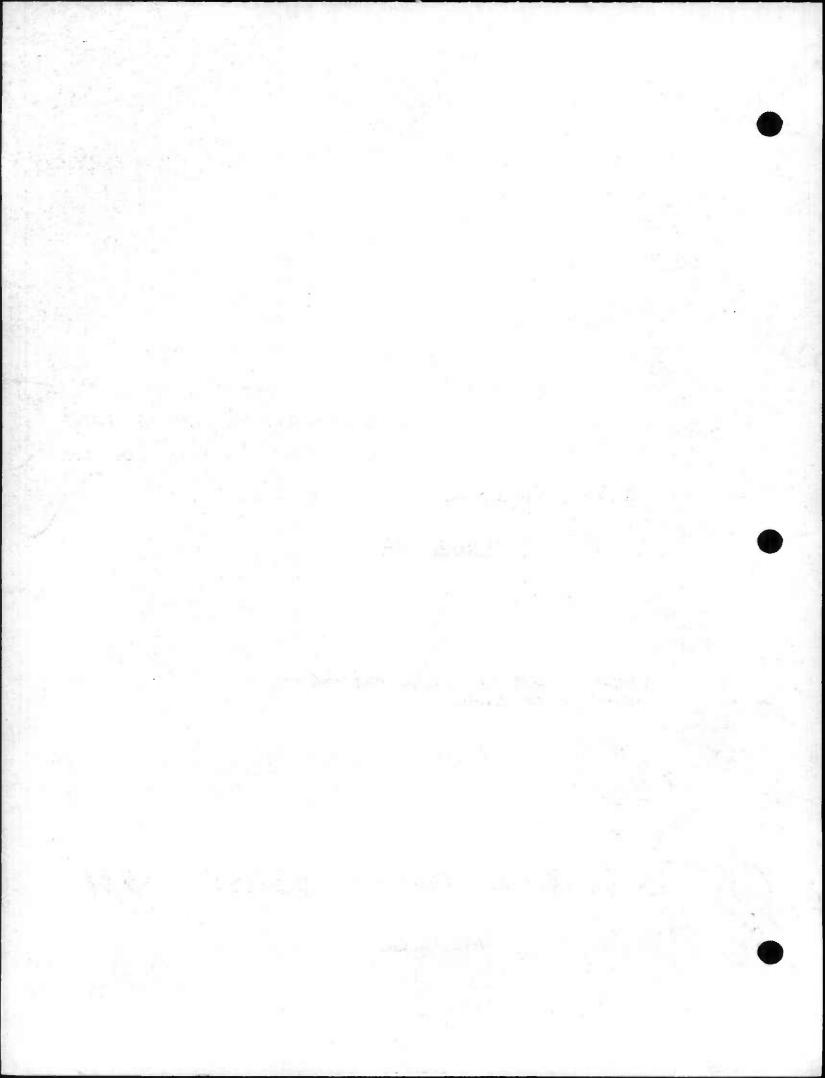


OSPITAL OR ATTENDING PHYSOLAL THE BAY Equires that the death certificate be executed within 27 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should than 72 hours after dualth with the Star Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

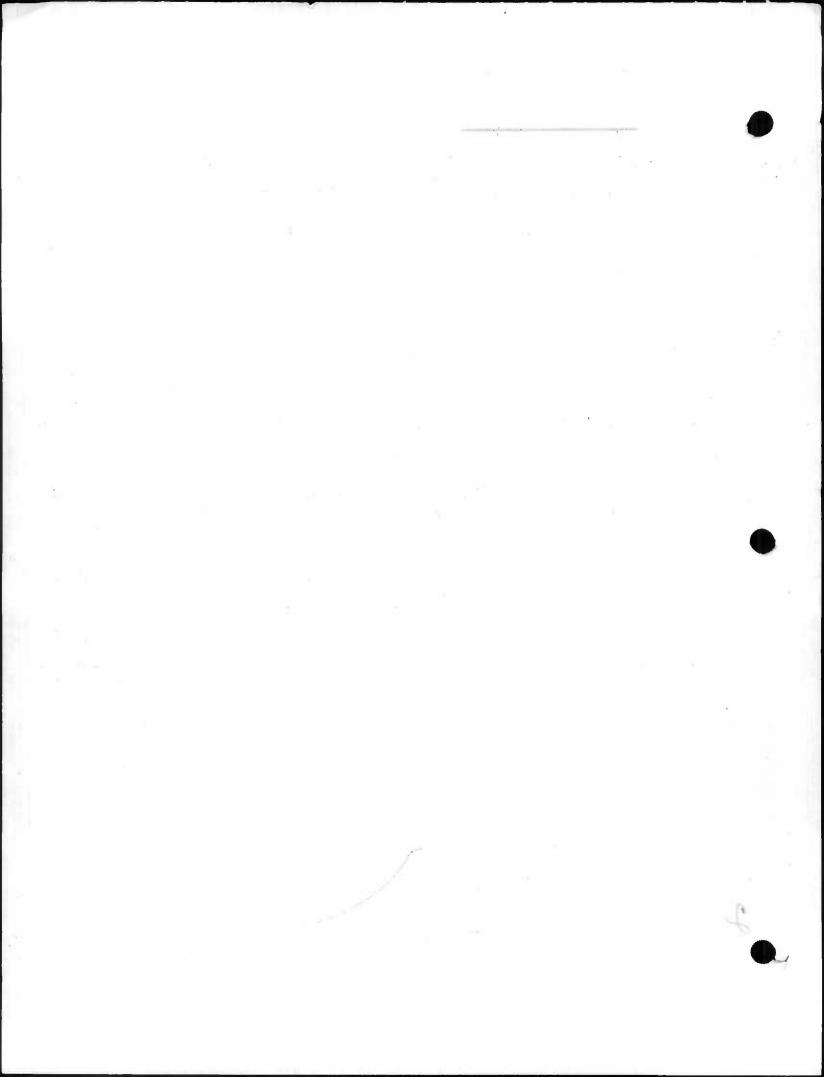
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	TIEGIOTTIAIT		CENTIFICATE OF DEATH				REG. NO.				
: 1	1. DECEDENT'S NAME (First, Middle, Last)	John	Franc	cis C	ох			2. DATE OF DEAT MONTH March	DAY	94	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YE	AR _ IF UNC	ER 24 HRS.	7. DATE OF BIRTI	1	8, BIRTI	IPLACE (State or Foreign
ı	218-26-3640	1 🔀 M 2 🗆 F	63		MONTHS DA			June 4,	nr)	Count	Maryland
_	9a. FACILITY NAME (If not institution, give st				96. CITY, TO			ATH		UNTY OF D	EATH
D P	St. Agnes	Hospital			В	altim	ore C	ity			
	10a. STATE 10b. COUNTY	,		10c. CITY.	TOWN OR LE	CATION					10d, INSIDE CITY
FUNERAL DIRECTOR	Maryland	Baltimo	re			arkvi					LIMITS?
RAL	10. STREET AND NUMBER	Taylor A	Venue			10f. ZIP CC		21234			WHAT COUNTRY?
¥	11. MARITAL STATUS	12. WAS DECEDEN		Direc	T 40 1110					7	States
	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO	If yes	, specify Cu	ben, Mexica	HC ORIGIN? (Specti n, Puerto Rican, ato	y Yee or No—	14, RACI	E — Americen Indien, k, White, etc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES		10	YES 2 X N	O Specify	<i>y</i> :		Spec	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(0	ECEDENT'S U	ork done durin	ATION most of wo	rking	16b, KIND O	BUSINESS/IN	DUSTRY	
7	Elementery/Secondery (0-12)	College (1-4 or 5 +	r) [ =	e. Do NOT use ervice					A.D.	Т	
MO	17. FATHER'S NAME (First, Middle, Last)			ei vice	ziliari —	16. M	THER'S NA	ME (First, Middle, Mi			
BEC		Terence	Cox				Sar		illian		
	19a. INFORMANT'S NAME (Type/Print)	-	19	Db. MAILING	ADORESS (Str	eet end Num		Route Number, City o			
욘	Dayton Parker			1401	Edmon	dson	Ave.	Catonsv	ille,	1d.	21228
	20e. METHOO OF DISPOSITION  1 (X) Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State		AND DATE OF		3/11	/94		akersv		
i	21. SIGNATURE OF FUNERAL SERVICE LIC	Milto	n ♪ Knig	ht Jr	22. NAM	E AND ADD	RESS OF FA	CILITY Bali	timore	. Md.	21214
	Multon J. J	might	(L	Leonard J. Ruck, Inc. 5305 Harford Road							
- 1	23. PART i. Enter the diseases, or c shock, or heart failure.	complications that List only one cau	t caused the de	eath, Do no e.	ot enter tha	mode of	lying, auci	h aa cardiac or i	aapiratory a	rreat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition										
	reaulting in death)	DUE TO	(OR AS A CONSE	OUENCE OF)	:						
z		b		,							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF)	:						
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	QUENCE OF	:						
E	resulting in death) LAST	d.		,							[
- 11	PART II. Other significant conditions	e contribution to	dooth hus oos		43 4			- 10			
EDICAL	COPD	Left lun			- //	Livo a		PE	S AN AUTOPSY RFORMED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	intection	of son		74	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70.00	, L	1 🗆 YI	8 2 NO		OF DEATH?
2	17416511741							_			1   YES 2   NO
NA.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					B. PLACE OF	DEATH (Chi	ack only one)			
PHYSICIAN: M	1 🗆 YES 2 XNO	HOSPITAL:	ER/Outpatient		OTHER: 4 - Nursing	Home 5 🗆	Residence	8 Other (Specify			
E	27, MANNER OF DEATH  1 Natural 5 Pending	28a. OATE OF (Month, De	INJURY ay, Year)	28b. TIME INJU	RY	INJURY AT WORK?	900	28d. DESCRIBE H	OW INJURY O	CCURED	
B	2 Accident Investigation	28e PLACE O	F INJURY — At h	ome form et			□ NO				
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	atc. (Specify)	ome, term, at	reet, rectory,	опісе		281. LOCATION (S) City or Town,	treet and Numbi State)	er or Rumi i	loute Number,	
2	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, d	eath occurred	at the time,	date and pla	ce, and due	to the cause(a) and	l menner ee st	ated,	
충	one) 2 MEDICAL EXAMINE	R: On the baels of ex	tamination end/or	Investigation	, in my opinio	n, death oc	cured at the	time, date and place	e, end due to	the ceuse(s	i) end manner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFICA	Louis	Pla.	المراج ماء م	4.	29c. L	CENSE NUN	BER CV	294. DA	TE SIBNED	(Arount, Day: Mar)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CALL		15/CLA			24	700	•	2/8/	77
	Dr. David Roberts		6565 N	,		Stree	t. R	altimore	Mary	land	
	31. DATE FILEO (Month, Day, Year)	12 DECISTOA	DIE CICHATURE			2.00		ar ormor C	, mary	Tailu	
	MAR 0 9 1994	yune.	widon A	andell							



		-	
BALTIMORE, MARYLAND 21215-0020	1	3	
3,	Æ.		١
G	L	鷌	l
34:	4	Ü	
	lan	tran	Т
20	mysic	unial	
0	A	-Q.	-
'n	ndin	as th	
21	affe	Se	
21	10	J JQ	
	spitz	page	
Z	of a	etaci	
	th (	e d	
A X	P	P	
⋖	taine	Shoe	
2	e re	47	
ЩÎ	ay b	pag	
H 0	E 9	tor.	
ž	age	direc	
E	9	Tag.	
Y	leat	fun	
8	ler o	the	Oval
	55	n by	rem
	no	ed i	9
	9	y fill	tion
0	JIT.	ietel	гета
9/	Pa Pa	OTTO	al, ci
9	ecut	Di C	buria
×	900	In a	0
0	e D	Sicia	prior
	ifica	E	ane
Ö	Cert	ding	1ygie
Д.	HIP	Iffen	Ital
S	ed	he	Men
2	at th	3	and
0	s th	ned	alth alth
0	Juire	) Sig	He
	v re	pee	1.0
A	- P	has	a
E	Ē	afe	tate
>	IAN	rtific	he S
P	NS.	S Ce	Ith t
7	H.	H H	外山
ō	DINC	Afte	deat
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the purial-transfer and	ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
$\geq$	A AT	RECT	JIS &
	10 T	10	hou
	PITA	ERAL	n 72
	<b>40S</b>	SUN	vithi
	Ή	Ψ	» pa

	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPA	RTMENT OF H	REALTH AND DEATH		YGIENE EG, NO.				
	1. DECEDENT'S NAME (First, Middle, Last	Dix	Erma L.	Dixon		2. DATE OF MONTH		YEAR 3.	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-05-5427	1 🗆 M 2 💢 F	AGE (In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da 09-2	6-04	N. CA	ACE (State or Foreign		
RECTOR	9a. FACILITY NAME (If not institution, give FRANCIS SCI	,			IMORE C	ITY		n/a	TH .		
DIRE	100. STATE 100. COUNTY MARYLAND	™ n/a	10c. Cf	TY, TOWN OR LOCAT	IMORE				d. INSIDE CITY LIMITS?  YES 2 NO		
NERAL		/ENUE			21213		UNITE		TATES		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	If yea, sp	CENDENT OF HISPA ecify Cuben, Maxica 2 XNO Specif	in, Puerto Ricar		Black, W	American Indian, thite, etc. BLACK		
LETED	15. DECEDENT'S ED (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT			11162.525	TO. CITY		D of FD.		
E COMPLET	12 TH  17. FATHER'S NAME (First, Middle, Last)  DOC WALKER		CUSTO	DIAN	18. MOTHER'S NA	ME (First, Middl	e, Melden Surname) STEAD	DOTALL	01 20.		
TO B	190. INFORMANT'S NAME (Type/Print)  ERMA H. BROOK	.s	19b. MAILIN 3626		and Number or Rural	Route Number, C	Offy or Town, State, Zip C	2121	3		
ar must be	20s. METHOD OF DISPOSITION 1 XXBurlel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I		206. PLACE AND DATE COMPLETE CONTROL OF GARRISON	FOREST	VA CEM		20c. LOCATION — CI				
ехашіве	WM. C. MARCH FH 1101 E. NORTH AVENUE  23. PART I. Enter the diseases, or complifications that coused the death, Do not enter the mode of dying, such secondary arrest.    Approximate										
event, the medical	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only Dne ceuse	pused the death, Do Dn eech line.		de of dying, suc	h ee cerdiac	or respiratory arres	iŧ,	Approximate interval Between Onset and Daath		
	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUENCE (	OF):		-					
MEDICAL CE	PART II. Other significent condition	one contributing to dea	ath but not resulting	in the underlying	g ceuse given in		. WAS AN AUTOPSY PERFORMED?  YES 2 NO	AM CO	RE AUTOPSY FINDINGS ALLABLE PRIOR TO IMPLETION DF CAUSE DEATH?		
N	25. WAS CASE REFERRED TO MEDICAL			20 DI	LACE OF DEATH (C)			1 (	YES 2 NO		
PHYSICIAN	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1 1 Inpetient 2 In ER		OTHER:	ne 5 🗆 Residence	8 Other (Sp	ecity) BE HOW INJURY OCCU	750			
BY BY	t Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	(Sar) IN	M 1 🗆	YES 2 NO						
TETED	3 Suicide 8 Could not be determined	building, atc.	(Specify)			City or To	N (Street and Number of wn, State)		e Number,		
COMPLE	one) 2 MEDICAL EXAMI	SICIAN: To the best of my							d manner as stated.		
TO BE COM	296. SIGNATURE AND TITLE OF CERTIFI	AL	M		29c, LICENSE NUI	MBER	29d, DATE	SIGNED (M	onth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON W	medical	(Porte	e, Print)							
	MAR 0 9 199	4 guia De	SIGNATURA MONAGO	٤							



1 - STATE

ITEMS: 23 PART I, 27, PER MEO FILM G-709 3/11/94 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07062

			:KIIIF	ICALE	OF L	DEATH		REG. NO.			
	٢			D	λ 1/1	re	MONTH		Y7	YEAR	3. TIME OF DEATH 3:58 Au
		0.405.0			_				1.7		
220-64-5188	1 M 2 □ F				$\overline{}$	7	(Month, E	lay, Year)		Country	
9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY TO	WN OR	LOCATION OF DE		9-56	es cou		MD
											AIII
	<u>/ E</u>			DALI	TMC	JRE CI.	LI		N	/A	
	1		10c. CIT	Y, TOWN OR L	OCATIO	N .					10d. INSIDE CITY
MD N	1/A			בית זאם	MOE	) F					LIMITS?
10e. STREET AND NUMBER	/ A			DAULI					40- OIT		1 X YES 2 NO
2365 SEAMON AVENUE 21225											
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS	DECEN	DENT OF HISPAN	VIC ORIGIN?	Specify Yes	or No-	14. RACE	- American Indian,
1 Never Married 2 X Married	FORCES? 1	RCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, Wh									
3 Widowed 4 Divorced				1 ''	100 2	XX Specify	γ.		- 1	Specin	BLACK
15. DECEDENT'S EDU	CATION	18a. DE	CEDENT'S	USUAL OCCU	PATION	0.50	16b. KI	ND OF BUS	INESS/IND	USTRY	
		Hila	Do NOT us	work done durir se retired.)	ng most	of working					
		" <u> </u>	LAB0	RER				VET TO	G CNI	D (704	(DANK)
17. FATHER'S NAME (First, Middle, Last)	24/22					IS MOTHER'S NA				b Cur	IPANI
CADI DAVIE									Surrame)		
		1	****								
							IMORE				
20e. METHOD OF DISPOSITION  ***********************************	oval from State				M (Name	e of	DATE	20c. LO	CATION	City or Tow	rn, Stata
4 U Donation 5 Other (Specify)		KING	MEMO	RIAL F	ARK	CEM.		RA	NDALI	LSTO	IN, MD
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	-					CILITY				
Veresa	Chap	mer		WM.	C.M	ARCH F.	H./110	01 E.	NOR!	TH AV	ENUE
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. HYPERTEN DUE TO	SIVE CARD	OVASC DUENCE O	F):	SEAS	F					Interval Between Onset and Death
If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST											
DART II Oabon significant and dis-											
PART II. Other agrinicant condition	e contributing to	death but not r	eeuiting	In the under	riying d	cause given in	Pert I. 24	PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AL WAS CASE DEFENDED TO MEDICAL											
EXAMINER?	HOSPITAL:				8. PLAC	CE OF DEATH (Ch	eck only one)				
	1 Inpetient 2	ER/Outpatlant 3	□ DOA		Home	∰ Realdenca	8 Other (S	Specify)			
							28d. DESCR	IBE HOW I	JURY OCC	CURED	
3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At ho	me, ferm,	street, factory,	office		28f. LOCATI	ON (Street a	nd Number	or Rural Ro	oute Number,
4 Homicide determined	bollarily,	etc. (Specify)					City or	lown, State)			
29a. CERTIFIER	COLD To the to the st										
(Check only 1 CERTIFYING PHYSI	CIAN; To the bast of										
(Check only one) 2 MEDICAL EXAMINE	R: On the basis of a										and menner as stated,
(Check only one)  2 M MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  Meddal M	R: On the basis of a	xamination and/or	Investigation	en, in my opini	on, des		time, data an		d dua to th	e cause(s)	and menner as stated.  (Month, Day, Year)  07,1994
(Check only one) 2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or	Investigation	en, in my opini	on, des	th occured at the	time, data an		d dua to th	e cause(s)	'Month, Day, Year)
(Check only one)  2 M MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  Meddal M	R: On the beele of e	SE OF DEATH (ITEE	M 27) (Type	n, in my opini Print)	on, deer	th occured at the	time, data an	d place, en	29d. DATI	e cause(s) E SIGNED (	'Month, Day, Year)
	99. FACILITY NAME (If not institution, give a 2365 SEAMON AV RESIDENCE OF DECEDENT 109. STATE 109. COUNT MD 109. STREET AND NUMBER 2365 SEAMON AVEN 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUING Specify only highest grade Elementary/Secondary (0-12) 12/TH 17. FATHER'S NAME (First, Middle, Last) CARL DAVIS 199. INFORMANT'S NAME (Type/Print) WANDA DAVIS 209. METHOD OF DISPOSITION MOUNTAIN STATE OTHER ALL SERVICE LICE 1 SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or candition of the resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Nother algnificant condition 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Nother algnificant condition 27. MANNER OF DEATH 1 Nother algnificant condition 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 29. NO. 27. MANNER OF DEATH 1 Nother algnificant condition 29. MANNER OF DEATH 1 Nother algnificant condition 29. MANNER OF DEATH 29. Accident 3 Suicide 8 Could not be	GARRY  4. SOCIAL SECURITY NUMBER  220—64—5188  9a. FACILITY NAME (If not institution, give atreet and number)  2365 SEAMON AVE  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD  10c. STREET AND NUMBER  2365 SEAMON AVENUE  11. MARITAL STATUS  1 Never Married  2 Married  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12TH  17. FATHER'S NAME (First, Middle, Last)  CARL DAVIS  19a. INFORMANT'S NAME (First, Middle, Last)  CARL DAVIS  19b. INFORMANT'S NAME (First, Middle, Last)  CARL DAVIS  19a. INFORMANT'S NAME (First, Middle, Last)  CARL DAVIS  19a. INFORMANT'S NAME (First, Middle, Last)  CARL DAVIS  19b. INFORMANT'S NAME (First, Middle, Last)  CARL DAVIS  19a. INFORMANT'S NAME (First, Middle, Last)  CARL DAVIS  19b. INFORMANT'S NAME (First, Middle, Last)  CARL DAVIS  10c. INFORMANT'S NAME (First, Middle, Last)  CARL DAVIS  10c. INFORMANT'S NAME (First, Middle, Last)  CARL DAVIS  10c. INFORMANT'S NAME (First, Middle, Last)  COHEGE (Tirst, Middle, Last)  COHEGE (Tirst, Middle, Last)  10c. INFORMANT'S NAME (First, Middle, Last)  COHEGE (Tirst, Middle, Last)  10c. INFORMANT'S NAME (First, Middle, Last)  COHEGE (Tirst, Middle, Last)  10c. INFORMANT (Tirst, Middle, Last)  10c. INFORMANT (Tirst, Middle, Last)  10c. INFORMANT (Tirst, Middle, Last)	T. DECEDENT'S NAME (First, Middle, Last)  GARRY  C.  4. SOCIAL SECURITY NUMBER  220-64-5188  1	T. DECEDENT'S NAME (First, Middle, Last)  GARRY  C.  4. SOCIAL SECURITY NUMBER  220—64—5188  9. FACILITY NAME (In ot institution, give street and number)  2365 SEAMON AVE  RESIDENCE OF DECEDENT  106. STREET AND NUMBER  2365 SEAMON AVENUE  11. MARITAL STATUS  1 Over Married 2 Married 3 Olividowed 4 Othorosed  15. DECEDENT'S EDUCATION  (Signe kind of iff yes, Give wan or DATES)  15. DECEDENT'S EDUCATION  (Signe kind of iff yes, Give wan or DATES)  17. FATHER'S NAME (First, Middle, Last)  CARL DAVIS  192. REFORMANT'S NAME (First, Middle, Last)  CARL DAVIS  193. REFORMANT'S NAME (First, Middle, Last)  CARL DAVIS  23. PART I. Enter the disease, or complication's that ceused the death. Do resulting in death)  MANDA DAVIS  23. PART I. Enter the disease, or complication's that ceused the death. Do resulting in death)  MEDIATE CAUSE (Finel disease or complication's that ceused the death. Do resulting in death)  Beguentially list conditions, and the properties of the course of the complete or complete or complete or shock, or heart failure. List only one cause on each line.  MEDIATE CAUSE (Finel disease or condition)  Sequentially list conditions, and the complete or comple	T. DECEDENT'S NAME (Frot, Middle, Last)  GARRY  4. SOCIAL SECURITY NUMBER  220—64—5188  15 M 2	T. DECEDENT'S NAME (First, Middin, Last) GARRY C. DAV 4. SOCIAL SECURITY NUMBER 220-64-5188 1	1. DECEDENT'S NAME (Froit, Middle, Last) GARRY C. DAVIS 4. SOCIAL SECURITY NUMBER 2.20-64-5188 1	1. DECEDENT'S NAME (First, MAGGIS, Last) GARRY C. DAVIS  A SCIAL SECURITY NUMBER 2.20-64-5188 1	1. DECEDENT'S NAME (Far, Models, Lasi)  GARRY  C. BOAVIS  C. CITY, TOWN OR LOCATION OF DEATH (Models Average of Companies)  C. COLOR OF COMPANIES OF PAGILITY  C. CITY, TOWN OR LOCATION OF DEATH (Models Average of Companies)  C. COLOR OF COMPANIES  C. CITY, TOWN OR LOCATION OF DEATH (Models Average of Companies)  C. COLOR OF COMPANIES  C. CITY, TOWN OR LOCATION OF DEATH (Models Average of Companies)  C. COLOR OF COMPANIES  C. CITY, TOWN OR LOCATION OF DEATH (Models Average of Companies)  C. COLOR OF COMPANIES  C. CITY, TOWN OR LOCATION OF DEATH (Models Average of Companies)  C. BOAVIS  C. CITY, TOWN OR LOCATION OF DEATH (Models Average of Companies)  C. BOAVIS  C. CITY, TOWN OR LOCATION OF DEATH (Models Ave	1. DECEDENT'S NAME (First, Microsia, Lasis)  GARRY  C SOULS SCURITY NAMERS  1. SUM 2 2 P A SECURITY NAMERS  2. DAVIS  SOUTH OF DEATH  2. DAVIS  3. TYRE.  3. SEX  2. DAVIS  3. TART OF DEATH  4. DAVIS  3. DAVIS	1. DECEDENT'S NAME (First, Modes, Last)  C

The flow of ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

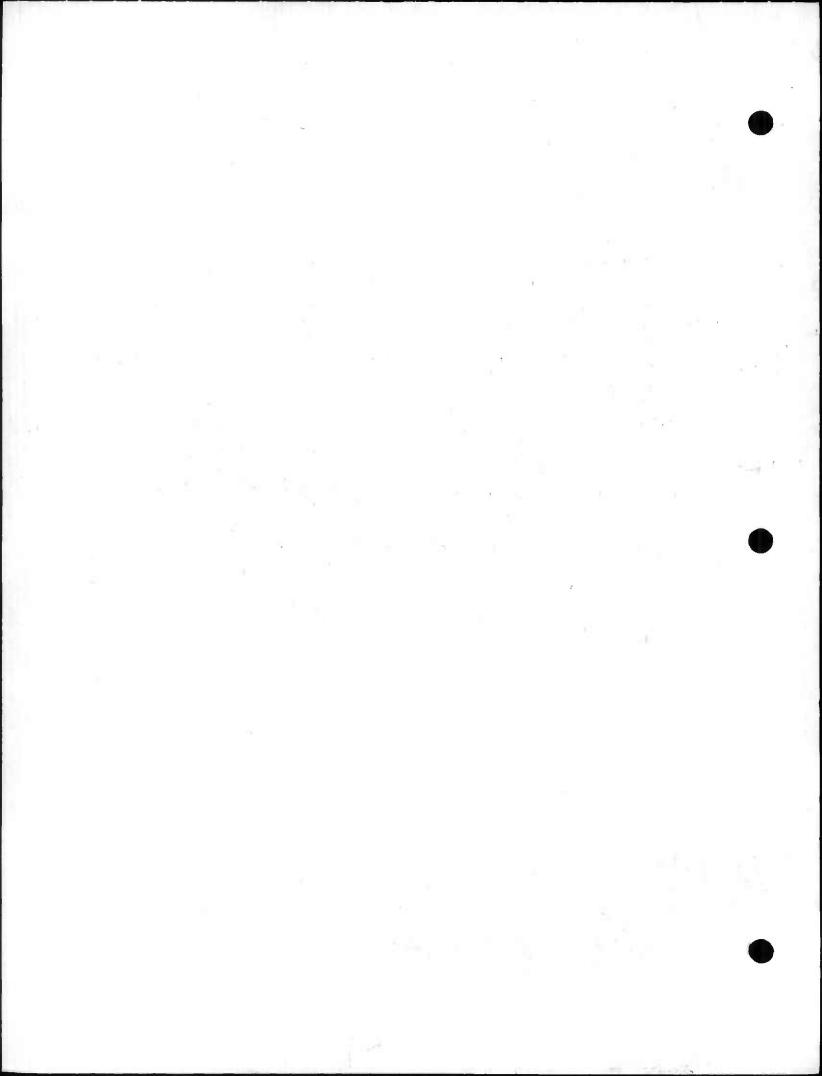
Ours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be made with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

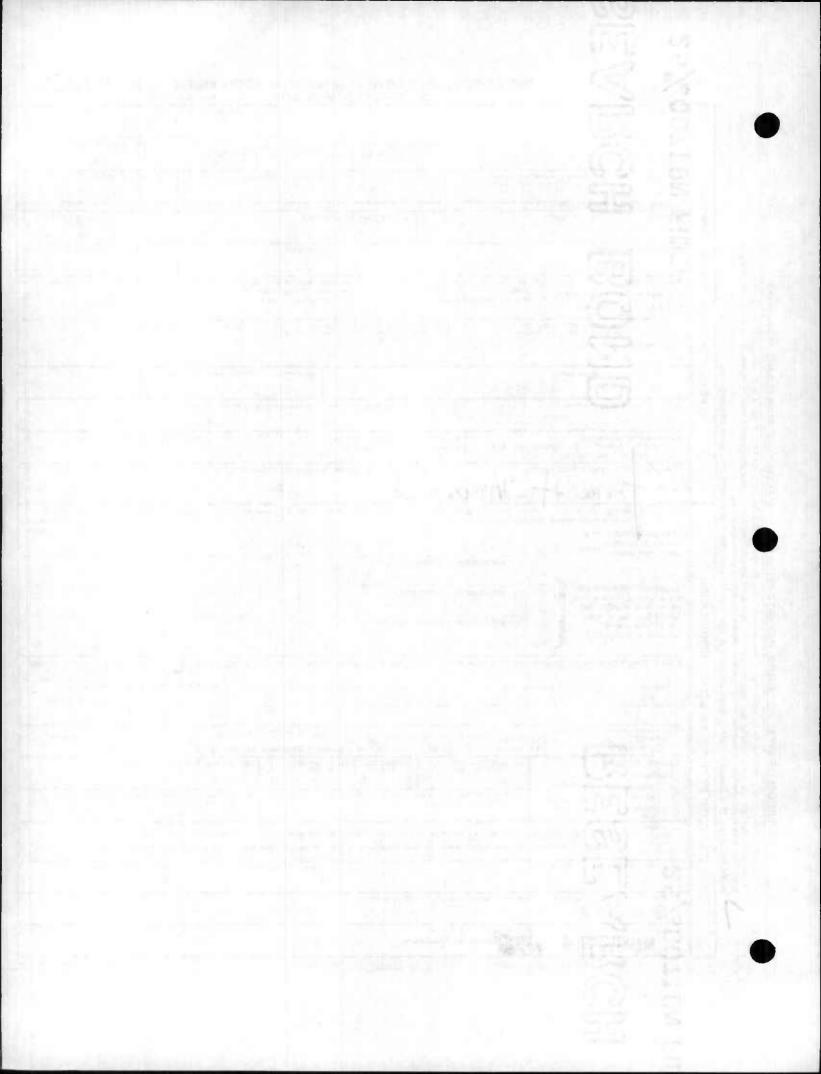
OHMH-18 Rev 1/89



	1
7	
~	1
4	
4	
, MARYLA	
Щ	
Œ	
0	4
BALTIMORE,	
$\equiv$	
_	1
4	
$\mathbf{\alpha}$	
	ľ
0,	
50,	
760,	
8760,	
68760,	
X 68760,	
OX 68760,	
BOX 68760,	
. BOX 68760,	A
O. BOX 68760,	A. A
O.O. BOX 68760,	A. A
, P.O. BOX 68760,	the state of the s
S, P.O. BOX 68760,	and the same of the same of the same
DS, P.O. BOX 68760,	the same of the same of the same of the same
RDS, P.O. BOX 68760,	the same of the sa
ORDS, P.O. BOX 68760,	the same of the sa
CORDS, P.O. BOX 68760,	the state of the s

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 9 1, 0 7 0 6 3

1. DECEDENT'S NAME (First, Middle, Last)				12				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
Willie 4. SOCIAL SECURITY NUMBER	5. SEX	Dirt  a. AGE (In yrs.		SR IF UNDER 1		IF UNDER	24 MDR	7. DATE OF BIRTH	4	94	LACE (State or Fore
215-01-883	ØŒM 2 ☐ F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	1 Morne, Bay, Your)	2	Country)	S.C.
9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	TOWN	OR LOCATIO	ON OF DE	EATH	9c. COU	NTY OF DE	
OLD COURT N	URSINĠ	HOME				BALT	0			211	
RESIDENCE OF DECEDENT  100. STATE 100. COUNT  MD	Υ		10c, CIT	TY, TOWN OF	R LOCA	TION					IOd. INSIDE CITY
MD			BA	LTO	31						LIMITS?
100. STREET AND NUMBER					10	of. ZIP CODE					IAT COUNTRY?
100. STREET AND NUMBER 3109 BELVEDERS 11. MARITAL STATUS 11. Name Married 2 Married	E AVE	T EVER IN II O	ADMED	T 40 W		212		NIC ORIGIN? (Specify		U.S.	
3 Widowed 4 Divorced	FORCES?			Df .	yes, ap	pecify Cuber		n, Puarto Ricen, etc.)	TOS OF NO	Black,	- American Indian White, atc.
15. DECEDENT'S EDU (Specify only highest grade			DECEDENT'S				a	16b. KIND OF E	BUSINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT u	ise retired.)		oot or worker					
4TH  17. FATHER'S NAME (First, Middle, Lest)		IST	EVED	ORE	_	I sa MOTI	ED'S NA	ME (First, Middle, Maid	ina Cumama)		
EMIZIE	DIRTO	N					UL				
19e. INFORMANT'S NAME (Type/Print)						end Number	or Rural	Route Number, City or 1	Town, State, Zip		
	LLS		633	HIL	L V J	EW E	SD	BALTO,	MD :	2122.	5
20s. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Here	noval from State		EANDDATE				PK	4	AURE		
4 Donation 5 Other (Specify).	CENSEE /	1110	MALL			ND ADDRES			HORL	u / 11.	
there t	1 2hm	MPSON	To	M.	220	sh F	/ W_T	West 430	ic W	hach	7,170
23. PART I Enter the diseases, or											Approxima
IMMEDIATE CAUSE (Final disease or condition resulting in death)	IMMEDIATE CAUSE (Final disease or condition Metastatic Prostate Cancer										Interval Be Onset and Sycar
Z Samuratially list and distance C	Sequentially list conditions,										
Sequentially list conditions, if any, isoding to immediate cause. Enter UNDERLYING	ats										
CAUSE (Disease or Injury that Initiated events	c. DUE TO	OR AS A CONS	SEOUENCE O	DF):							
that initiated events resulting in death) LAST	d										
0	ns contributing to	death but no	t resulting	in the und	derivin	ng csuse c	lven In	Part I. 24s. WAS	AN AUTOPSY	24b. 1	WERE AUTOPSY FIN
Y PART II. Other significant condition					,			PERF	ORMED?		MAILABLE PRIOR TO COMPLETION OF CA
AEO AEO								1   123	2 🗆 NO		OF DEATH?
ž _											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:			OTHER		LACE OF D	EATH (Ch	eck only one)			
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2			4 🗆 Nursi	ng Hon	-	eldence	5 Other (Specify)			
I M Mekural 5 Pending		Day, Year)	26b. TIR	JURY M	W	JURY AT ORK? YES 2	NO.	28d. DESCRIBE HO	W INJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE (	OF INJURY — At	home, farm,	street, facto			,	28f. LOCATION (Stre	et and Number	r or Rural Ro	ute Number,
4 Homicide determined	building	, atc. (Specify)						City or Town, Ste	rte)		
4   Homicide determined  29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINI								to the cause(e) end r			end manner ee st
29b. SIGNATURE AND TITLE OF CERTIFIE	R	7				29c. LICE	NSE NUI	MBER	29d. DAT	E SIONED (	Month, Day, Year)
m am	- 18	sand	_`			0	25	695	•	3-9.	9,4
30. NAME AND ADDRESS OF PERSON WI			TEM 27) (Type	Cour		rd.	(	Balt Mu	AZ	1208	
31. DATE FILED (Month, Day, Year) MAR 0 9 1994		AR'S SIGNATURE									



0	1
S	
0	
0	
1	1
S	
-	
N	
-	
N	
_	
	ľ
-	
-	
⋖	
	1
Œ	
es.	
2	١
2	
-	
BALTIMORE, MARYLAND 21215-0020	•
-	
ш	
0	•
$\equiv$	
2	
_	6
1	1
7	
4	1
<b>33</b>	į
	1
-	
	1
4	
-	1
0	
9	
-	ĺ
œ	ľ
9	
(68760,	

ermit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit i	be fled within 72 hours after death with the State Debt. of Health and Memai Hygerie prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL OR ATTENDIN	FUNERAL DIRECTOR: Aft	within /2 hours after dea	TANT: If Item 28 is n
TO THE	TO THE	pe filed	M POR

		CERT	<b>IFICAT</b>		DEATH	MENTAL HYGIEN REG. NO	_	4 070
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEA
JAMES HEN	RY EDWAR	DS, S	R.			2-27-94		YEAR 11:2
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthd		ER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or F
216 14 6874	1 M 2 D F	91 YR	S. MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 10-3-02		Country)
9e. FACILITY NAME (If not institution, give		71	96. CIT	Y, TOWN C	R LOCATION OF I			Maryland Y OF DEATH
Frederick Mem	omini Her							
Frederick Mem	ioriar nost	Fred	derick		Fred	derick Co		
10e. STATE 10b. COUNT	гу	10c.	CITY, TOWN	OR LOCAT	ION			10d. INSIDE CIT
Maryland Fred	Maryland Frederick County Freder							1 YES 2
	izen Nurs				ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
1900 Rosemon		*****			2170	1	110	SA
11. MARITAL STATUS	12. WAS DECEDENT EVER		13	. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN? (Specify Yes		4. RACE — American Ind
1 Never Married 2 Married	FORCES? 1 YES		8		2 NO Spec	can, Puerto Rican, atc.)		Black, White, etc. Specify:
3 Widowed 4 Divorced	no					,.	-	Black
15. DECEDENT'S EDI (Specify only highest grad	UCATION de comoleted)	16a. DECEDEN	IT'S USUAL O	OCCUPATIO	N et of working	16b. KIND OF BU		STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NO	OT use retired.,	)	or working			Commiss
6		Va	riou	IS		Farmin	g/Coc	a Cola Co
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First, Middle, Maiden	Surname)	
Issac Edwards					Maru	/irginia	elia.	Tamas
19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRES	SS (Street e	nd Number or Rura	I Route Number, City or Tow	n, State, Zip C	Code)
Martha Davis		610	7 Bar	rton	sville	Rd, Frede	rick	MD21701
20a. METHOD OF DISPOSITION	2	06. PLACE AND DA						ty or Town, State
1 Buriel 2 Cremation 3 Rer		emetery, crematory				0.1.2		y or rowing black
H. SIGNATURE OF FUNERAL SERVICE L	CENSEED OD a 1 d	d obew	i r   22	. NAME AN	D ADDRESS OF F	FACILITY C+-+-	7	t D
15 N.1 1	Model	waue, D				State	Ana	tomy Boar
James / K	Male		6	MCCC	. Balti	moreSt,Ba	Ito, N	4D21201
23. PART i. Enter the diseases, or	compilcations that cause. List only one cause on	ed the death. D	o not ente	r tha mo	de of dying, su	ich as cardiac or reap	iratory arre	
IMMEDIATE CAUSE (Final	, List only one cause on	aach iina.						Onset an
disease or condition resulting in death)	HYPE	RKEL	EMI	A				
resulting in destiny	DUE TO (OR AS	A CONSEQUENCE	E OF):					
	RENI	AL 11	VSUF	FIC	IENC	4		
Sequentially list conditions, If any, leading to immediate	DUE TO OR AS	A CONSEQUENCE	E OF			•		
cause. Enter UNDERLYING	CERE	BRO VI	A-ECU	LAK	2 Ac	CIDENT		
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	E OF):	1.		FAILURE		
resulting in death) LAST	CONG	ESTLU	E	HEI	TRT	FAILURE	,	
PART II. Other aignificant condition	na contributing to death	but not reaulti	ng in the u	ındariyinç	cause given l	n Part I, 24s. WAS AN PERFOR		24b. WERE AUTOPSY F
						1 □ YES 2		COMPLETION OF OF DEATH?
								1 TES 2
25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (C	Check only one)		
EXAMINER?	HOSPITAL:	daelled 2 🗆 00	OTHE	R:	_ service v			
27. MANNER-OF DEATH	28a. DATE OF INJURY	Y 28b	TIME OF	28c. INJ		6 Other (Specify)	N.IIIBY OCCU	IBED
	(Month, Day, Year,		INJURY	WO	RK?	200. DESCRIBE NOW I	NJOHT OCCO	THED
1 Natural 5 Pending	26s. PLACE OF INJUI	DV — At home for	on stand for			201 1 00471011 (0		0
2 Accident Investigation	EVEL TEMOL OF INJUI	pecify)	, screet, ta	CIOTY, OTHIC		281, LOCATION (Street City or Town, State)		r nurai noute Number,
The state of the s	building, etc. (Sp							
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S)							
2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER Check only 1 CERTIFYING PHYSICAL CONTROL CERTIFYING PHYSICAL CERTIFICAL CERTI	building, etc. (Sp.	owledge, death occ	curred at the	1ime, data	and place, end du	us to the cause(e) end me	nner as stated	1.
2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only								
2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only	SICIAN: To the best of my kno				eath occured at th	ne time, date end place, er	d due to the	cause(e) end manner ae
2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my kno					ne time, date end place, er UMBER	d due to the	

HOUSE

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

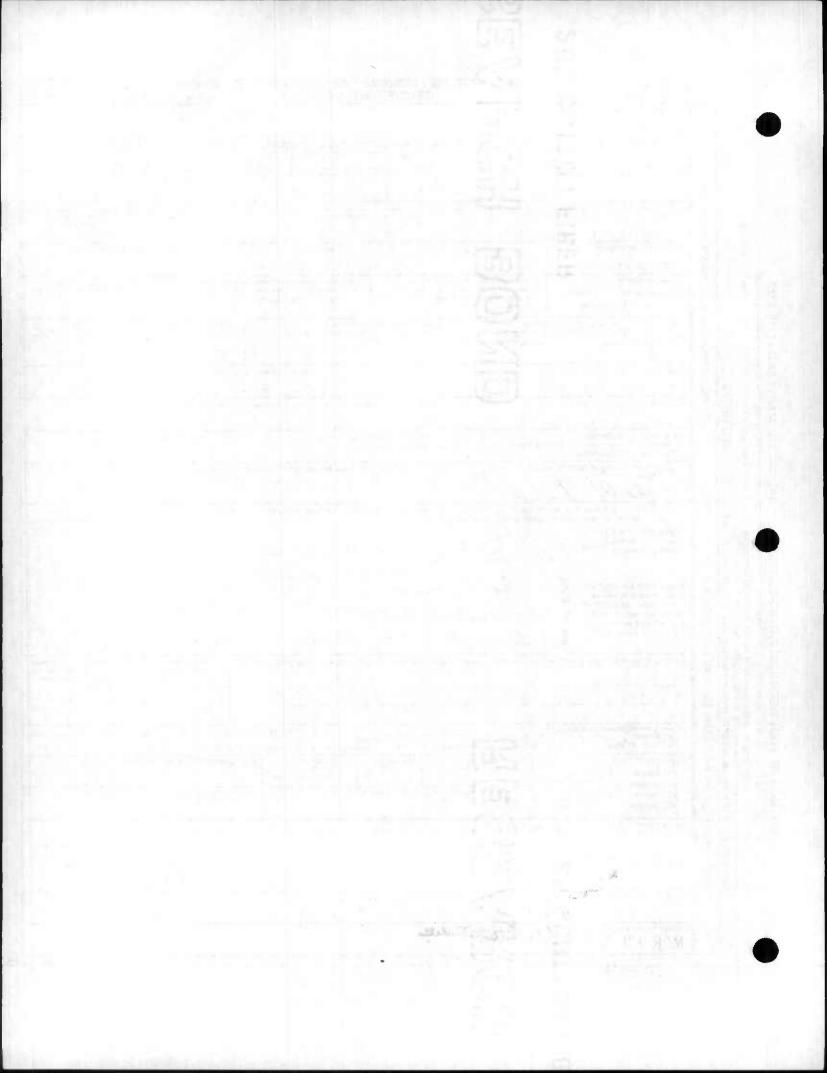
SAEEN ZAIDI 801 TOLL

32 MEGISTRAR'S TENADIRE

SAEED

31. DATE FILEO (Month, MAR 0 9 1

FREDERICK



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

ial-transit

PORTANT

2

JOHN

31. DATE FILED (Month, Day, Year)

0 9 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGOLIS

14333

32. DEGISTRAR'S SIGNATURE

Laure

Poure

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OCFIFIL, OR ATTENDING PHYSICIAN: The law requirement DIRECTOR: After this certificate has been the 72 hours after death with the State Dept. of WIL II Item 28 is marked, or Item 23 sho
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. FUNECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  TANT II them 28 is marked, or item 23 shows any injury, or other traumadic event, the medical examiner must be notified at once.
OSTITAL OR ATTENDING PHYSICIAN: THE LINEAR DIRECTOR: After this certificate than 72 hours after death with the State INT. II Item 28 is marked, or item
DISPITAL OR ATT UMERAL DIRECTO IIII IZ HOURS Aff UNT. III Nom 28

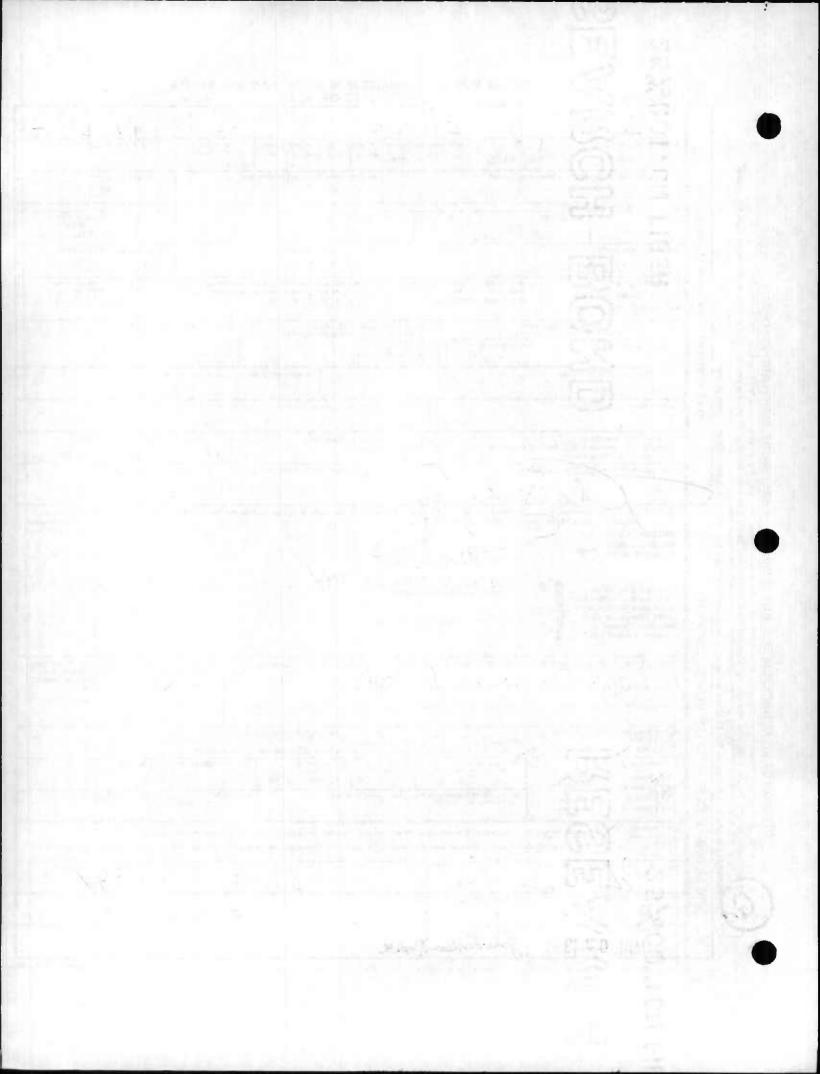
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) SARAH E. ELLMORE 2. DATE OF DEATH 3. TIME OF DEATH 1010 35 0 S. SEX 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS VIRGINIA 1 M 2 XF 84 218-20-0893 YRS. FEB. 8, 1910 Se. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREATER LAUREL BELTSVILLE HOSPITAL PRINCE GEORGE LAUREL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15804 THOMPSON ROAD 20905 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. Specify: WHITE IF YES, GIVE WAR OR DATES 1 Never Married 2 Married
3 Widowed 4 Divorced BY COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 8 HOMEMAKER HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ISAAC HESIKAH DAVY SUSIE REBECCA FRIDDLE BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 DONNA L. DUNN 15804 THOMPSON ROAD, SILVER SPRING, MD 20905 20a. METHOD OF DISPOSITION
1 ☑ Burlei 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE UNION CEMETERY 3/8 BURTONSVILLE, MARYLAND 21. SIGNATURE OF FUNGRAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 7601 SANDY SPRING RD, LAUREL, MD 20707 polications that de 23. PART I. Enter the diseases, or or used the death. Do not enter the mods of dying, such as cardiac or reepiratory arrest, Approximats shock, or heart fal on each interval Between IMMEDIATE CAUSE (Fine) Onset end Deeth diseese or condition Sepsi resulting in death) DUE TO (OR AS A CONSEQUENCE OF) +161. CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE PART ii. Other significant conditions contributing to death but not reculting in the underlying cause given in Part i. 244. WAS AN AUTOPSY PERFORMED? MEDICAL 660 stromesting 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES NO OTHER: flent 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF PEATH 28b. TIME OF 28c, INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

4

307

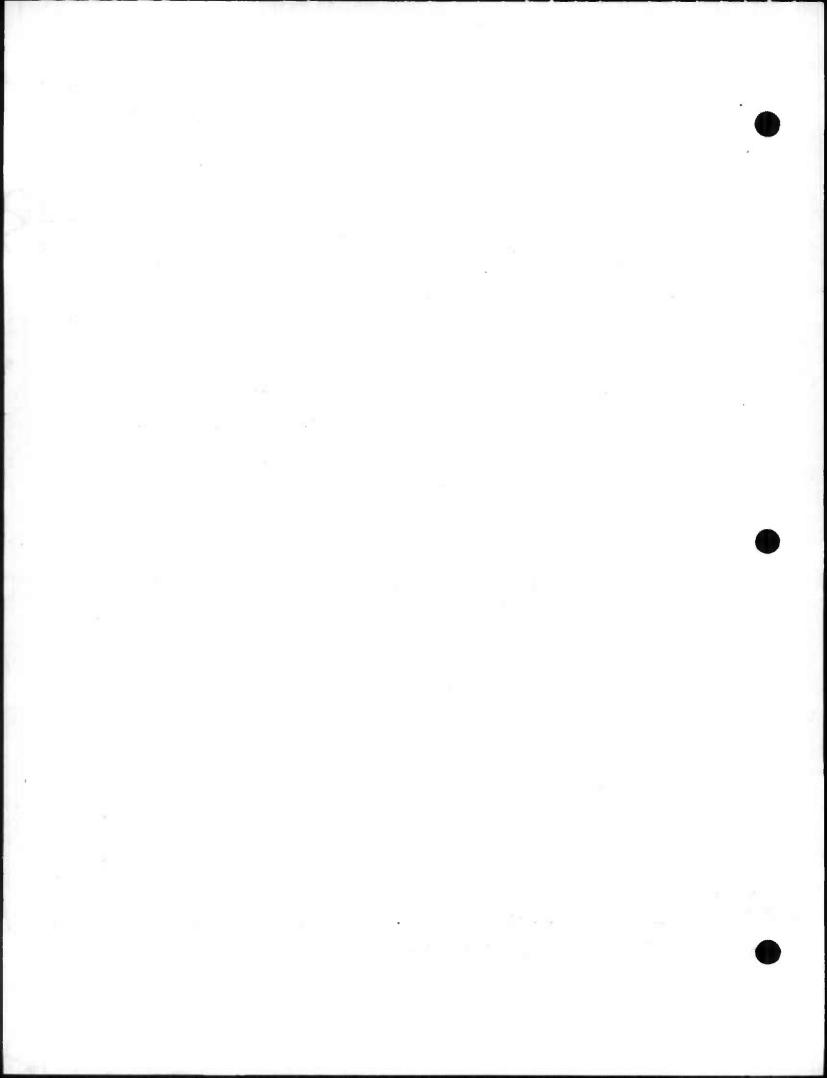
20)0/



1 - FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 - 8-1994 EAR Stephen Myers Early 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 XM 2 - F 45 224-66-2846 YRS. -28-1949 Virginia Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR 938 STubblefield Lane Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md. 1 YES 2 NO Dermit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 938 Stubblefield Lane 21202 U.S.A retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married
3 Widowed 4 Divorced If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 TES 2 NO Specify BY White ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Teacher Education once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) signed by the attending physician and completely filled in by the funeral director, page 5 should be Health and Merial Hygiene prior to burial, cremation, or removal. Ħ Joseph Early BE Margaret Nefee Vicars notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zin Code) 2 Gary <del>Liveley</del> Stubblefield Lane, Balto., Md. 21202 Page 6 may be 9 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must t Crematory 3 Green Mount Balto. Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner ours after death. Edison M. Perkins Moran-Ashton Funeral Home, 21224 mind 34 3000 F. Baltimore St., Balto. D00083 Md medical 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART ii. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMEO? any 1 TYES 2 T NO 1 YES 2 NO been s CIAN: has be OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h HOSPITAL: OTHER 1 YES 2 NO PHYSI Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 Besidence 6 - Other (Specify) 9 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked, : After this c Natural 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide DIRECTOR: Hours after ( COMPLETED 8 Could not be 4 Homicide 28 Item 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end menner as stated TO THE HOSPITAL TO THE FUNERAL DE FINED WITHIN 72 IN TAMPORTANT. IT IN HOSPITAL 2 MEDICAL EXAMINER: On minstion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and m 29b. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER 294 DATE SIGNED BE anest 2 30. NAME AND ACCRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Janet Horn 5550 Newbury St. Baltimore, Maryland 21209 31. DATE FILED (Month, Day, Year) MAR 0 9 1994 OHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



ND 21215-009	hospital or attending physician	ached for use as the common mit. Pages 1, 2, 3 should	)
BALTIMORE, MARYLAND 21215-00-0	thours after death. Page 6 may be retained by the h	by filled in by the funeral director, page 5 should be deta ation, or removal.	the medical examiner must be notified at onc
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending many after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to use as the page 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	CERTIF	ICATE	OF	DEAT			GIENE	9	4	07067
	1. DECEDENT'S NAME (First, Middle, Las.	-	Nelson	Fine	glaı	nd		2. DATE OF DEA	TH 3 —	3-94 ď	AA 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER		IF UNDER 2		7. DATE OF BIRT		8.	BIRTHPL	NCE (State or Foreign
à	129 44 7408	1 € M 2 □ F	70 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Y	our)		country)	c,Canada
œ	9e. FACILITY NAME (If not institution, give					R LOCATIO		TH		9c. COUNTY		
570	2541 West Cou	rse Drive		Ar	nnar	poli	S		A	nne .	Arur	ndel Co
RE	10a. STATE 10b. COUN			Y, TOWN O							10	d. INSIDE CITY LIMITS?
2	Maryland Ann	ne Arundel	Co   A	nnar	_	ZIP CODE				40 - OFFICE		YES 2 NO
ERA	2541 West Cou	urse Drive			101.		401			iog. GITIZEN	USA	T COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			ENDENT OF	HISPANIC	C ORIGIN? (Spec Puarto Rican, at		r No- 14.		American Indian
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR				2 NO		Puarto Ricen, a	ic.j		Specify:	White
	15. DECEDENT'S ED (Specify only highest gra		16e. DECEDENT'S					16b. KIND 0	OF BUSIN	IESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of ville, Do NOT us	e retired.)				Int	ern	atio	nal	Co. Paper
N N	12+ 17. FATHER'S NAME (First, Middle, Last)	4	Plant	Mar	nage		ED'O MAM	E (First, Middle, A				Taper
BE C	William Chis	holm Fing	land					et Sar			inn	ev
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING			nd Number o	or Rural Ro	ute Number, City	or Town,	State, Zip Co	de)	
-	Mrs Beverly Fi						se D					D21401
	20e. METHOD OF DISPOSITION 1 Buriet 2 Cremation 3 Re 4 X Donation 5 Other (Specify)		b. PLACE AND DATE ( emetery, crematory or o		ITION /Nai	me of		OATE 2	Bc. LOCA	TION — City	or Town,	Stata
- 1	21. SHATURE OF PUNERAL SERVICE	CENSE Ronald	Wade, Di	22. 1	NAME AN	D AOORES	S OF FACI	ur Stat	e A	nato	my	Board
	JMW4/11	Valle						reSt,E				201
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Fins)	r complications that cause e. List only one cause on	each line.							tory arrest	•	Approximate interval Between Onset and Death
	disesse or condition resulting in death)	a			rect	170		næv				5 Mos.
_	_	DUE TO (OR AS	A CONSEQUENCE O	F):								
CERTIFICATION	Sequentially list conditions, if sny, lesding to immediate	OUE TO (OR AS	A CONSEQUENCE OF	F):								
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF		-							
ITH	resulting in deeth) LAST	d	o 1000-1-000-1	,								
CC	PART II. Other significant condition	ons contributing to deeth	but not resulting	in the un	derlying	ceuse gi	iven in P	art i, 24s. W	AS AN AU	ITOPSY	24b. WE	RE AUTOPSY FINDINGS
JICAL								PI	ERFORME		co	MPLETION OF CAUSE
ME										2		DEATH?
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL				00 Pt	105 OF DE	AT44 (O)					
SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Ou	tpatient 3 DOA	OTHER	t:	ACE OF DE		Other (Specif	(v)			
PH	27. MANNER OF OEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TiM		28c. INJU	JRY AT		28d. OESCRIBE		URY OCCUR	ED	
Β¥	1 Natural 5 Pending 2 Accident Investigation			М	1 🗌 Y	ES 2 🗌						
TED	3 Sutcide 6 Could not b 4 Homicide detarmined	e building, etc. (Sp.	ty — At home, term, : ecify)	street, facto	ory, offica	1	1	26t. LOCATION (: City or Town,	Street and State)	f Number or I	Rumil Routi	e Number,
COMPLETED		StCIAN: To the best of my kno										
S	2 MEDICAL EXAMI	NER: On the basis of examinati	ion and/or investigation	n, in my o	pinion, de	eth occure	d at the ti	ma, data and pla	ica, and c	due to the co	iuse(a) an	d manner as stated.
BE	STUUM E. S	Ploniel. c	u. O.			29c. LICE!	270	PER 7	2	Pd. DATE SI	GNED (MG	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	WHO COMPLETED CAUSE OF DO	900 B	Print)	040	RA		(A(AAOA	lic 1	1/11	7/11	101
	31. DATE FILED (Month, Day, Year)	A C2. PRISISTPAR'S SIG	Abusta La.	67 10	ure	. 110	. / )	VIVICUS-O	100	viu.	214	01
	MAR 0 9 1994	guna variation										

N	- 3
0	(3
0	5
1	A
un.	3
Ε.	3
536	32
5.	3
6.48	3
	1
=	-3
-	4
⋖:	- 3
_	*
>-	2
-	*
-	1
4	3
5	- 1
_	
tel.	4
₩.	- 6
4	Æ
0	14
~	-8
45	2
	-7
	4
=	-1
9	7
00	3
	3
	E
	â
-	d
٠.	
	4

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	LAND / DEPARTI			MENTAL HYGI		94	070
	1. DECEDENT'S NAME (First, Allocale, La	et)				2. DATE OF DEATH		3.1	TIME OF DEATH
	Marianne Fox		144			March 1.	1994	TEAM 7	20 P
	4. SOCIAL SECURITY NUMBER	Control of the Contro	w	F LWDER 1 YEAR	# UMDER 34 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	9	Country)	CE (State or For
	289-32-2467		59 YMS.			Jan 26.1	222	hio	
TOR	Malcolm Grow US RESIDENCE OF DECEDENT			Andrew	S AFB	ATH	10 10 10	e Geo	
DIRECTOR	10s. STATE 10b. COU		10e. CITY, 1	Rockvil			144 15		LIMITE?
FUNERAL	10s. STREET AND NUMBER 1934 Dundee Road			10	20 CODE	847	USA		COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	5X NO	If yes, sp	ENDENT OF HISPAN secify Cuben, Mexica 2 E NO Specify	IIC ORIGIN? (Specify n, Puerto filicen, etc.)	Yes or No- 1	4. RACE — / Black, Wi Specify:	American India offs, etc. Blac
ETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	wde completed)	16a. DECEDENT'S US (Give kind of word life. Do NOT use of	k drine during mo		16b. KIND OF	BUSINESS/INDU	STHY	
2	12	Coffege (1-4 or 5+)	Homemal	ker		Home	e		
COMPL	12. FATHER'S NAME (First, Motole, Last)		-		18. MOTHER'S NA	ME (First, Middle, Mai	den Sumerne)		1000
BE C	Roger D. Carr				Flowery	Callaway	у		
2	19a. INFORMANT'S NAME (Type/Frint)		Tel. V. (2004) Service		and Number or Aurel F			locke)	
	Misae F. Chiarel		9585 SE	111111111111111111111111111111111111111	low, Colu	mbia, MD	21046		
	4 Donation 5 Dother (Specify) 21. SIGNATURE OF FUNERAL SERVICE		D National	22. NAME A	ial Cem	Flec	Laurel, k Funer ad. Lau	al Ho	me, In
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	ease					
1273	PART II. Other significant condit	d.	but not resulting in	the underlyin	o cause given in	Part I. 24e, WAI	AN AUTOPSY	Tan. wo	RE AUTOPSY FO
V: MEDICAL							гониеот s zX; но	MAILABLE PRIOR TO COMPLETION OF CAUSE	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINENT? 1 ☐ YES 2 ☑ NO	HOSPITAL:		THER:	LACE OF DEATH (Chi				
РНУ	27, MANNER OF DEATH  1 Natural 5 Pending investigation	26s. DATE OF INJURY (Morth, Day, West)	28b. TIME C	OF 28c. IN.	JUNY AT DRK? YES 2 NO	284, DESCRIBE HO	W INJURY OCCU	RED	7,67
TED BY	2 Accident Investigate 3 Suicide & Could not 4 Homicide determined	be 28e. PLACE OF INJURY	Y — At home, farm, atte	et, fectory, offic	*	28f. LOCATION (Sin City or libers, S	net and Mumber of tweet	r Aural Acute	Number
COMPLE	chall.	TYSICIAN: To the best of my know							( manner sa si
	296. SIGNATURE AND TITLE OF CERTS	set / / /		226	29c. LICENSE NUN	мен	29d. DATE	SIGNED /Mo	reth, Day: West)
BE C	Moust	1/20	20 11	11			▶ M	arch	1, 199
TO.		Captain, USAF			led Group	, Andrew	s AFB,	MD 20	331-66
	MAR 0 9 199	4 Julie Marida	NATURE PARALLES						44

MAK 0 0 1931 CELL STAN

BALTIMORE, MARYLAND 21215-0020

İ
The state of the s
1
4
1
į
۹

TO BE COMPLETED BY FINEBAL DIS	1	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	medical	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ог гетома	In file with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
funeral director, page 5 should be detached for use as the burial-transit permit. Pa	d in by th	THE BLACEN After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page
death. Page 6 may be retained by the hospital or attending physician.	iours after	TO THE MISSIAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	KIIF	CATE OF	DEATH	A	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)  Junior Ray	v Fee					2. DATE OF C	реатн 5, 1994	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 225-30-6469		AGE (In yrs. leat I		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 06/30/	IRTH	8. BIRT	HPLACE (State or Foreign try) ginia		
	9a. FACILITY NAME (If not institution, give :		04		9b. CITY, TOWN	OR LOCATION OF D			COUNTY OF			
STOR	Harbor Hospital	Center		- 1	Baltimo			1	timor			
DIRECTOR	MD 106. STATE 106. COUNT Balt.			10c. CITY	Baltimo	Ce				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
ERAL	1220 Carroll Str	eet			10	21230	10g.	SA OF	WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 X IF YES, GIVE WAR 1 1948-195	VER IN U.S. ARM YES 2 NO OR DATES	ED	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specifi NO	in, Puerto Rican		- 14. RAC Blac Whi	E — American Indian, ck, Whita, atc. chy:		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(Give		ISUAL OCCUPATION done during mo retired.)		16b. KIN	D OF BUSINESS	S/INDUSTRY			
MPL	10 17. FATHER'S NAME (First, Middle, Last)	Auto	Mec	hanic		Self						
	Worth Fee					18. MOTHER'S NA		, Maiden Sumar	ne)			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b.	Bertha Ely  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
2	Dolores H. Fee		12	20 C	arroll	Street	ore					
	Dolores H. Fee   1220 Carroll Street Baltimore   MD   21230   20a, METHOD OF DISPOSITION   20b. PLACEAND DATE OF DISPOSITION   DATE   20c. LOCATION - City or Town, State   Cametery, Came											
	21. SIGNAFURE OF FUNERAL SERVICE LI	ENNEE -		Q,	22. NAME A	Sulphur	ciu Ambro	se Fun	eral	Home		
/	23. PART I. Enter the diseases, or	complications that ca	used the deel	th. Do no	ot enter the mo	de of dying, suc	h se cerdisc	or respiratory	y srrest,	Approximate		
	ehock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition reculting in death)			21/	16	1 N F	An (7	700		interval Between Onset and Death		
Z	OUE TO (OR AS A CONSEQUENCE OF):  COLUMNY  O(SCALE)  VYR.											
CATIO	If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST											
	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDINGS											
MEDICAL	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION DE TOUR TOUR DE TO											
AN	25. WAS CASE REFERRED TO MEDICAL				2A PI	ACE OF DEATH (Ch	eck only one)					
SIC	EXAMINER?	HOSPITAL:	VOutpatient 3 3		OTHER:	e 5 🗆 Residenca		acifu)				
Y PHYSICIAN: M	27. MANNER OF DEATH  1 Netural 5 Pending		28b. TIME INJU	OF 28c. INJ	URY AT RK?	28d. DESCRIE						
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined									Route Number,		
COMPLET	onel	ICIAN: To the best of my								a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUI	MBER		D (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	OF DEATH (ITEM	27) (Type, 1	Print)		- , -		-1/	. / 7		
	31. DATE FILED (Month, Day, Year) MAR 0 9 1994	Julia Burid	SIGNATURE									

The state of the s

02	41
, MARYLAND 21215-0020	Date & may be cotained by the booties or assemble at minister
2	100
N N	honoid
Z	40
>-	ž
MAR	paningo
-	2
Ä	man
0	ч
Ξ	Dage
BALTIMORE,	Oure offer death
œ	office
	90100

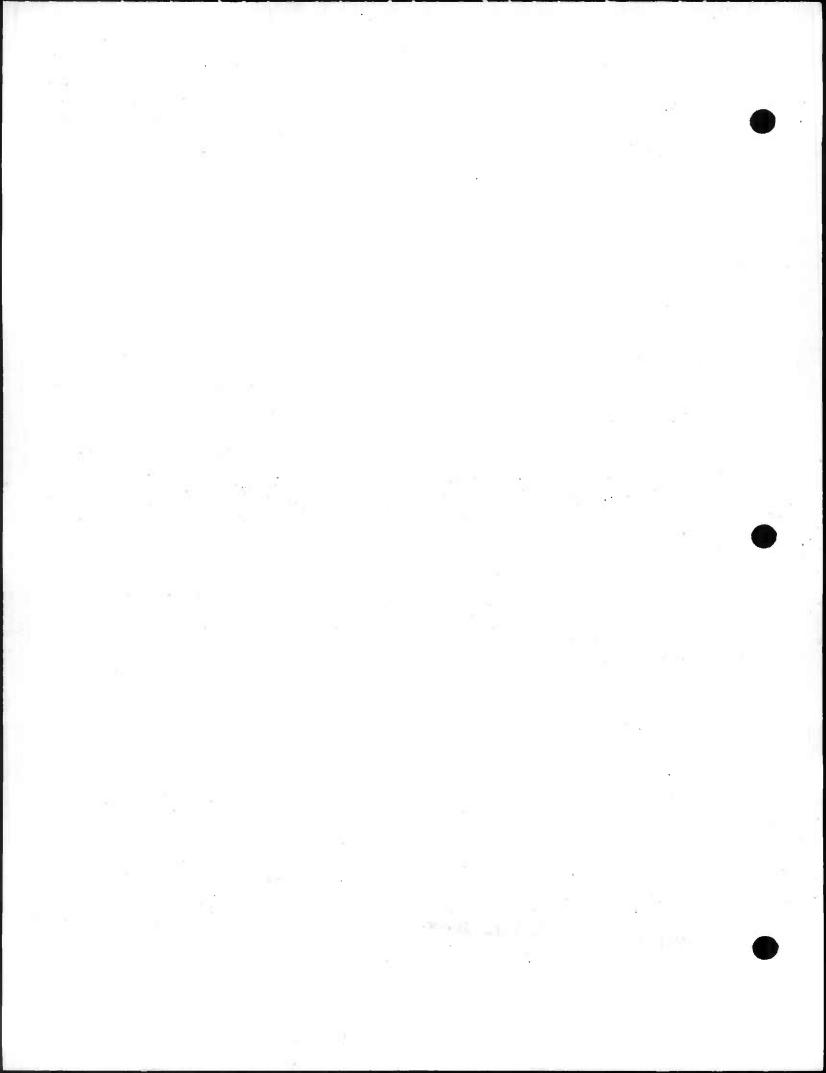
DIVISION OF VITAL BECODE

Waheed A. Akt 31. DATE FILED (MONTH, Day, Year) MAR 0 9 1994

DALIIMORE, MARTLAND ZIZIS-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burial-transit permit. Par removal.	nedical examiner must be notified at once.	
CONTRACTOR OF STATE OF CONTRACTOR OF STATE OF ST	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Par be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	REGISTRAR  1. DECEDENT'S NAME (First, Middle)	fla / nost			CERT	TIFI	CATE	OF	DEA	TH		_	REG. N	0.	94	_	UIU	1 U			
	Bertha		Gai	nes									DEATH	24°. 1	994AR	3. T	0:25 A				
	4. SOCIAL SECURITY NUMBER		. SEX		yrs. last birth	hday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7 DA1	TE OF	BIOTH		é pio	THPLAC	E (State or For				
	214-36-3443	1	☐ M 2 🖁 F	99	Y	RS.	MONTHS	DAYS	HOURS	MIN.	Dec	onth, E	1.	1894	Ma	ninv)	and				
	9e. FACILITY NAME (If not institution	on, give street	t end number)				9b. CITY,	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH													
OR																					
5	RESIDENCE OF DECEDE	COUNTY			100	10c. CITY, TOWN OR LOCATION										T 40.4	INSIDE CITY				
DIRECTOR	Md.	Charle	es		"	Grayton										100	LIMITS? Y				
	10e. STREET AND NUMBER					10f. ZIP CODE						_		10g. (	CITIZEN OF		COUNTRY?				
EH	Route 6. Box	95							2066	52				Un	ited	Sta	ites				
FUNERAL	11. MARITAL STATUS	12	. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMED	-	13. 1	WAS DEC	ENDENT C	OF HISPAI	VIC ORIG	GIN? (	Specify 1	fes or No-			mericen India	٦,			
BY	1 Never Merried 2 Merried   FORCES? 1 YES 2 ZN 3 Widowed 4 Divorced   IF YES, GIVE WAR OR DATES									n, Mexica Specif		IO MIC	en, etc.j			ack					
	15. DECEDENT'S EDUCATION 16a. DE					P'TW	ISUAL O	CCUBATIO	Λ		Τ,	ab K	ND OF S	HEINERG	INDUSTRY	acr					
<u>"</u>	(Specify only highest grade completed) (Gi					and of work done during most of working NOT use retired.)						USINESS!	INDUSTRI								
COMPLETED	3rd Grade		omege (1-4 of 5		Sel:	lf-Employed						Grocery Store Owner					er				
5	17. FATHER'S NAME (First, Middle,	Last)							18. MOT	HER'S NA	ME (Firs	t, Mid	dle, Maid	en Sumem	0)						
BE (	Callenous Hol													Ho1							
2	19e. INFORMANT'S NAME (Type/Pri													own, State,	Zip Code)						
	Ardell M. Bannister Box 94F, Nanjemoy, Maryland 20662																				
	20b. METHOD OF DISPOSITION  11/3 Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of complex), organizory or other piece.  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. PLACE AND DATE Of Children or																				
- 11	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    D   22. NAME AND ADDRESS OF FACILITY																				
	Thornton Funeral Home, P.A.																				
	22 BAST I Enter the discourse or complication that any data of the same state of the																				
	ahock, or haart fallura. List only one cause on each line.												tween								
	IMMEDIATE CAUSE (Final disease or condition Sent EC 2 2000)																				
	disease or condition resulting in death)  a. Septicem to  Due to (OR AS A CONSEQUENCE OF):																				
zΙ	P neu monio																				
=																					
2	Sequentially list conditions, If any, lasding to immediate cause. Enter UNDERLYING CAUSE (Olsesse or Injury that initiated avents  Due to (or as a consequence of):  Due to (or as a consequence of):																				
CERTIFICATION	that initiated avents  DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST																				
- 1	d																				
3	PART II. Other significant co	onditiona c	ontributing to	daath bu	t not result	ting ir	n tha un	iderlying	causa	given in	Part 1.	24		N AUTOPS	SY 24	AVAI	E AUTOPSY FII LABLE PRIOR	0			
בַּ												PLETION OF C DEATH?	MSE								
Ē																1 [	YES 2 N	0			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MED	DICAL					-	28. Pt	ACE OF D	EATH (Ch	eck only	opel									
2	EXAMINER?		OSPITAL:	ER/Outpat	tient 3 🗆 D		OTHER	R:	- AL 20	erroet =			Specify)								
	1 YES 2X NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?																				
	1 Natural 5 Pendi	ing tigation				,,,,,,,	М	1 🗆 1		] NO											
	3 Suicide 8 Could 4 Homicide determ		28e, PLACE O building,	etc. (Specify	— At home, t	lerm, st	treet, tect	ory, office					ON (Street Town, Sta		iber or Rura	Route	Number,				
	AA- OFFITIER		<u> </u>				-														
COMPLEIEU	(Check only		N: To the best of																		
3	2 MEDICAL E		OTT THE DESIS OF 8	AND MINISTER OF	writeror invest	rigation	i, in my o	pinion, di				ate en	d piece,	end due to	o the couse	(s) end	menner es at	ned.			
2	29b. SIGNATURE AND TITLE OF C	LATIFIER	ed	A	ut	-2-	~ 97	0		2167				29d. [	DATE SIGNE	D (Mon	th, Day, Year)	1			
	20 NAME AND ADDRESS OF BED	CON WILLO	OMBI ETED CALL						. ע	29d. DATE SIGNED (Month, Day, Year)  Loches All Date Signed (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  4 Jan 94  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											

Akthar, MD, Rt. 301 at Theo. Green Blvd., POBox 1737, Waldorf, Md. 20695



68760,	
0	
9	
9289	
00	
w	
ဖ	
$\times$	
0	
BOX	
m	
_	
$\circ$	
_	
0.	
-	
CO	
-	
$\Box$	
~	
ш.	
$\circ$	
$\sim$	
C)	
RECORDS	
ш	
m	
⋖	
_	
_	
VITAL	
-	
0	
$\circ$	
_	
_	
<u> </u>	
$\sim$	
VISIO	
S)	
-	
>	
0	

	. 2		
u.	erificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2.		
or attending physici	use as the burial-t		
ned by the hospital	ould be detached to		led at once.
Page 6 may be retail	director, page 5 sh		er must be notif
hours after death.	led in by the funeral	), or removal.	medical examin
e executed within	an and completely fil	to burial, cremation	umatic event, the
PHYSICIAN: The law requires that the death certificate be executed within 2.7 hours after death. Page 6 may be retained by the hospital or attending physician	the attending physici	fer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
e law requires that t	has been signed by	Dept. of Health and	1 23 shows any I
ING	After this certificate	death with the State	marked, or item
TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: /	be filed within 72 hours after of	MPORTANT: If item 28 Is
M BIRK	TO THE FU	be filed wit	IMPORTA

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

295. SHONATURE AND TITUE OF CERTIFIER

Melchanez

1 - FOR STATE REGISTRAR 94 07071 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH MERLE **GEESAMAN** L. 3 1994 2:10 p 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign 70 MONTHS DAYS HOURS MIN 1 X M 2 - F YRS. 192-14-7010 07-03-1923 PA 9e. FACILITY NAME (If not institution, give street end number) 9b, CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Nursing Home Brook1 vn Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Pasadena Anne Arundel 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 1616 Colony Road 21122 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Merried BY 3 Widowed 4 Divorced WWII white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Contractor Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Merle Geesaman 0rpha Staley BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gloria H. Geesaman 1616 Colony Rd. Pasadena, MD. 21122 20e. METHOD OF DISPOSITION

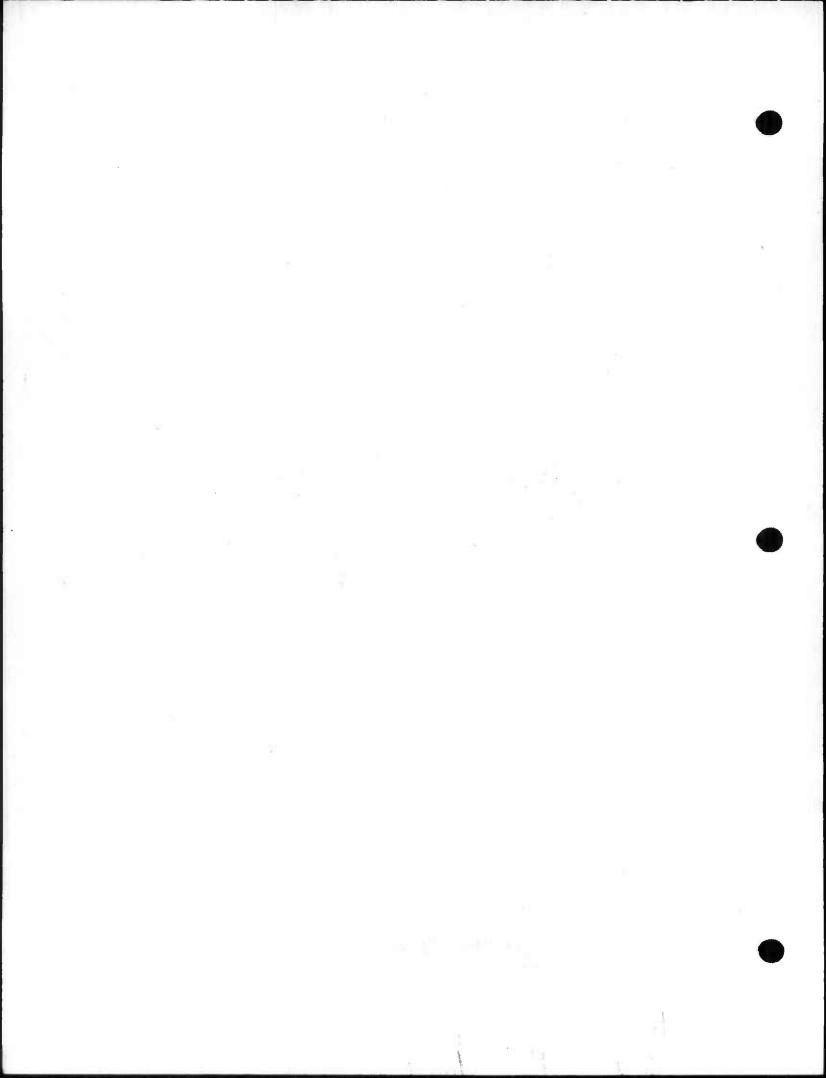
t 
Burlel 2 
Cremetion 3 
Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Metro Crematory Inc. 3/8/94 Baltimore, MD 4 Donation 5 Other (Specify) 21. BIGNATURE OF FUNERAL BEIVICE DEPSEE
HIldry C. Stallings 22. NAME AND ADDRESS OF FACILITY Stallings Funeral Home P.A. 3111 Mountain Rd. Pasadena.Md. 21122 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** DUE TO (OR AS A PONSEQUENCE OF): disease or condition resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? Cerebrousscular accident 1 YES 2 NO OF DEATH? Dispetes mellitis 25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 TES 2 NO 4 Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation м 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner es stated.

ATTENDING 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8194 D-40521

Alysician 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYDO. PSYN) AD STITE 200 DR. OCHANEY 7848 OAKHUDD ROAD STITE 200 GLEN BURNIE, MO 21061

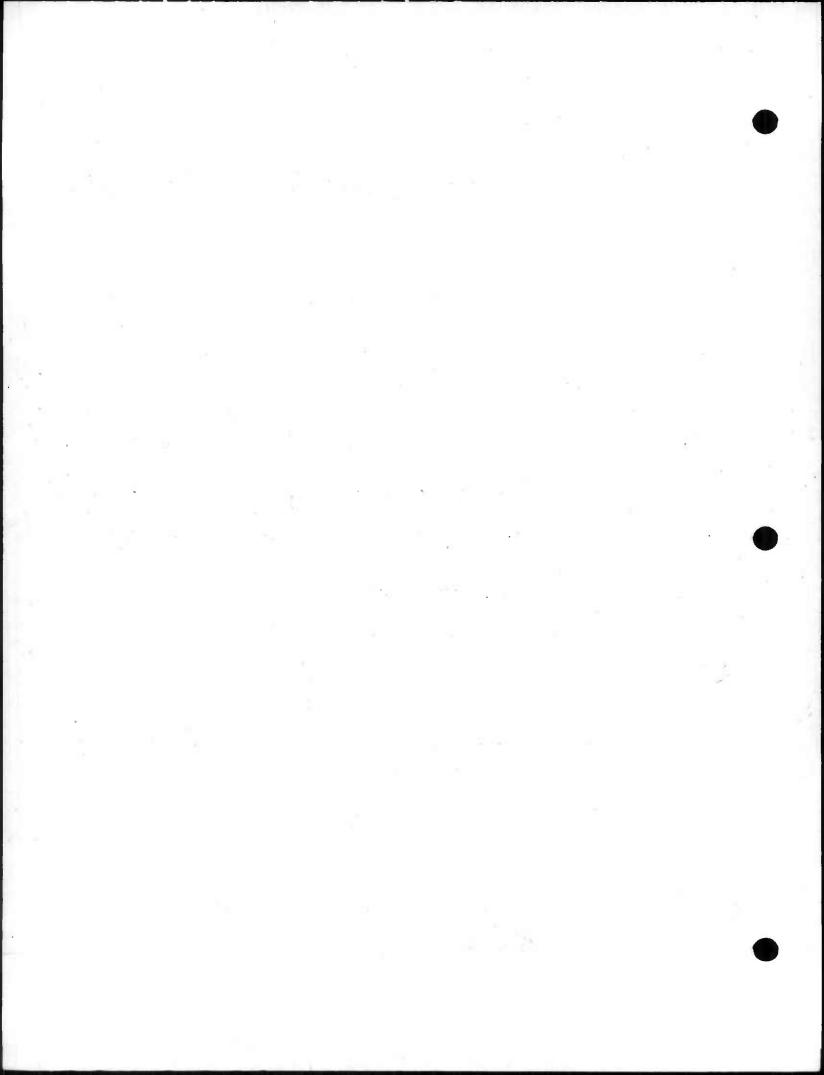
31. DATE FILED (Month, Day, Year)
MAR 0 9 1994

32. REGISTRAB'S SIGNATURE



6.4	
0	
00	
1	
S	
<u></u>	
21215-(	
-	
à	
04	
AND	٠
=	
4	
d	
-	
_	
Ϋ́	
MAR	
7	
er.	1
5	
ш	
0	
~	
$\circ$	-
~	
Miles.	
_	4
	١.
_	
BALTIMORE	
~	
ш	l
	1

		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME				IYGIENE IEG. NO.	94	0	7072			
		t. DECEDENT'S NAME (First, Middle, Last) RUTH GILL	ETT				2. DATE OF MONTH 2	-24 DAY	94 *		ime of DEATN			
P		4. SOCIAL SECURITY NUMBER 220-30-0145	1 M 2 X F 8	yrs. last birthday) IF UNI  3 YRS. MONTH	DER 1 YEAR B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De 9-30	SIRTN V. Voar) O-1.0	8.	Country)	CE (State or Foreign			
2, 3 should	TOR	90. FACILITY NAME (If not institution, give  MARYLAND  RESIDENCE OF DECEMENT	GENERAL HOSPI			MORE CIT		ВА	LTIMO	RE C	TTY			
rt. Pages 1,	DIRECTO	10a. STATE 10b. COUNT	Ÿ	10c. CITY, TOWN		TION				100	I, INSIDE CITY LIMITS? YES 2 NO			
n. Insit permit.	ERAL	100. STREET AND NUMBER 11 W. 20TH STE	REET apt	3-1	10f	21218				N OF WHAT	COUNTRY?			
5-UCZU nding physician. Is the burial-transit	BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	34 30NO		ENDENT OF HISPAI ecity Cuben, Mexice XXX XO Specif	in, Puerto Ricer		No- 14	Black, Wh	American Indian, lite, etc.			
A I A I	PLETED	ts. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work dor life. Do NOT use retired	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  DOMESTIC									
S de la D	TO BE	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Meiden Surneme)				
tained the should should		WILLIAM WHITE	3	19b. MAILING ADDRI	SS (Street e	nd Number or Rural	Route Number, C	DIXON  Number, City or Town, State, Zip Code)  AVE BALTO, MD 21217						
<b>©</b> 03		MELVIN WHITE  20e. METHOD OF DISPOSITION  METHOD OF DISPOSITION  METHOD OF DISPOSITION  METHOD OF DISPOSITION  METHOD OF DISPOSITION  METHOD OF DISPOSITION  METHOD OF DISPOSITION  METHOD OF DISPOSITION  METHOD OF DISPOSITION		PLACE AND DATE OF DISP	OSITION (Na	FULTON me of PARK	OATE	20c. LOCA	TION — City	y or Town, S				
death. funera		21. SIGNATURE OF FUNGRAL SERVICE LI		/ 2	2. NAME AN	H F/H -	CILITY	L						
certificate be executed within nours digit physician and completely filled in I tylighere prior to burlal, cremation, or requirent traumatic event, the medi	ERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SEVERE ATHE  BUE TO (OR AS A RECENT MI  CULT TO (OR AS A FAILURE)	ich lina.					lory arrea	1,	Approximata interval Between Onset and Death			
v requires that the d been signed by the n. of Health and Mer	MEDICAL C	PART II. Other algnificant condition	a.	at not resulting in the	undarlying	g cause given in		PERFORME	ED?	AWAJ COM DF 0	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATN?  YES 2 NO			
VIIAL NAN: The law ritificate has he State Dept or item 23	rsician:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	otlent 3 DOA 4 N	ER:	ACE OF DEATN (Ch	X	MAR	YLANI	GENI	ERAL HOSP			
ATTENDING PHYSICIAN: CTOR: After this certifica s after death with the St.	ву Рну	27. MANNER OF OEATN  1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28b. TIME OF 28c, INJURY AT			28d. GESCRIBE NOW INJURY OCCURED						
OR ATTENDIN DIRECTOR: Af hours after de Item 28 is r	ETED !	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify)						N (Street end wn, Stete)	Number or	Rural Route	Number,			
E 28 E	COMPLE		ICIAN: To the best of my knowle							euse(s) end	1 menner ee stated.			
TO THE HOSPI TO THE FUNEF be filed within	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	crons, 7	up.		29c. LICENSE NUI	MBER	2	FEB	RUARY	1994, 1994			
2	Ĭ		ERRERO MARYLA	ND GENERAL	HOPSI	TAL 827	LINDEN	ı AVE	NUE					
01		MAR () 9 1994	REGISTRAR'S SIGNA											



10

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withh ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	100	70 Th	IMPC	

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /						MENTA			913	07073
	1. DECEDENT'S NAME (First, Middle, Last)		CE	ERIIF	ICAI	E OF	DEAT	Н		REG. NO		-	01010
	Evelyn Garst	– Ev	elyn M.	GARS	т				2. DATE			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX								03	07	94	(( - ( m
	212-10-7615	1 M 2 5 F	8. AGE (In yrs. las		MONTHS	DAYS	HOURS	24 HRS. MIN.	(Mon	th, Day, Year)		Country)	
			80	YRS.					02	04 19	808	Mary	yland
~	9a. FACILITY NAME (If not institution, give st				9b. CIT		R LOCATIO				9c. COU	NTY OF DE	ATH
0	Mercy Hospi	tal				Bal	timo	re (	City				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			Inc. CIT	V TOWN	OR LOCAT	ION						10d. INSIDE CITY
<u>E</u>	Maryland				ltin		ion					- 1	LIMITS?
	10e. STREET AND NUMBER			По	TETI		ZIP CODE						1X YES 2 NO
A	2125 Hollins Fer	www Dood				101	212						HAT COUNTRY?
FUNERAL	11. MARITAL STATUS										L	S.A.	
5	1 Never Married 2 Married		YES 2 X N	MED 10	13.	If yes, sp	ENDENT O	F NISPAN n, Maxica	NIC ORIGI In, Puarto	N? (Specify Yes Ricen, etc.)	or No-	14. RACE Black,	American Indien, White, atc.
BY	3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR OATES			1 TYES	2 🔯 NO	Specify	γ.			Specify	White
	15. OECEDENT'S EDUC	ATION	160 06	CEDENTIE		2001104710	MA.I						
COMPLETED	(Specify only highest grade	completed)	(Gi	ive kind of Do NOT u	work rione	during mo	on at of workin	g	16	b. KIND OF BUS	OINESS/INC	JUSTRY	
7	Elementery/Secondary (0-12) unavailable	College (1-4 or 5 +	·)	usew					,	Housewe	15.		
<u>N</u>	17. FATHER'S NAME (First, Middle, Last)		по	usew	TIE		40 14071	10010 111	_				
ö	Antonio SPURRIE	R								Middle, Maiden E. (UNA	,	ADTE	
BE	19a. INFORMANT'S NAME (Type/Print)												11
2	George R. Garst		198							nber, City or Tow			
	20a, METHOD OF DISPOSITION							e, 1		nicum N		1090	
	1 XBurial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	wal from State	20b. PLACE A cometery, cred LOUGON						3/1			City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LIC				22.	NAME AP	D ADDRES	S OF FA	CILITY				
	· M. Ylea,	/ Cole	man							HOME, I , Balti		, MD	21229
	23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final										Intarval Batwean Onset and Death		
		RASDI	iratory	Fa	ilur	P							
	resulting in death) / a	Respi	(DR AS A CONSEC	DUENCE O	F):								
z	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION											-		
8	cause. Enter UNDERLYING	Cardi	omyopa	thu									
鱼	triat militated evants	DUE TO	OR AS A CONSEC	DUENCE O	F):								
F	reaulting in death) LAST	ł											
0	DART II Oshan danikiana andikian												
MEDICAL	PART II. Other algniticant conditions	i contributing to	death but not n	eaulting	In tha u	nderlying	cause g	ivan In	Part I.	24e. WAS AN PERFOR			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă	1			_						1 TES 2	NO		COMPLETION OF CAUSE OF DEATH?
ME													1 YES 2 NO
ĕ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	EATN (Ch	ack only o	ne)			
Sis	1 TES 2 NO	HOSPITAL: 1   Inputiont 2	ER/Outpatient 3	□ DOA	OTHE		5 🗆 Re	sidenca	6 🗌 Oth	et (Specify)			
PHYSICIAN:	27. MANNER OF OEATH	28e. DATE OF	INJURY	28b. TIM	E OF	26c. INJ	JRY AT			SCRIBE NOW I	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, D	sy, rear)	-IN.	JURY M		RK? 'ES 2 [	NO					
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	26s. PLACE O	F INJURY — At ho	me, ferm,	atreet, fac	tory, office			28f. LO	CATION (Street a	and Number	or Rural Ro	ute Number.
4 Nomicide detarmined building, atc. (Specify)								a complete and the second					
COMPLETED	29a. CERTIFIER	MAN, To see here of					247.450						
₩	(Check only one) 2 MEDICAL EXAMINE												
8	2 MEDICAL EXAMINER		enmetton end/or i	-ivestigatio	m, in my	opinion, d	etti occur	ed at the	time, data	a end place, en	d due to th	e canee(e)	end manner ee stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	MD					29c. LICE	- 4 4	-		29d. DAT	E SIGNED	Month, Day, Year)
5	20 NAME AND ADDRESS OF DESIGNA WALL							P74	-06	3		3//	74
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CARS	SE OF DEATH /ITEM	M 271 / Trens	Distant.								

FNTER

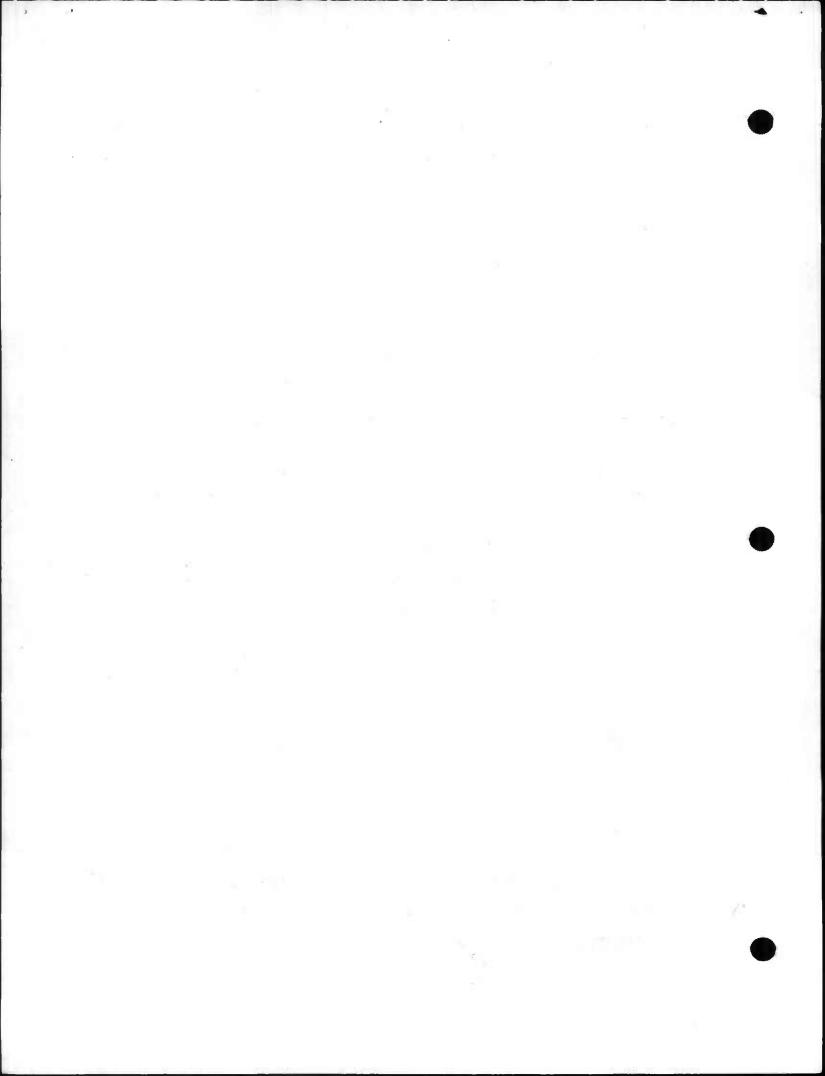
HOSPITA L

37. RECHSTRAE'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VIKAS GUPTA 1 MD. MERCY

VIKAS GU
31. DATE FILED (MONTH, Day, Year)
MAR 079 1994

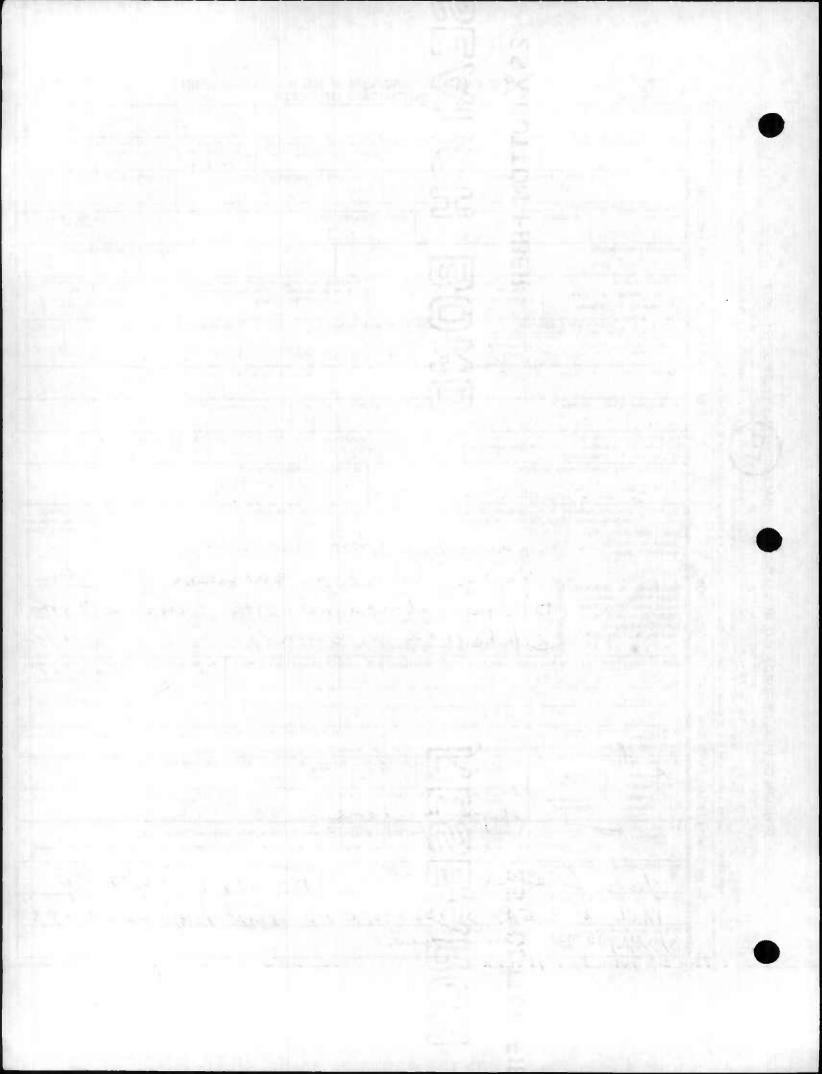


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ANI	he hos	Settle	once.
Z	40	E	16
BALT/MOBE, WARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1 200 may be seen to the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral number of a second the detection to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Ri.	og.	A	be
OB	É	ê)	unst
VΞ	7	J	10
ALT	death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeration be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or hemoval.	examin
00	after	by the	lical (
	HOUR	Pa	med
	124	ly fill,	the state
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	d within	ompletel	event,
89	xecute	and ca	atic
XO	be es	ician i	Traum
.8	tificate	phys ene pi	her
0.	Cer	Hygin	0 10
)S, F	e death	the after Mental	jury, o
)RC	that th	d by 1	my in
00	uires t	signe Health	WE a
R	w req	been X. of	3 sho
AL	he la	has e Dep	m 23
VIT	AN: 1	ificati Stat	r 16
F	YSICI	s cert	d, 0
N	NG PH	her thi	marke
0	ION	R. A	.00
VIS	ATTE	ECTO affe	1 28
0	OR .	DIR	iten
	PITAL	BAL 2	11 11
	HOS	FUNE	IAN
	뿔	THE	POR
	2	23	X

	REGISTRAR  1. DECEDENT'S NAME (First, Middle,	( ast)	С	ERTIF	ICATE (	OF DEAT		REG. NO	). °	) 4	3. TIME OF DEATH	
								IONTH C	YAY	YEAR		
	JAMES A HI 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YE	AR IF UNDER 2	24 HRS. 7. E	3 5		94	8:35 p	
	212-05-4728	1XXM 2 - F	87	YRS.	MONTHS DA		same (	Month, Day, Year)	906	Countr	ryland	
	9e. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TO	WN OR LOCATIO				UNTY OF D		
DIRECTOR	GBMC		CHI		1	owson			В	altim	ore	
EG	RESIDENCE OF DECEDEN 100. STATE 10b. C			10c. CIT	Y, TOWN OR L	DCATION					10d. INSIDE CITY	
DIR	Maryland	Baltimore		1		imonium	m				LIMITS?	
	10e. STREET AND NUMBER					101. ZIP CODE			10g. CI	TIZEN OF V	VHAT COUNTRY?	
ER	132 Springside	Drive				2109	93			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FDRCES?	NT EVER IN U.S. AI 1 YES 2 X WAR DR DATES		If yo	DECENDENT OF s, specify Cuben YES 2 X NO	, Mexican, Pu	RIGIN? (Specify Ye erto Rican, etc.)	s or No—	14. RACE Black Speci	— American Indian, c, White, etc.	
60	15. DECEDENT'S	BEDUCATION	16a, Di	ECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BL	SINESS/IN	DUSTRY		
COMPLETED	(Specify only highest Elementary/Secondary (0-12) 12 yrs.	College (1-4 or 5	114.	n. Do NOT u	or Enc	most of working		B. G.	0 Г			
) MF	17. FATHER'S NAME (First, Middle, La:			Seni	OT. EIIG		EDIO MANE (	D. G.				
	Harry Herr	54)				100,000		Hines	i Sumeme)			
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St		_	Number, City or Tox	vn, State, Z	ip Code)		
5	Mrs. Florence	lizabeth F						Timoni			1093	
24	20e. METHOD OF DISPOSITION  1   Burlet 2   Cremation 3   Removal from State  4   Donation 5   Other (Specify)   Donation 5   Other (Specify)   Other (Specif											
	21. SIGNATURE OF FUNERAL SERVI		(	01011		E AND ADDRESS			TOTING	JIC,	nu.	
	► £. J. La	sach Fu	seral ,	Home				uneral . Kings		a Md	. 21087	
	23. PART I. Enter the diseases	, or complications th	at caused the d	eath. Do	not anter the	mode of dyln	ng, such as	cardlec or rear	iratory a	rreat,	Approximata	
	ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. M. L. alcalement for the condition resulting in death)											
_	DUE TO (OR AS A CONSEQUENCE OF):  Reference of the second											
ē	Sequentially list conditions, If any, leading to immediate											
3	cause, Enter UNDERLYING CAUSE (Disease or Injury	Dein	wh 1	ly	Low 1	wala	iont	ic au	ur	m	23m	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	O OR AS A CONSE	QUENCE O	F):	1111	1				1-1	
5	•	Co jac	2 DH C	- /	284	y orday					12m	
T. 1	PART II. Other significant con-	ditions contributing t	o death but not	reaulting	In the under	lying cause gi	iven in Part	I. 24e. WAS AI	N AUTOPSY	24b	WERE AUTOPSY FINDINGS	
MEDICAL								1 TES			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME									1		1 YES 2 NO	
ž												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	10		OTHER:	6. PLACE OF DE	ATH (Check or	nly one)				
IXSI	1 TYES 2 ND	1 Inpatient 2	ER/Outpatient		4 - Nursing	Home 6 - Res						
표	27. MANNER OF DEATH  Netural 6 Pending	28b. TIM	JURY	WORK?		. DESCRIBE HOW	INJURY O	CCURED				
V 1	2 Accident Investigation 3 Suicide 6 Could not be building at #Spec			ome, ferm,			LOCATION (Street	end Numb	er or Rural I	Route Number,		
B√	4 Homicide determin	ed D	net on 1 he	- 1	rome			City or Town, State	)			
8		The same of the sa						and the second second		Delica III		
8	294. CERTIFIER	PHYSICIAN: To the Best	of my knowledge, d	eath occum	ed at the time,	date and place,	and due to th	e cause(s) and mu	nner as at	sted.		
8	(Check only 11 CENTIFYING	AMINER: On the basis of									e) end manner ea stated.	
COMPLETED	(Check only 11 CENTIFYING	AMINER: On the basis of				on, death occure			nd due to	the ceuse(e	(Month/Dex. Year)	
8	one) 2 MEDICAL EX	AMINER: On the basis of	examination end/or	Investigation	on, in my opini	on, death occure	ed at the time,		nd due to	the ceuse(e		

DHMH-16 Rev 1/89



MAR 0 9

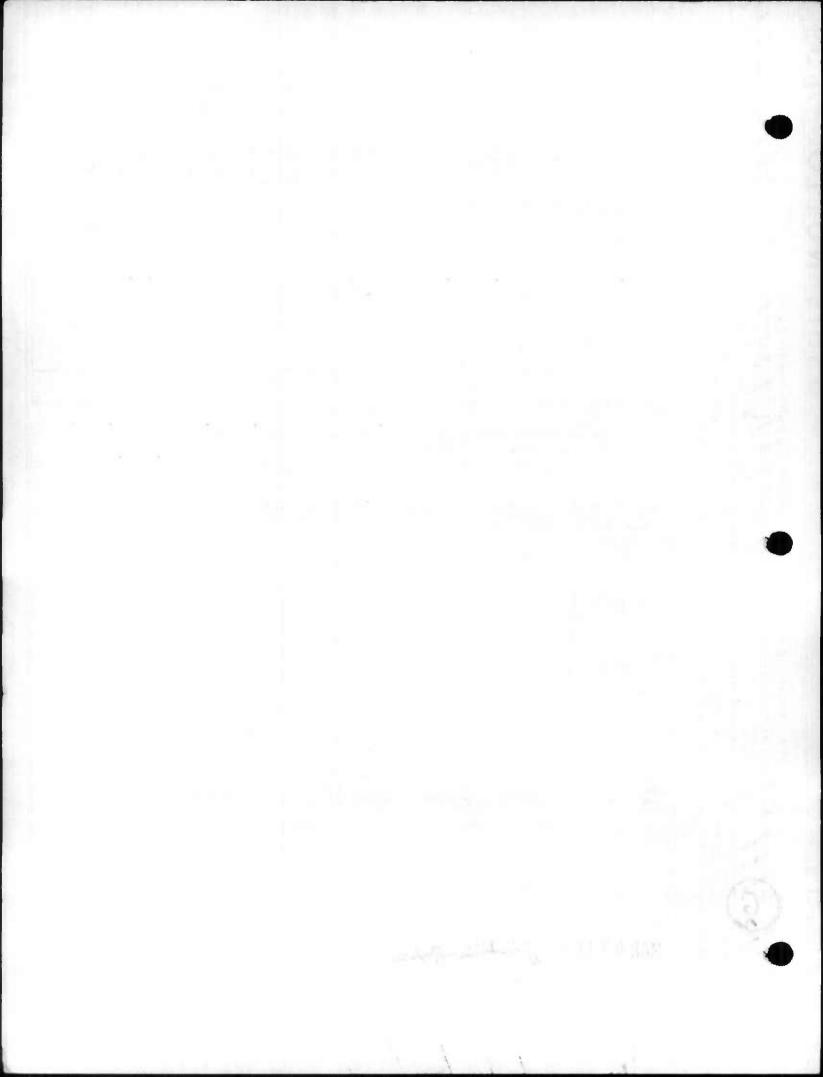
1994

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	) / DEPARTM Certific				YGIENE EG. NO.	94	07075
	1. DECEDENT'S NAME (First, Middle, Lest)  Mary Hedgepott	4				2. DATE DE C	DEATH DAY 28	94	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  240-09-189-7  9a. FACILITY NAME (If not institution, give str	10 M 2 SF 96	YRS. MON	THE DAYS	HOURS MIN.	7. DATE OF 8 (Month, Dep	16-97	6. BIRTHPLI Country)	ACE (State or Foreign
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY	Fold Nulsi	Line CITY II	SAMO DA LOCAT	)	h		100	d. INSIDE CITY
	MD			Bal	timore			1	LIMITS?
FUNERAL	100. STREET AND NUMBER  1400 E. Madiso	on Ave. Apt.	508	101.	2121	.3		S.	T COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 2 Midowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FDRCES? 1 YES 2 IF YES, GIVE WAR DR DATES	ARMED	If yes, spe	ENDENT DF HISPAT Tolly Cuben, Maxica 2 1 ND Specifi	in, Puerto Ricer		Black, W	American Indian, Mite, etc.  Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16a. College (1-4 or 5+)	Give kind of work in. Do NOT use rec Labor	done during mod lired.)	NN st of working	16b. KIN	D OF BUSINESS/IND	USTRY	
BE COI	17. FATHER'S NAME (First, Middle, Last) Charles Batt	Le			18. MOTHER'S NA Celes	ME (First, Middle tial	a, Malden Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print) Pauline Bullo			-		Poute Number, Co			.,MD21213
	264. METHOD OF DISPOSITION P Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	vel from State 206. PLJ Bath	CIMOre	Ceme	tery		Balto.	MD.	, State
	21. BIGHATURE OF FUNERAL SERVICE LIC	L. Redel		22. NAME AN	D ADDRESS OF FA	Jeek!	Leptice	72/N	NROEST
	23r PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that caused the Liet only one cause on sech	line.		de of dying, suc	h ss cardlec	or respiratory arm	eat,	Approximate interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS A COM							
CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	NSEQUENCE OF):						
MEDICAL C	PART II. Other significant condition	contributing to death but n	ot resulting in t	ha underlying	g cause given in		NAS AN AUTOPSY PERFORMED?	AL CX	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
AN:	25, WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	neck only one)			
PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/Outpatier	R 3 DOA 4	THEFT: Nursing Hom	e 5 🗆 Residence	6 Other (Sp			
BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY — A building, etc. (Specify)	INJURY WORK?  1 YES 2 NO  At home, farm, street, factory, office 28				28d. DESCRIBE HOW INJURY OCCURED  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	4 Homicide determined  29a, CERTIFIER (Check only	CIAN: To the best of my knowledge	e, death occurred e	t the time, date	and place, and due			ed.	
COM	anal and	R: On the basis of examination and				time, date and	place, and due to th	e cause(s) a	onth, Day, Year)

0 7940 Ea 32. BEGISTRAR'S SIGNATURE Julia Mavidson-Randolle

Eastein

DHMH-16 Rev 1/89



THE MENTAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hos	If the PARSAL DRECTOR Amer this certifician has been signed by the attending physician and inompletely filled in by the funeral director, page 5 should be detach.	or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other fraumatic event, the medical examiner must be notified at once.
be executed within 24 1	cian and itompletely fille	enthin 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to buriel, cremation, or removal.	raumatic event, the
hat the death conflicate	I by the attending physi-	and Mental Hygiene pr	ny Injury, or other t
N: The law requires the	ficate has been signed	State Dept. of Health	Hern 23 shows at
TENDING PHYSICIAL	TOR. After this certif	after death with the	28 is marked, or
TH HISPITAL OR A	THE BINERAL DIRECT	Swithin 72 hours	PORTANT: If Item

Dennis Chute M.D.

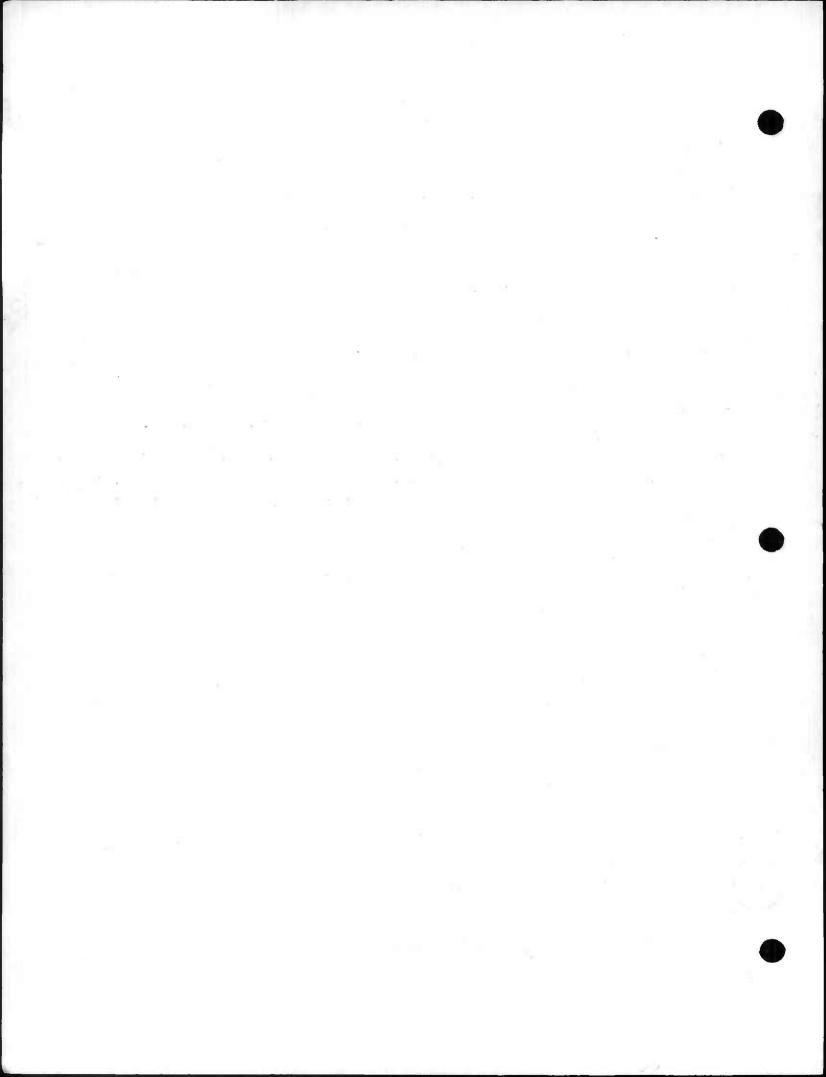
31. DATE FILED (Month, Day, Year)

MAR 0 9 1994

32 PREGISTRAP'S SIGNATURE
Julia Bevilson Pandalle

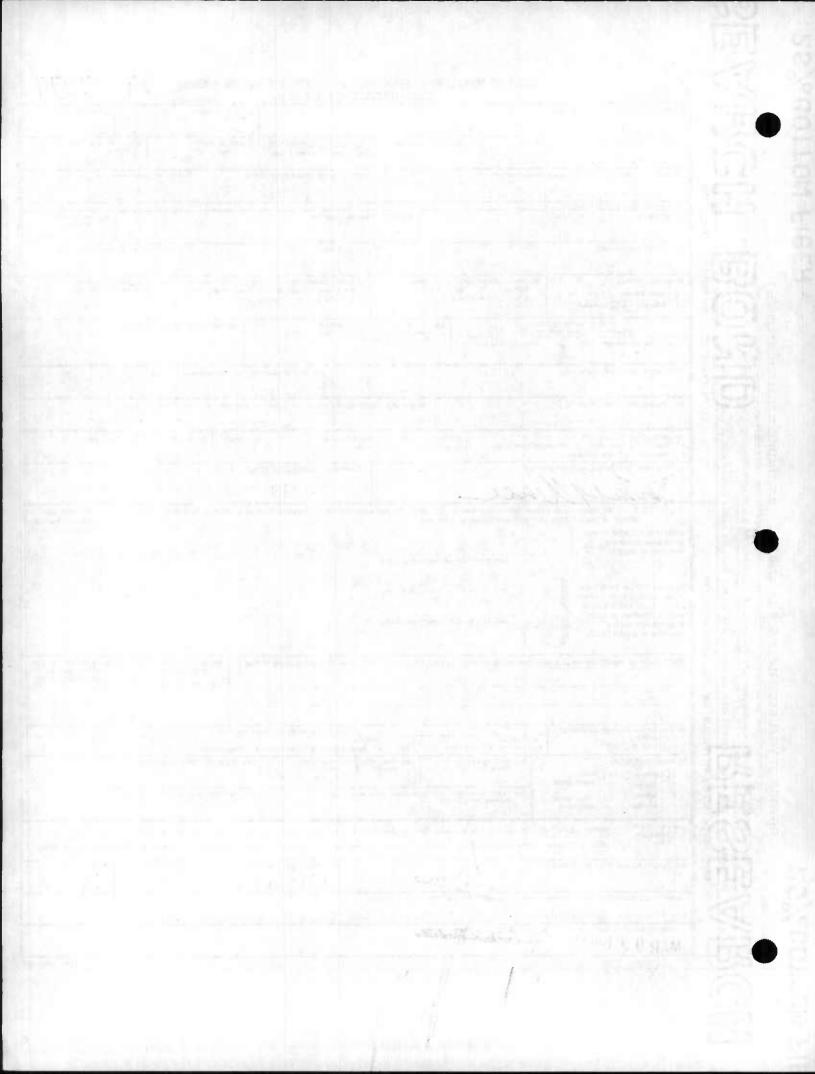
ASP													
	1 - FOR STATE REGISTRAR	STATE OF N					EALTH AI DEATH		NTAL HYGIEN	-	) la	070	76
	1. DECEDENT'S NAME (First, Middle, Last)							2	DATE OF DEATH	viu.	3	. TIME OF DEA	TH
	CLEVELEN H	AYNES	(Clev1	en)				M	ARCH 02	19	gear	5:30	P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)		R 1 YEAR	IF UNDER 24 F		DATE OF BIRTH			ACE (State or F	oreign
	257-22-1984	1 (☑ M 2 ☐ F	67	YRS.	MONTHS	DAYS	HOURS M	an.	(Month, Day, Year) 03-26-2	26	Geor	gia	
	Se. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	Y, TOWN O	R LOCATION	OF DEATI	1	9c. COU	TY OF DEA		
OR	Francis Scott	Key Med	l. Ctr.		Ba	alti	more						
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			-									
2				10c, CI1		OR LOCAT						Od. INSIDE CIT	
	MD.			<u></u>	Ba		more			_		YES 2	NO
FUNERAL							ZIP CODE	_		1		AT COUNTRY?	
빌	4934 Frankford						21206				J.S.		
5	1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 1	NO NO	13.	If yee, spe	cify Cuben, N	dexican, P	ORIGIN? (Specify Ye ruerto Ricen, etc.)	s or No—	14. RACE - Black, V	<ul> <li>American Ind White, etc.</li> </ul>	len,
B	3 Widowed 4 Divorced	IF YES, GIVE W	MYOR DATES A	rmy		1 TYES	2 1 NO 3	Specify:			Specify:	Black	. =
Ω	15. DECEDENT'S EDUC	CATION	18e, DE	CEDENT'S	USUAL	OCCUPATIO	DN .		16b. KIND OF BU	SINESS/IND	HISTOV	DIGCI	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 a	(G	ive kind of Do NOT u	work done	during mos	st of working		TOD. KIND OF BO	SINE SS/IND	OSTAT		
P	11th	College (1-4 or 5 4		ırsi	ng A	Atte	ndant	_					
∑ O	17. FATHER'S NAME (First, Middle, Lest)	VIII	21.0			1000			(First, Middle, Maider	Sumame)			
	Charlie Haynes								11 But				
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street e			te Number, City or Tox		Code		
2	Thelma Haynes	•							Balto			06	
	20g. METHOD OF DISPOSITION 1 N Burlel 2 Cremetton 3 Remo		20b. PLACE					100.	DATE 20c. LC				
	1 N Buriel 2 ☐ Cremation 3 ☐ Remo	oval from State	cemetery, cre	matory or o	ther place	res	t Vet	- 6	em. Owi	naen	111c	MD	
	21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE	Journ	100			ID ADDRESS (		TY				
	Do Touth o	16.4-	CFSP	#28	1 .							lonroe	
	- Nouna J	Accio			1	E.L.	Phill	lips	F/HBa	Lto.,	MD.	21217	
	23. PART i. Enter the diseases, or c shock, or heart failure.	complications the List only one cau	t caused the de se on each line	sth. Do	not enta	r the mo	de of dying,	, such s	s cerdiac or resp	iratory srr	est,	Approxin	
	IMMEDIATE CAUSE (Finsi disesse or condition											Onset an	
	resulting in death)		ONARY			SM CC	OMPLI	CAT	ING				
			(OR AS A CONSE		•								
No	Sequentially list conditions,		CEREB			IMO R	RHAGE						
AT	If sny, landing to Immedista cause. Entar UNDERLYING	DOE 10	(OR AS A CONSE	OUENCE O	F):								
ERTIFICATION	CAUSE (Disease or Injury	DUE TO	OR AS A CONSE	OLIENCE O	E.								
Ē	that initistad events resulting in death) LAST	502 10	(OII AS A CONSE	DOENCE O	· ).							i	
E		1										+	
	PART II. Other aignificant conditions	s contributing to	daath but not i	rasuiting	in the u	ndariying	cause giva	an In Pa	t i. 24e. WAS AP		24b. W	ERE AUTOPSY F	INDINGS
MEDICAL	DIABETES									2 NO	C	OMPLETION OF F DEATH?	CAUSE
H H	HYPERTENSIO	N										XYES 2	NO
							_				1 '		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					_	ACE OF DEAT	H (Check	only one)				
SIG	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 □ Nu		s 5 🗆 Reside	ence 8	Other (Specify)				
Ŧ	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b, TIN		28c. INJI			id. DESCRIBE HOW	INJURY OCC	URED		
BY F	1 Natural 5 Pending 2 Accident Investigation	(Morali, Da	ay, rowry		M		ES 2 N	10					
	3 Suicide 8 Could not ba	28e. PLACE O	F INJURY — At ho	me, farm,	atreet, fac	ctory, affice		28	f. LOCATION (Street		or Rural Rou	te Number,	
TED	4 Homicide determined	bulliany,	atc. (Specify)						City or Town, State	)			
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge de	ath occur	ed at the	time, date	and place, ex-	d due to	the causalst and	nner es etst	ed		
W.	(Check only one) 2 MEDICAL EXAMINE											nd menner ee	stated
	29b. SIGNATURE AND AFTLE OF CERTIFIER				-	1							
98	N	1-10	t				29c. LICENSI		н	I .		fonth, Day, Year)	
9	James	J. Ch	m/e mi	<u> </u>			0.C.	M.E		MAI	RCH 03	3,1994	

Penn Street, Baltimore, Maryland 21201



0	
_	
CA	
0	
=	
÷	
	1
L()	н
$\overline{}$	
N	
0.4	
T.	
C	
_	
$\mathbf{o}$	ď
=	п
Z	-
1	П
ч.	1
_	3
-	
_	
~	*
_	
Q.	1
-	
2	1
	4
w	
00	1
-	
$\circ$	
$\simeq$	
5	П
=	1
_	
┌.	-
_	
-	1
<b>JALTIMORE, MARYLAND 21215-0020</b>	4-1

ľ	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL	HYGIENE REG. NO.	94	0707	
	1. DECEDENT'S NAME (First, Middle, Last)					MONTH	OF DEATH DAY	YEA	3. TIME OF DEATH	
	EVERETT LAW!		HORNE			3	7	94	12:50 A	
	216-10-5140	5. SEX 6. AGE	(In yrs. leat birthday)	MONTHS DAYS	HOURS MIN.	(Month,	OF BIRTH , Day, Year)	Co	RTHPLACE (State or Fore untry)	
	9e. FACILITY NAME (If not institution, give:	**	82 YRS.	9b. CITY. TOWN	OR LOCATION OF D		7-1911	COUNTY O	/irginia	
	VA MEDICAL CENTER		D		HOWARD,				IMORE	
	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	7	10c C(T)	, TOWN OR LOCA					10d. INSIDE CITY	
DILLE OF	Maryland na			ltimor					LIMITS?	
AL	10e. STREET AND NUMBER		j ba		of, ZIP CODE		10g	. CITIZEN O	F WHAT COUNTRY?	
	5220 York Roa	d #7R			21212			USA		
	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES			CENDENT OF HISPA pecify Cuban, Mexico				ACE — American Indian lack, White, atc.	
	3 Widowed 4 Divorced	1F YES, GIVE WAR OR D	WWII		S 2 NO Specif			S	Black	
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATI		16b.	KIND OF BUSINES	S/INDUSTR		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)		N	aval Ac	caden	nv	
	10		Elec	ctricia					2	
	17. FATHER'S NAME (First, Middle, Last)						liddle, Malden Sume	me)		
20	Eppa Hawthorn  190. INFORMANT'S NAME (Type/Print)	ie	19b. MAILING	ADDRESS (Street	end Number or Rural		odson	to Zin Corlei		
2	Lucia Hawthorn	ne	1		ello Te					
	20a. METHOD OF DISPOSITION  1 □ Burial 2 □ Cremation 3 □ Ren	200	PLACE AND DATE O	F DISPOSITION (N		DATE	_			
	4 Deponation 5 Other (Specify)	4	netery, crematory or ot							
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Ronald	Wade, Di		AND ADDRESS OF FA	CILITY S	State A	nato	my board	
/	Janded 1/1	Iade_		655	W.Balti	more	St, Bal	to, M	D21201	
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  CHRONIC RENAL FAILURE  DUE TO (OR AS A CONSEQUENCE OF):									
EHTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):  d									
ALC	PART II. Other algnificant condition	na contributing to death b	out not reaulting i	n the underlylr	ng ceuse given in	Part I.	24a. WAS AN AUTO		24b. WERE AUTOPSY FIND	
בחוכי							PERFORMED		AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	
Σ						_			1 _ YES 2 _ NO	
AN	25. WAS CASE REFERRED TO MEDICAL									
SICI	EXAMINER?  1 YES 2 XNO	HOSPITAL:		OTHER:	PLACE OF DEATH (C)					
	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIMI	E OF 28c. IN	me 5 - Residence	Y	CRIBE HOW INJUR	Y OCCURED		
10	1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		YES 2 NO					
	a Davids	tent investigation  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						umber or Rui	rel Route Number,	
	29a. CERTIFIER				element sens					
COMPL	(Check only 1 CERTIFYING PHYS	SICIAN: To the best of my know ER: On the basis of examination							se(s) and manner so sta	
2					29c. LICENSE NU					
	296. SIGNATURE AND TITLE OF CERTIFIE	R								
7	296. SIGNATURE AND TITLE OF CERTIFIE		SMS		\		•	21-	MED (Month, Day, Year)	
מב	30. NAME AND ADORESS OF PERSON WI	NO COMPLETED ANSE OF DE	EATN (ITEM 27) (Type,		1) 305	28	•	3/-	194.	
IO BE C	30. NAME AND ADDRESS OF PERSON WI DR. BALA DUGGIRAI	NO COMPLETED ANSE OF DE	EATN (ITEM 27) (Type,		1) 305	28	•	3/-	194.	
	30. NAME AND ADORESS OF PERSON WI	NO COMPLETED ANSE OF DE	OO NORTH		1) 305	28	•	3/-	194.	



		3
		3
		S.
		63
		N
		-
		ges
		80
		permit.
0	s after death. Page 6 may be retained by the hospital or attending physician,	) by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
2	=	2
BALTIMORE, MARYLAND 21215-0020	ng p	the
S	8	52
21	atte	Se
2	9	6
0	豆	20
=	Sp	E S
~	×	Sac
4	8	9
$\forall$	3	2
œ	2	후
4	=	0
3	5	60
		40
Щ	ay b	pag
Œ	E	×
0	9	ğ
2	8	fire
E	80	100
-	€	er
7	63	Ę.
8	0	9
100	4	A D
	50	0

A he he he he he he he he he he he he he	1 6 6 5	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within from siter death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		≥	4	D	70
Y L	× 5 5 6	A	ie	NO.	fle
ARYL ined by t louid be fled at	ARY ined by louid b	S	eta	10	=
MARYL etained by t should be ottffed at	MARY retained by should b	i î	9	30e	De n
E, MARYL be retained by t age 5 should be ne notified at	E, MARY be retained by age 5 should b	æ	may	2	10
RE, MARYL may be retained by t c. page 5 should be st be notified at	RE, MARY may be retained by c. page 5 should b	0	9	900	Ē
ORE, MARYL  5 may be retained by t  ector, page 5 should be  must be notified at	ORE, MARY 6 may be retained by ector, page 5 should b must be notified a	≥	Pag	di	Tel
IMORE, MARYL Page 6 may be retained by t director, page 5 should be for must be notified at	IMORE, MARY Page 6 may be retained by director, page 5 should b	-	£.	era	Ē
TIMORE, MARYL th. Page 6 may be retained by the seral director, page 5 should be miner must be notified at	TIMORE, MARY th. Page 6 may be retained by eral director, page 5 should b miner must be notified a	F	dea	\$	6X2
ALTIMORE, MARYL death. Page 5 may be retained by the functal director, page 5 should be to a samiliner must be notified at examiner must be notified at	ALTIMORE, MARY death. Page 6 may be retained by theral director, page 5 should by examiner must be notified a	00	after	y the	cal
BALTIMORE, MARYL  filter death. Page 5 may be retained by to the funeral director, page 5 should be roval.  cal examiner must be notified at	BALTIMORE, MARY ifter death. Page 5 may be retained by the funeral director, page 5 should bowal. cal examiner must be notified a		SIL	Ten De	edi
BALTIMORE, MARYL  ux after death. Page 6 may be retained by the in by the funeral director, page 5 should be removal.  edical examiner must be notified at	BALTIMORE, MARY us after death. Page 6 may be retained by in by the funeral director, page 5 should b removal. edical examiner must be notified a		9	bed .	E
BALTIMORE, MARYL  Thours after death. Page 6 may be retained by the  thed in by the funeral director, page 5 should be  the or removal.  medical examiner must be notified at	BALTIMORE, MARY frours after death. Page 6 may be retained by led in by the funeral director, page 5 should by, or removal.  medical examiner must be notified a			ation	ŧ
BALTIMORE, MARYL  Frouns after death. Page 6 may be retained by the funeral director, page 5 should be atlon, or removal.  The medical examiner must be notified at	BALTIMORE, MARY Monors after death. Page 6 may be retained by ity filled in by the funeral director, page 5 should be ation, or removal.  the medical examiner must be notified a	o	with	plete	ent
Within Thours after death. Page 6 may be retained by to pretein filled in by the funeral director, page 5 should be remation, or removal.  ent, the medical examiner must be notified at	within mours after death. Page 6 may be retained by pletely filled in by the funeral director, page 5 should be remation, or removal.  ent, the medical examiner must be notified a	9/	pel	com	8
3760, BALTIMORE, MARYL led within mounts after death. Page 6 may be retained by to completely filled in by the funeral director, page 5 should be al. cremation, or removal. event, the medical examiner must be notified at	1760, BALTIMORE, MARY led within mours after death. Page 6 may be retained by completely filled in by the funeral director, page 5 should be al. cremation, or removal.  event, the medical examiner must be notified a	89	GCC.	Pa	affic
68760,  BALTIMORE, MARYL acuted within thours after death. Page 6 may be retained by to nd completely filled in by the funeral director, page 5 should be burial, cremation, or removal.  attic event, the medical examiner must be notified at	68760,  BALTIMORE, MARY scuted within mours after death. Page 6 may be retained by and completely filled in by the funeral director, page 5 should burial, cremation, or removal.  attic event, the medical examiner must be notified a	×	8	an a	5
X 68760, BALTIMORE, MARYL e executed within foours after death. Page 6 may be retained by to an and completely filled in by the funeral director, page 5 should be to burial, cremation, or removal. umatic event, the medical examiner must be notified at	X 68760,  BALTIMORE, MARY e executed within mounts after death. Page 5 may be retained by an and completely filled in by the funeral director, page 5 should by to burial, cremation, or removal.  umatic event, the medical examiner must be notified a	õ	9	Sici	E
BALTIMORE, MARYL  It be executed within frours after death. Page 6 may be retained by the executed within filled in by the funeral director, page 5 should be prior to burial, cremation, or removal.  Traumatic event, the medical examiner must be notified at	BALTIMORE, MARY to be executed within mours after death. Page 6 may be retained by sician and completely filled in by the funeral director, page 5 should by prior to burial, cremation, or removal. traumatic event, the medical examiner must be notified a		ifica	2 8	her
BALTIMORE, MARYL  Isolate be executed within chours after death. Page 6 may be retained by to physician and completely filled in by the funeral director, page 5 should be no prior to burial, cremation, or removal.  her traumatic event, the medical examiner must be notified at	BALTIMORE, MARY ifficate be executed within mours after death. Page 6 may be retained by physician and completely filled in by the funeral director, page 5 should be no prior to burial, cremation, or removal. her traumatic event, the medical examiner must be notified a	0	Cert	ding	101
BALTIMORE, MARYL certificate be executed within mours after death. Page 6 may be retained by to ding physician and completely filled in by the funeral director, page 5 should be tygiene prior to burial, cremation, or removal.	DO. BOX 68760,  Certificate be executed within mours after death. Page 6 may be retained by ding physician and completely filled in by the funeral director, page 5 should by tighene prior to burial, cremation, or removal.	Q.	ath	tal h	, 0
BALTIMORE, MARYL sate to Secure with the certificate be executed within mours after death. Page 6 may be retained by to thending physician and completely filled in by the funeral director, page 5 should be tall hygiene prior to burial, cremation, or removal.	BALTIMORE, MARY and certificate be executed within thours after death. Page 6 may be retained by thending physician and completely filled in by the funeral director, page 5 should b tal Hygiene prior to burial, cremation, or removal.  or other traumatic event, the medical examiner must be notified a	S	e de	Men	E
95, P.O. BOX 68760, BALTIMORE, MARYL e death certificate be executed within mours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be Mental Hygiene prior to burial, cremation, or removal. Jury, or other traumatic event, the medical examiner must be notified at	95, P.O. BOX 68760, BALTIMORE, MARY e death certificate be executed within chours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be Mental Hygiene prior to burial, cremation, or removal. Iury, or other traumatic event, the medical examiner must be notified a	분	H T	A P	¥ -
RDS, P.O. BOX 68760,  BALTIMORE, MARYL at the death certificate be executed within mours after death. Page 6 may be retained by the presence of the properties of the properti	RDS, P.O. BOX 68760,  BALTIMORE, MARY at the death certificate be executed within thours after death. Page 6 may be retained by by the attending physician and completely filled in by the funeral director, page 5 should be and Mental Hygiene prior to burial, cremation, or removal.  Injury, or other traumatic event, the medical examiner must be notified a	0	s th	Page 1	and and
ORDS, P.O. BOX 68760,  BALTIMORE, MARYL s that the death certificate be executed within mours after death. Page 6 may be retained by to ned by the attending physician and completely filled in by the funeral director, page 5 should be tith and Mental Hygiene prior to burial, cremation, or removal.  any Injury, or other traumatic event, the medical examiner must be notified at	ORDS, P.O. BOX 68760,  Balt the death certificate be executed within hours after death. Page 6 may be retained by net by the attending physician and completely filled in by the funeral director, page 5 should bith and Mental Hygiene prior to burial, cremation, or removal.  any Injury, or other traumatic event, the medical examiner must be notified a		nie	Sig	N.
ECORDS, P.O. BOX 68760,  BALTIMORE, MARYL uirs that the death certificate be executed within monus after death. Page 6 may be retained by to signed by the attending physician and completely filled in by the funeral director, page 5 should be Heath and Mental Hygiene prior to burial, cremation, or removal.  was any Injury, or other traumatic event, the medical examiner must be notified at	ECORDS, P.O. BOX 68760,  BALTIMORE, MARY uires that the death certificate be executed within the four siter death. Page 6 may be retained by signed by the attending physician and completely filled in by the funeral director, page 5 should b Heatth and Mental Hygiene prior to burial, cremation, or removal.  was any Injury, or other traumatic event, the medical examiner must be notified a	æ	req	of of	Sho
RECORDS, P.O. BOX 68760,  BALTIMORE, MARYL requires that the death certificate be executed within monus after death. Page 6 may be retained by to seen signed by the attending physician and completely filled in by the funeral director, page 5 should be . of Health and Mental Hygiene prior to burial, cremation, or removal. shows any Injury, or other traumatic event, the medical examiner must be notified at	RECORDS, P.O. BOX 68760,  BALTIMORE, MARY requires that the death certificate be executed within thours after death. Page 6 may be retained by seen signed by the attending physician and completely filled in by the funeral director, page 5 should be. or Health and Mental Hydiene prior to burial, cremation, or removal.  shows any injury, or other traumatic event, the medical examiner must be notified a	7	- BM	Dep	23
AL RECORDS, P.O. BOX 68760,  BALTIMORE, MARYL  I law requires that the death certificate be executed within monus after death. Page 6 may be retained by to  as been signed by the attending physician and completely filled in by the funeral director, page 5 should be  Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  23 shows any Injury, or other traumatic event, the medical examiner must be notified at	AL RECORDS, P.O. BOX 68760,  BALTIMORE, MARY the requires that the death certificate be executed within thours after death. Page 6 may be retained by tas been signed by the attending physician and completely filled in by the funeral director, page 5 should bept. of Health and Mental Hydiene prior to burial, cremation, or removal.  23 shows any injury, or other traumatic event, the medical examiner must be notified a		Ę.	tate	tem
ITAL RECORDS, P.O. BOX 68760,  The law requires that the death certificate be executed within moneys after death. Page 6 may be retained by to take has been signed by the attending physician and completely filled in by the funeral director, page 5 should be take Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARY  The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be take Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	>	SIAN	he S	-
VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARYL  JAN: The law requires that the death certificate be executed within months after death. Page 6 may be retained by to rifficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  or from 23 shows any Injury, or other traumatic event, the medical examiner must be notified at	VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARY  CAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by crifficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a	7	INSI	is ce	ed,
DE VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARYL NSICIAN: The law requires that the death certificate be executed within announce after death. Page 6 may be retained by to scertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.  ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	DE VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARY INSICIAN: The law requires that the death certificate be executed within thours after death. Page 6 may be retained by its certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should bit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  44. or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a	7	4	1000	ark
NOF VITAL RECORDS, P.O. BOX 68760,  SPHYSICIAN: The law requires that the death certificate be executed within thousand defect. Page 6 may be retained by the rith certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  arked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at	NOF VITAL RECORDS, P.O. BOX 68760,  S PHYSICIAN: The law requires that the death certificate be executed within the order. Age 6 may be retained by refuse that the death and the state been signed by the attending physician and completely filled in by the funeral director, page 5 should by the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a	ō	DINC	Afte	E
ON OF VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARYL  DING PHYSICIAN: The law requires that the death certificate be executed within thous after death. Page 6 may be retained by to  After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  Is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at	ON OF VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARY DING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should b death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. It marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a	S	TEN	ter OR	80
SION OF VITAL RECORDS, P.O. BOX 68760,  TENDING PHYSICIAN: The law requires that the death certificate be executed within thours after death. Page 6 may be retained by the After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be find death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  It marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at	SION OF VITAL RECORDS, P.O. BOX 68760,  TENDING PHYSICIAN: The law requires that the death certificate be executed within.  TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  It marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a	>	AT	REC'I	m 2
VISION OF VITAL RECORDS, P.O. BOX 68760,  ATENDING PHYSICIAN: The law requires that the death certificate be executed within thours after death. Page 6 may be retained by the records and completely filled in by the funeral director, page 5 should be ins after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  The marked, or them 23 shows any Injury, or other traumattic event, the medical examiner must be notified at	VISION OF VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARY 1 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should bis rater death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  The state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  The state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	5	0	PO PO	=
DIVISION OF VITAL RECORDS, P.O. BOX 68760,  DRATENDING PHYSICIAN: The law requires that the death certificate be executed within thours after death. Page 6 may be retained by to DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  Ifem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at	DIVISION OF VITAL RECORDS, P.O. BOX 68760,  DRATENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a		B	A S	=
UNVISION OF VITAL RECORDS, P.O. BOX 68760,  RALTIMORE, MARYL TRAL DR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by to RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be 172 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  If them 28 is marked, or frem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at	TIVISION OF VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARY TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  18 Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a		8	THIS THIS	Z
DIVISION OF VITAL RECORDS, P.O. BOX 68760,  SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within about after death. Page 6 may be retained by the NREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  INT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at	DIVISION OF VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARY DSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours after death. Page 6 may be retained by INSPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should thin 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.  INT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a		H	E X	E
ENCISION OF VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARYL HOSPITAL DR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within announce after death. Page 6 may be retained by the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.  TANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at	DIVISION OF VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARY HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours after death. Page 6 may be retained by E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  TANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a		王	王言	5
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thous after death. Page 6 may be retained by to THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  PORTANT: If I tem 28 is marked, or I tem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours after death. Page 6 may be retained by THE HUREPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a		2	23	Ξ
DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thous after death. Page 6 may be retained by to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at	DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a				

31. DATE FILED Month, Day, Year)

30. WAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

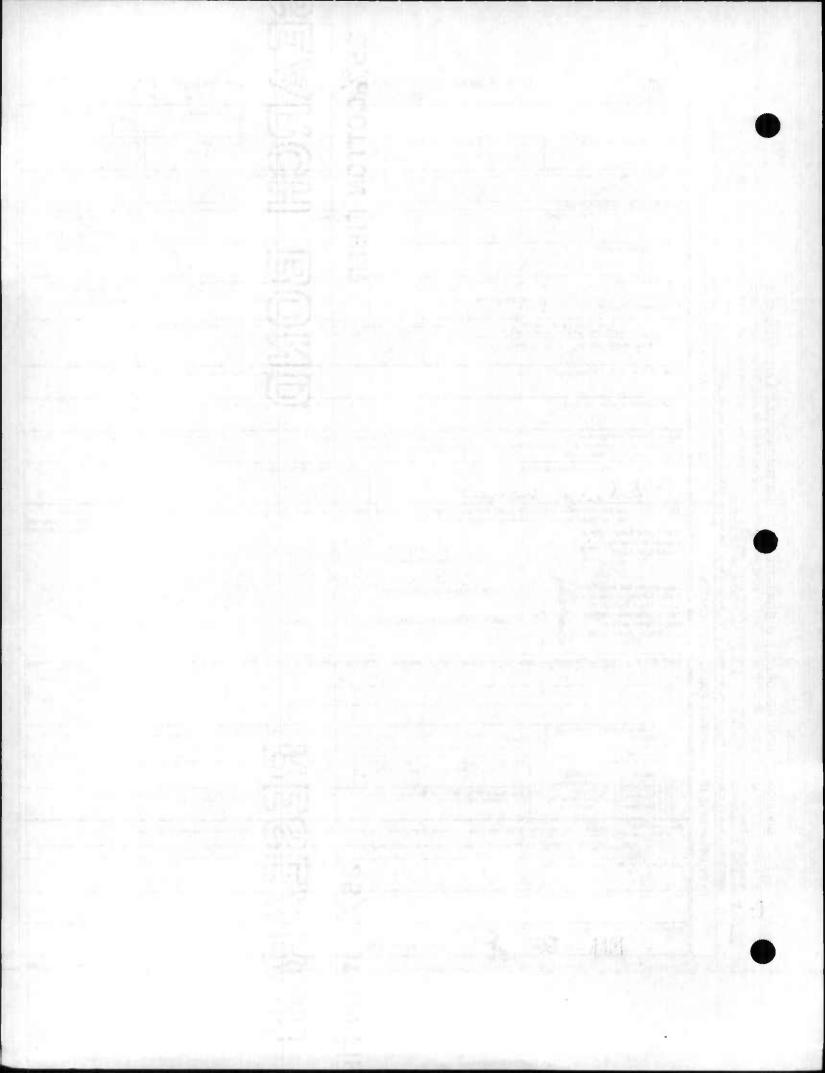
MITHALIMEN R. SUEBA 27/7

31. DATE FILED Month, Day, Year)

32. REGISERATE

	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTME ERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	94 07078			
	1. DECEDENT'S NAME (First, Middle, Last)  Nathaniel	Harringt	on		2. DATE OF DEATH DAY	94 3. TIME OF DEATH			
TOR	080-24-4747	5. SEX 6. AGE (in yrs. ia 1 M 2 F 72	YRS. IF UN	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day Mar)	8. BIRTHPLACE (State or Foreign			
	9a. FACILITY NAME (If not inatitution, give stre 1005 Wicklow Roa RESIDENCE OF DECEMENT			altimore	EATH 8	BC. COUNTY OF DEATH			
DIRECTOR	10e. STATE 10b. COUNTY		Balti	N OR LOCATION MOYE		10d. INSIDE CITY LIMITS?  1 Yes 2 No			
FUNERAL	100. STREET AND NUMBER 1005 Wicklow Ro	ad		10f. ZIP CODE 21229		IOG. CITIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 X YES 2 I IF YES, GIVE WAR OR DATES	RMED NO	IS. WAS DECENDENT OF HISPA It yes, specify Cuban, Mexic  1 YES 2 NO Speci	an, Puerto Rican, etc.)	No— 14. RACE — American Indian, Black, White, atc.			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 9th	College (1-4 or 5 +)		OCCUPATION ne during most of working d.) On Worker	16b, KIND OF BUSIN	ESS/INDUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last)		.501 0001		AME (First, Middle, Meiden Sur le Harri				
TO B	19a. INFORMANT'S NAME (Type/Print) Doris Harringto			ess (Street and Number or Rural Cklow Road Ba					
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Specify) DATE 20c. LOCATION — City or Town, State Openitory, crematory or other place) Garrison Forest VA Cemeter y31194 Owings Mills, MD								
	21. SIGNATURE OF FUNERAL SERVICE LICE	Waren		22. NAME AND ADDRESS OF F	CILITY	Home, West imore, MD 21215			
	23. PART I. Enter the disease, or co shock, or heart feliure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	mplications that caused the dest only one cause on each line	eath. Do not en	Failure	ch as cardiac or respirat	Approximate interval Batween Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSE	OUENCE OF):	ARCINOMA	OF REC	TVM.			
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to death but not	reaulting in the	underlying couse given in	Part I. 24e. WAS AN AU PERFORME 1 YES 2	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER:								
	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	6 Other (Specify)  26d. DESCRIBE HOW INJU	Wher (Specify) DESCRIBE HOW INJURY OCCURED				
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street,	1 VES 2 NO	28t. LOCATION (Street and City or Town, State)	Number or Rural Route Number,			
COMPLETED	and .	AN: To the best of my knowledge, do On the bests of axamination and/or				r as stated.			
BE C	296. SIGN PORE AND THE OF CERTIFIER	X AN I	1110	29c. LICENSE NU		9d. DATE SIGNED (Month, Day, Year)			

DHMH-18 Rev 1/89

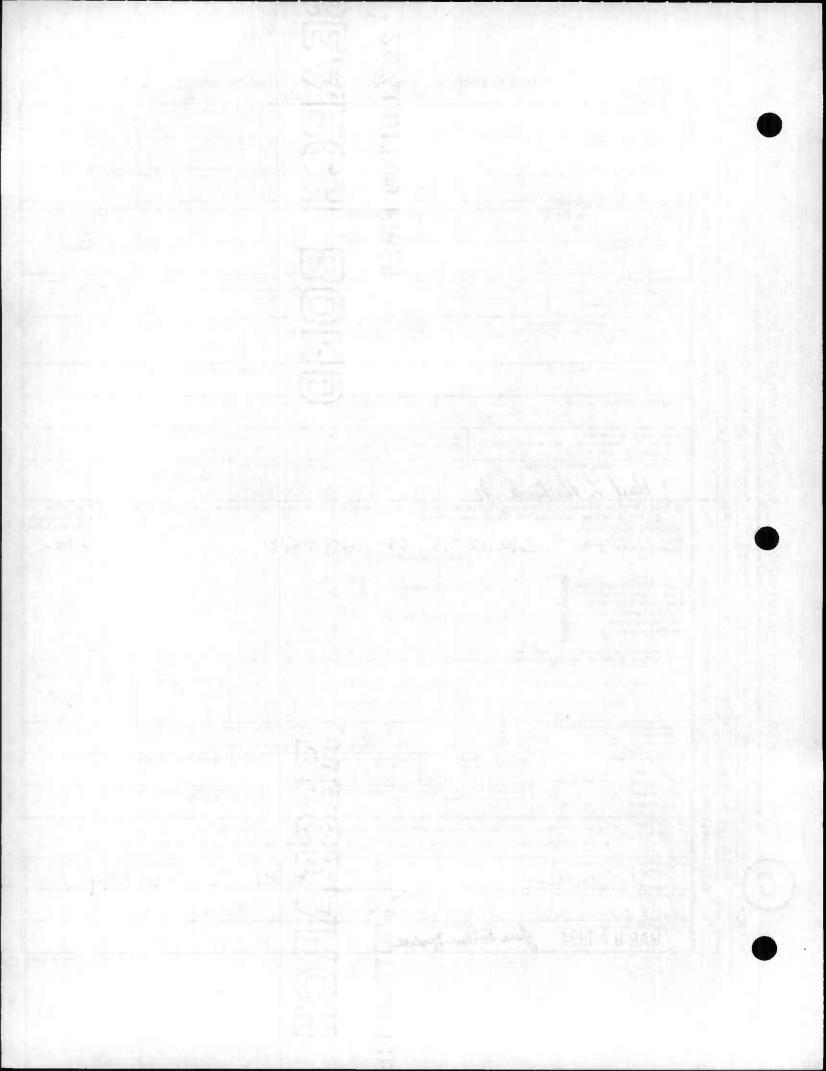


0	-
9	
1	
00	
10	
4	
*	
0	
0	ď
m	
_	١,
-	18
0	
-	
S	
0	
_	
Œ	
9	
$\circ$	
111	ď
-	
Y	
=	
Q	
-	- 1
_	
>	
	١,
Щ,	a,
0	
9	۱
DIVISION OF VITAL RECORDS, P.O. BOX 68760	
-	ď
0	ı
=	
S	
>	
-	
0	ľ

	png	
	S	
	2	
	S,	
	200	
	#	
	Dem	
	usit	
cian	Tal	
ig.	uria	
9	he b	
endii	SS	
aff	nse	
o R	50	
Spit	ped	
9	etac	900
y th	90	2
8	8	-
gai	SPO	1916
90	e 5	
Jay.	B	4
9	ctor	2010
-30e	dire	-
5	hera	1
dea	2	-
апе	y the	100
SID	in b	Bear
9	Illed n, o	-
	ely f	4
W	plet	900
9	comial,	-
Xecu	五五	Special
8	an or to	-
ate	pric	4
E P	ie p	4ha
9	들	
deat	affe la	2
e e	Me de	Inlin
mat	d by	200
res	igne	1
nbe.	of H	han
MP	s be	20
he	e Pa	-
3	Stal	T.B.
Sick	certi	
3	this	Land.
9	ter t	-
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	them 90 to marked as them 93 about any faithful or abbut descended according to marked by angled at any
TE	afte	00
JR /	JIRE DUIS	-
7	7	2

FOR STATE REGISTRAR	STATE OF MARYL		ATE OF D			REG. NO			
1. DECEDENT'S NAME (First, Middle, Less Hugh Patrick		errv			2. DATE MONTH Mar	-		YEAR	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 074-12-0757	5. SEX 6. AGE (	(In yrs. leat birthday) #	ONTHS DAYS HO	UNDER 24 HRS.	7. DATE O	OF BIRTH , Day, Year)	1917	Br.	ooklyn,N.
90. FACILITY NAME (If not institution, given 911 West Lake At RESIDENCE OF DECEDENT	ze.	91	Baltimo				9c. COUNTY	Y OF DE	ATH
Maryland 10b. coul	нтү		timore Ci	ty				- 1	IOd. INSIDE CITY LIMITS? I X YES 2 NO
911 W. Lake A	lve.	- 10	10f, ZIP	21210			U.S		IAT COUNTRY?
11. MARITAL STATUS  1 X Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO		ENT OF HISPAN Cuban, Mexica (NO Spec/l)	in, Puerto R		e or No- 14	Black, Specify	American Indian, White, etc.
15. OECEOENT'S E (Specify only highest gra Elementary/Secondary (0-12)	ade completed)  College (1-4 or 6+)	ilfe. Do NOT use re	k done during most of etired.)		16b.		SINESS/INDUS	STRY	
	5+ yr's	Cathol	ic Priest			Chur			
17. FATHER'S NAME (First, Middle, Last) William	J. Henne	berry	18.	Ann	ME (First, N	fiddle, Meiden	Sumame) MCGU1	rrin	
190. INFORMANT'S NAME (Type/Print) St. Joseph Society (	of the Sacred Hea		N. Calve			timor		212	202
1 M Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State cem		thedral	3/12	2/94		ication — ch 1 timor		
· Paul L Ha	retsock its	artsock,Jr.	Leonard	d J. Ru	5 uck,	Inc.			. 21214
23. PART I. Enter the diseases, of	or complications that caused re. List only one cause on a	d the death. Do not sach line.	Leonard enter the mode	d J. Ru	5 uck,	Inc.			Approximate interval Batwe
23. PART i. Enter the diseases, cahook, or heart failur immediate CAUSE (Final disease or condition	a. CAPCINON  OUE TO (OR AS A	d the death. Do not sech line.	Leonard enter the mode	d J. Ru	5 uck,	Inc.			Approximate interval Betwee Onset and De
23. PART i. Enter the diseases, cahock, or heart failur immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. CARCINON  OUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	d the death. Do not sech line.  A OF A CONSEQUENCE OF):  A CONSEQUENCE OF):	Leonard enter the mode of ESOPH	AGUS	5 uck, sh aa card	Inc.	AUTOPSY	246.	Approximate interval Batwe Onset and Det 9 Mo.
23. PART i. Enter the diseases, of shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions.	a. CARCINON  OUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.  ions contributing to death b	d the death. Do not sech line.  A OF A CONSEQUENCE OF):  A CONSEQUENCE OF):	Leonard enter the mode of ESOPH	A J. Ri A J. Ri A J. Ri A J. Ri	Part i.	Inc. lac or respiratory and the second secon	AUTOPSY	246.	Approximate interval Batwee Onset and Des 9 MO.  MERE AUTOPSY FINDING MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART i. Enter the diseases, of shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions in death in the significant conditions in death in the significant conditions	a. CAPCINON  OUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.  HOSPITAL:	d the death. Do not sech line.  A OF A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	Leonard enter the mode of ESOPH the underlying ca	AGUS	Part i.	Inc.  Nac or respirate to the control of the contro	AUTOPSY	246.	Approximate interval Batwee Onset and Des 9 MO.  MERE AUTOPSY FINDING MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART i. Enter the diseases, of shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions in death last initiated events resulting in death) LAST	a. CAPCINON OUE TO (OR AS A DUE TO (OR AS A d. lons contributing to death b	d the death. Do not sech line.  A OF A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	Leonard enter the mode of ESOPH  the underlying ca  26. PLACE OTHER: Nursing Home 5 OF 28c. INJURY WORK?	AGUS  OF DEATH (Ch. Residence AT	Part i.	Inc.  lec or respirate to the control of the contro	AUTOPSY	24b.	Approximate interval Batwee Onset and Des 9 MO.  MERE AUTOPSY FINDING MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART i. Enter the diseases, of shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions in death last conditions.	a. CARCINON  OUE TO (OR AS A  DUE TO (OR	d the death. Do not sech line.  A OF A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the second of	Leonard enter the mode of ESOPH  the undertying ca  28. PLACE THER: Nursing Home 5 WORK? M 1 YES	AGUS  OF DEATH (Ch. Residence	Part i. Part i. Pack only on	Inc.  Nec or respirate to the control of the contro	HAUTOPSY RMED?	24b. 1	Approximate interval Batwe-Onset and Des 9 MO.  WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
23. PART i. Enter the diseases, of shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions in death and investigations.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation in determined determined.	DUE TO (OR AS A  DUE TO	d the death. Do not sech line.  A OF A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the second of the second	the underlying ca  26. PLACE  THER: Nursing Home 5  Y M 1 YES  at the filme, date end	AGUS  OF DEATH (Ch Residence  AT  2   NO	Part i. Part i. Pack only ones 28d, Des	Z4a. WAS AN PERFO!  1 YES 2  ATION (Street or Town, State, 1994)  ATION (Street or Town, State, 1994)	AUTOPSY NO INJURY OCCU	24b. 1	Approximate interval Batwe-Onset and Des 9 Mo.  9 Mo.  WERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
23. PART i. Enter the diseases, of shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions in death and investigations.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation in determined determined.	a. CARCINON  OUE TO (OR AS A  DUE TO (OR	d the death. Do not sech line.  A OF A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the second of the second	the underlying ca	AGUS  OF DEATH (Ch Residence  AT  2   NO	Part i.  Part i.  2nd. DES  2sf. LOC. City of time, date	Z4a. WAS AN PERFO!  1 YES 2  ATION (Street or Town, State, 1994)  ATION (Street or Town, State, 1994)	I AUTOPSY RMED?  INJURY OCCUI	RED Rural Ro	Approximate interval Batwer Onset and Des 9 Mo.  9 Mo.  WERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO

94 07079



020	photoion
, MARYLAND 21215-0020	Page 6 may he retained by the hospital or attending physician
Σ.	5
ND	hoenital
Y	4
>	2
MAR	retained
H,	2
T.	Ë
0	Œ
<b>ALTIMORE</b>	Pane
	death
Q.	₹

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

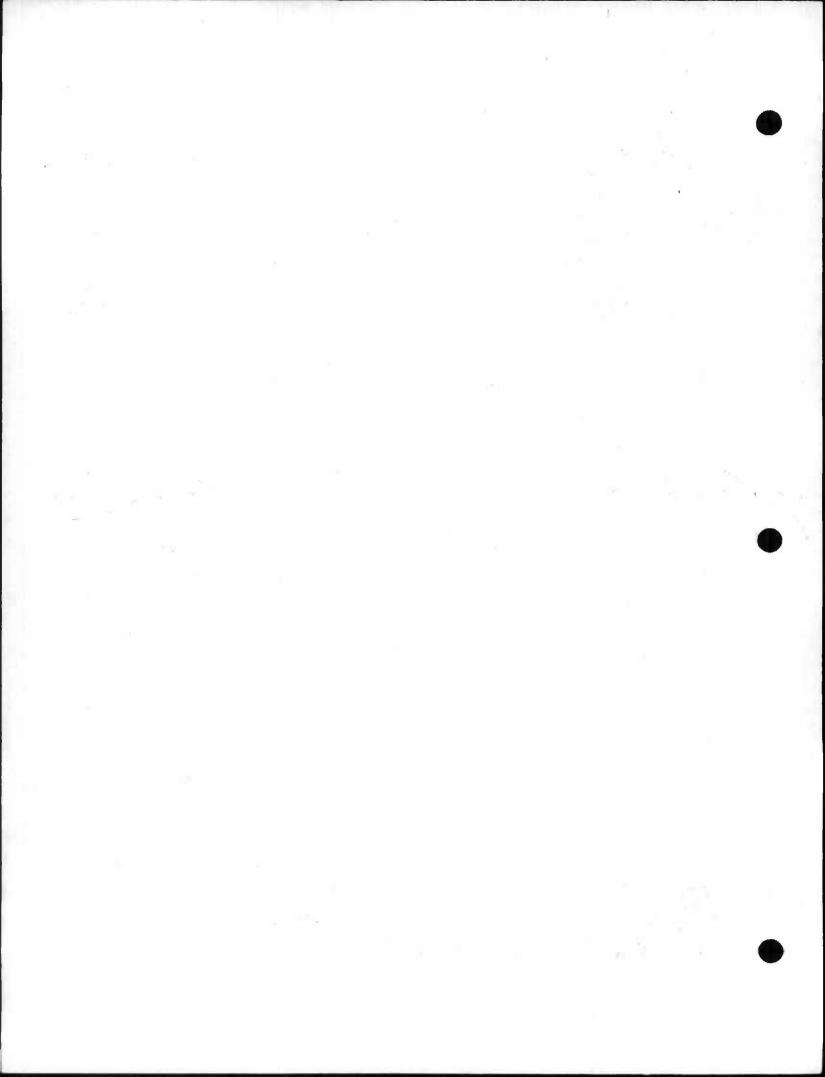
TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-transit permit, Pages 1
be filed within 72 hours after death with the State Dept, of Health and Merrial Hygiene prior to burfal, cremation, or removal,
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEPA			07080				
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last) CHARLES J. JRELAND Charles J. Security Number 5. Sex 6. AGE (in yrs. last birtide		REG. NO.  2. DATE OF DEATH MONTH DAY MARCH 3  7. DATE OF BIRTH	year 3. TIME OF DEATH 1994 6:40 A M 8. BIRTHPLACE (State or Foreign				
	215-24-1478 1 M 2 D F 65 YRS.  9a. FACILITY NAME (If not institution, give street and number)	MONTHS DAYS MOURE MIN	(Month, Day, Year) FFR 8, 1929	Country) MD				
DINECTOR	Harbor Hospital Center	Baltimore		timore City				
	MD Baltimore City Ba	city, town or Location altimore		10d. INSIDE CITY V LIMITS? 1 TYES 2 NO				
PUNERAL	3913 Brooklyn Avenue	101. ZIP CODE 21225		USA				
6	11. MARITAL STATUS  1	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 NO Specify		14. RACE — American Indian, Black, Whita, atc. Specify: White				
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  College (1-4 or 5 +)  Mecha	T'S USUAL OCCUPATION of work done during most of working T use retired.)	166. KIND OF BUSINESS/INI Private Ir					
	17. FATHER'S NAME (First, Middle, Last) George Luther Ireland	18. MOTHER'S NA	ME (First, Middle, Melden Surname)  Jane Mullin	iuus cr y				
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILI	ING ADDRESS (Street and Number or Burel B Brooklyn Ave, Ba	Route Number, City or Town, Stete, Zij	(p Code) 21225				
	20a. METHOD OF DISPOSITION  1X Burlel 2 Cremetton 3 Removal from State 4 Donalion 5 Other (Specify) Glen Have	TEOFDISPOSITION (Name of or other place) en Memorial Park	DATE 20c. LOCATION -	City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  STOVEN H. H. H. H. H. H. H. H. H. H. H. H. H.	McCully Funera 237 E. Patapso	al Hom e of Bro co Ave, Baltimo	ooklyn ore, MD 21225				
	23. PART I. Enter the diseases, or complications that caused the desth. Do shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE			Approximate interval Between Onset and Death				
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events							
	PART II. Other significant conditions contributing to death but not resulting		Bara i Laurena de la companya de la					
		g in the underlying couse given in	Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	EXAMINER? HOSPITAL: OTHER:						
		TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OC	CCURED				
	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, larm building, atc. (Specify)	n, street, lactory, offica	28I. LOCATION (Street and Number City or Town, State)	or Or Rural Route Number,				
	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur one)  2 MEDICAL EXAMINER: On the best of axamination and/or investige							
	296. SIGNATURE AND TITLE OF CERTIFIER Raymund Millaw - Intern		CATILETO	TE SIGNED (Month, Day, Year)  March 3/1994				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (I) Raymund Millan 3001 S. Hano		MD 21225					

Raymund Millan
31. DATE FILED (Month, Day, Year)
MAR 0 9 1994 32. REGISTRAR'S SIGNATURE

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-709 3/11/94 t.t

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMEN CERTIFICAT		IENTAL HYGIENE REG. NO.	94 07081
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATN
	Douglas  4. SOCIAL SECURITY NUMBER	J. Jeffers  5. SEX 6. AGE (In vrs. lest birthdey)   F UND			994 1535
	212-90-2694	1 SIM 2 F 20 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
OR	9a. FACILITY NAME (If not institution, give s 523 Rosehill T		y, town on Location of DEA Baltimore	NTN 9c. CO	UNTY OF DEATH
DIRECTOR	10a, STATE 10b, COUNTY	10c. CITY, TOWN	OR LOCATION		10d, INSIDE CITY
	MD	BAT	impee		1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	hill YERR	101. ZIP CODE 2/2/9	10g. CI	TIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES	. WAS DECENDENT OF HISPANI If yes, specify Cuban, Maxican 1 YES 2 NO Specify:	C ORIGIN? (Specify Yea or No—, Puerto Rican, etc.)	14. RACE — American Indian, Black, White etc. Specify:
TED	15. DECEDENT'S EDUI (Specify only highest grade	CATION 16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired.	during most of working	16b. KIND OF BUSINESS/IN	HOUSTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)  UNEMA	loyed		
	17. FATNER'S NAME (First, Middle, Last)	efferson	18. MOTHER'S NAM	IE (First, Migglin, Maiden Surnama)	
TO BE	19a. INFORMANT'S NAME (Type/Print)		S (Street and Number or Rural Ru		(Ip Code)
	20s. METNOD OF DISPOSITION	JOES K	OSCHILL TERK	DATE 28c LOCATION -	D 21218
	20s METNOD OF DISPOSITION  1 D Burial 2 Cremation 3 Ram  4 Donation 5 Other (Specify)	oval from State   Interest of ematory or other plage		BATTS	- City or Town, Stafa
	11 MONTH OF FUNERAL SERVICE LIC		NAME AND ADDRESS OF FAC	DON Sports	1731 (20) Mayor
	#3. PART I. Enter the diseases, or described in the series of the series	complications that caused the death. Do not enter List only one cause on each line.  a		aa cardiac or respiratory a	rreat, Approximata Interval Betwee Onset and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):			
MEDICAL	PART II. Other significant condition	a contributing to death but not reaulting in the u	inderlying cause given in F	Part I. 24a. WAS AN AUTOPS' PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO
SICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATN (Chec	Ck Only one)	
YSICI	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA 4   No.			
ву РНУ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY O	CCURED
B	1 Netural 5 Pending 2 Accident Investigation	2-8-94 UNKNOWN M	1 YES 2 XNO	SELF-INFLICTEO	
ETED	3 \( \)\ Suicide \( \s \) Could not be \( \delta \) Nomicide \( \delta \) detarmined	28a. PLACE OF INJURY. — At home, farm, straet, fa building, stc. (Specify)		281. LOCATION (Street and Numb City or Town, State) 523 ROSENHILL TER	
COMPLE		CIAN: To the best of my knowledge, death occurred at the R: On the basis of examination and/or investigation, in my	time, data and placa, and due t	o the cause(a) and menner as at	inted,
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM		
) BE	Theo fore 11. 1	Leve M. D.			TE SIGNEO (Month, Day, Year)
2	30. NAME AND AODRESS OF PERSON WN	O COMPLETEO CAUSE OF GEATN (ITEM 27) (Type, Print)	I O.C.M.	Tr e	Feb 09 1994
		ng. MD. 111 Penn	Street, Bal	timore, Mar	yland 21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		-	



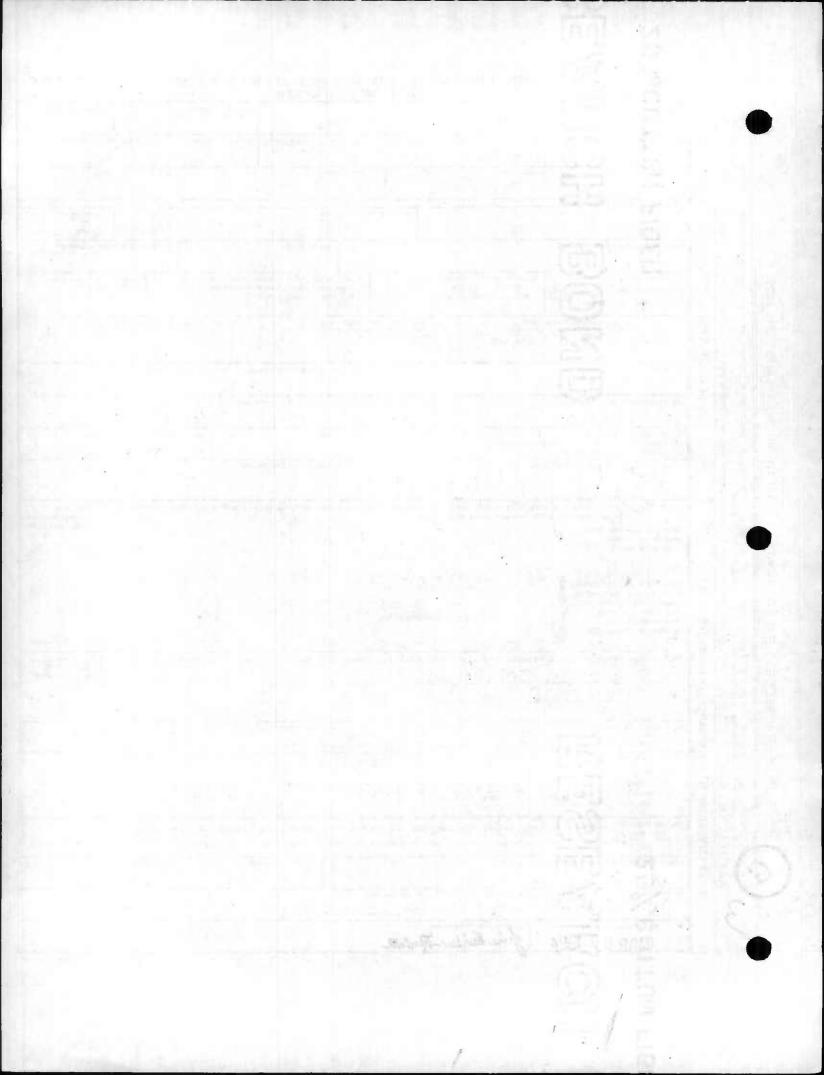
		should
		63
		2
		-
		Pages
		permit.
<b>FIMORE, MARYLAND 21215-0020</b>	Page 6 may be retained by the hospital or attending physician.	ral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
Ō	8	2
10	B	40
=	9	(d)
N	H	Se
_	0	7
N	700	è
0	E	2
7	8	5
5	2	ğ
4	4	8
~	2	8
~	20	P
4	9	3
Q.	100	픇
≥	1	3
	2	92
W	>	990
$\alpha$	E	No.
O	9	5
¥	92	5
2	20	9
	Ed.	7

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pos	che	6
the	det	0
2	2	76
ned	Ould	Dell
retai	5 Sh	10th
200	30e	e
may	, p	150
e 9	recti	Ē
Z	<u>ق</u>	in the
ath.	nue	ше
er de	the h	l ex
s aft	by t	dica
onn	d in	ше
NOS/THE OR ATENDING PHYSIONAL: The law requires that the death certificate be executed writt ours after death. Page 6 may be retained by the host	EARCHAL DRECTOR: After the commode has been signed by the attending physician and completely lived in by the funeral director, page 5 should be detached and many after Dept. of Health and Mental Hygiene prior to burtal, cremation, or removal.	HTANT. II liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	mat	£,
A A	mple .	3ve
Surfe	d co	lc o
999	to b	E
8	iciar	130
Scate	phys pe pi	-
Serti	ing you	#
ath	al H	0
de	Went	uny
##	by th	=
tha s	th a	all
uires	Sign	N.S
red	of	Sh
WB!	Dept	23
Ě	ate	E
Ħ	E S	10
ME	8 ff	p
E	在多	S.
DING	音音	E
EM	苦湯	8
M	138	2 2
90	100	2
馬	祖に	=
8	1	AM
3		E

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

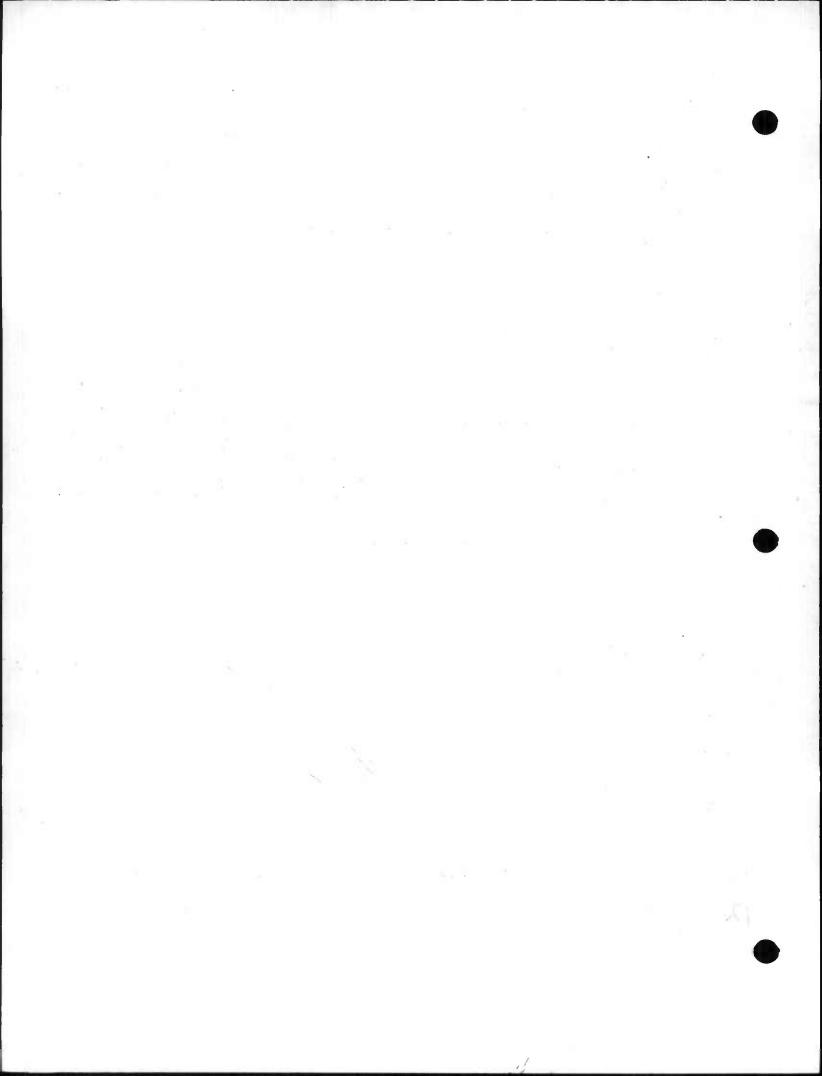
1 - STATE REGISTRAR	STATE OF MAKE		ICATE OF		MENTAL HYGIE REG. N	7	4 0708
1. DECEDENT'S NAME (First, Middle, Last,		TER JON	ES , JR	•			3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-20-6867	1 🔀 M 2 🗆 F	63 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/7/19:	30 B	BIRTHPLACE (State or Foreign Country) ALTO., MD
98. FACILITY NAME (If not institution, give LIBERTY MEDIC				ALT IMOR		9c. COUNTY	OF DEATH
				IMORE			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				101. ZIP CODE 21207			OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 127 YE IF YES, GIVE WAR OF	S 2 NO	If yes, s	CENDENT OF HISPAI	HC ORIGIN? (Specify Y		RACE — American Indian, Black, White, etc. Specify: Black
15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u		ON ost of working	16b. KIND OF B	USINESS/INOUS	
12th  17. FATHER'S NAME (First, Middle, Last)	JEG CD		N/A		ME (First, Middle, Meide A B •	N/A en Surname)	
SYLVESTER JON 19a. INFORMANT'S NAME (Type/Print) FREDDIE JONES					Route Number, City or To		
20a. METHOD OF DISPOSITION 50 Burlat 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE L	movel from State	ROB. PLACE AND DATE cometery, crematory or c	of DISPOSITION (Nother place)	ETERY	OATE 20c. I	OCATION — CHY	
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. OUE TO (OR A	s a consequence of	g Qu		h aa cerdlec or res	piratory erreal	t, Approximete Interval Betw Onset and D
CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are significant conditions.	d,			ng ceuse given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:		26. P	LACE OF OEATH (Ch	eck only one)		
EXAMINER?	4 1 1	nonettent 9   DOA	4 Nursing Ho	ne 5 🗆 Rasidenca	6 Other (Specify)		
EXAMINER?  1	1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIN	NE OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOV	V INJURY OCCUP	REO
EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea	RY 28b. Tile IN.	NE OF 28c. IN W	ORK? YES 2 NO	28d. DEŞCRIBE HOW 28t. LOCATION (Stree City or Town, Ste	et and Number or	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFVINO PHY	28a. DATE OF INJUR (Month, Day, Yea	try 26b, Till IN.  IRY — At home, farm, ipecify)  owledge, death occurr	NE OF 28c. IN W 1  atreet, factory, offi	ORK? YES 2 NO De and place, and due	281. LOCATION (Stree City or Town, Sta	et and Number or te)	Rural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	28e. DATE OF INJUR (Month, Day, Yea 28e. PLACE OF INJU-building, etc. (S SICIAN: To the best of my kneer. On the basic of examina	IRY — At home, farm, ipecify)  nowledge, death occurrition end/or investigation	E OF JURY M 1 28c. IN W 1 street, factory, offi	ORK? YES 2 NO De and place, and due	281. LOCATION (Street City or Town, Sta to the cause(a) and π time, date end place,	et and Number or te)	Rural Route Number,



0	
N	
002	
9	
0	
S	
-	
Ò	,
6.4	
1	
CA	
_	- /
$\Box$	
_	
~	,
LAND	
~	
_	
>	
IAR	
ш.	-
est.	
_	
2	
_	
- 6	
ш	
ce	١
Berlin.	
$\circ$	
<u>~</u>	-
>	
=	d
_	٠
-	4
_	1
A	3
-	1
BALTIMOR	1
_	4

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 94 07083

		1 OF OF DENITION HAME (C)	5.44-4-41 - 4 41									1100.110				
				100 50							2. DATE		AY	YEAR 3	. TIME OF DEATN	
	- 1										3-6-1994					
ļ					6. AGE (In	ys. list birthday)    Younger   Year   Stand Delay   100   1   100   1   100   1   1   1	6. BIRTNPL Country)	.ACE (State or Foreign								
모				Science S. S. Sex  9	yland											
should			**************************************	TY OF DEA	тн											
2, 3	DIRECTOR			MONTH ON THE SAME (For you has birtholly) FUNCER 1948 FUNCER 3 JAMES 1994  S. SEX   R. AGE (to you has birtholly) FUNCER 1948 FUNCER 3 JAMES 1994  S. SEX   R. AGE (to you has birtholly) FUNCER 1948 FUNCER 3 JAMES 1994  S. SEX   R. AGE (to you has birtholly) FUNCER 1948 FUNCER 3 JAMES 1994  S. SEX   R. AGE (to you has birtholly) FUNCER 1948 FUNCER 3 JAMES 1994  S. SEX   R. AGE (to you has birtholly) FUNCER 1948 FUNCER 3 JAMES 1994  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 3 JAMES 1949  S. SEX   R. AGE (to you has birtholly) FUNCER 3 JAMES 3 JAM												
85 	<u> </u>	RESIDENCE OF DEC	R. Kiebler, Sr.  NUMBER  S. SEX  SYM 2   F   FO YES.  SOUTH B   SYM SYM 2   F   FO YES.  SOUTH B   SYM SYM 2   F   FO YES.  SOUTH B   SYM SYM SYM SYM STAND AND AND SYM SYM SYM SYM SYM SYM SYM SYM SYM SYM			_										
Page	Ē	## HARRY R. Kiebler, Sr.  1. SOCIAL SCURITY HUMBER  2. 1. SOCIAL SCURITY HUMBER  3. SEX 1. SE					LIMITS?									
permit. Pages			R. Kiebler, Sr.  **Nomber   S. Sex   S. AGE (fir yrs. last bithoday)   Fleeter 1 YEAR   FLORED SALES   T. AGE of BIRTH   S. AGE (fir yrs. last bithoday)   Fleeter 1 YEAR   FLORED SALES   T. AGE of BIRTH   S. AGE (fir yrs. last bithoday)   Fleeter 1 YEAR   FLORED SALES   T. AGE of BIRTH   S. AGE (fir yrs. last bithoday)   Fleeter 1 YEAR   FLORED SALES   T. AGE of BIRTH   S. AGE (Fir yrs. last bithoday)   Fleeter 1 YEAR   FLORED SALES   T. AGE of BIRTH   S. AGE (Fir yrs. last bithoday)   Flored SALES   Flored SALES   T. AGE   T. A		-	_										
	RAL	AT THE RESERVE		4								AND THE DAY YEAR 3 - 6 - 1994  7. DATE OF BIRTY (August 1997)  109. CITIZEN OF COUNTY				
020 physician. burial-transit	FUNER		tern				1						DAY YEAR  - 194  - 194  - 198  - 1994  - 198  - 1994  - 1997			
020 physician burial-tra	3		CMerried	FORCES?	UC)CYES	2 NO								14. RACE Black, 1	White, etc.	
	B			IF YES, GIVE		ES		1 🗌 YE	S 2X XNO	Specif	y.	ACTION DAY YEAR CACHE PROTON DAY OF COUNTY OF	Specify:	White		
_ @ co	B	15. DEC	EDENT'S EDL			16a. DECEDENT	"S USUAL O	CCUPAT	ION		MONTH  3-6-1994  7. DATE OF BIRTY  Month, Day, Year)  4-20-1917  Max  10g. CITIZEN OF COUNTY OF COUNTY  4-20-1917  Max  10g. CITIZEN OF COUNTY  14. RACI Blac Spec  16b. KIND OF BUSINESS/INDUSTRY  Seafood Co  ME (First, Middle, Maiden Surname)  Le Harvey  Noute Number, City or Town, State, Zip Code)  Balto. Md. 21  OATE 20c. LOCATION — City or Town  And Balto. Md  And Balto. Md  And Balto. Md  Terror Fune Ral Home  Terror Fune Ral Home  And Balto. Md  Terror Fune Ral Home  Max Cardiac or reapiratory arrest,  Terror Fune Ral Home   ISTOV		_			
5 5	E					(Give kind	of work done	during n	nost of work	ing	159	3. Kill O O BO	JIIVE 337 IIVD C	, Jini		
ND 2 hospital ached fo	P	Elementery/Secondary (c	p-12)	College (1-4 or 5	*)	Fore	man.					Soa	lood	Ca		
AND the hospital detached to once.	OM	17. FATNER'S NAME (First, M	liddle, Last)						ts. MOT	HER'S NA	MF (First					_
at o day	_	George Ki	0610	n												
	00					19h MAIL I	NG ADORES	S (Street						Cordol		
MAR retained 5 should notlfled	2			E Kin	4/00										21.	
RE, may be or, page		20e. METHOD OF DISPOSIT	ION	200						nve		2.C.C.	CATION - C	Z Z	24	_
	1			novel from State	cerpe	tery, crematory o	r other place)		(		1					
	1			CENSEE.	11	oneza	22.	NAME /	L E//	ESS OF FA	CILITY	TO DO	ilto.	, Ma		_
		and.	+0/	- 00 -			#6	znt	Ley	Mil	Len	Fune	ral t	lome		
46 5 9 66		file	Mly	Waller			7:	527	Han	for	d Re	d. Ba	lto.,	Md.	21234	
nours at rd in by or rem medic	- 1	23. PART I. Entar the di ahock, or h	iseases, or aart fallura.	compfications the	at causad t	the death, Do	not antar	the m	oda of dy	ing, suc	h as car	diac or reapi	ratory arre	st,	Approximate	
non illed		IMMEDIATE CAUSE (Fir		1		0										
tely 1 matio		resulting in death)	<b>→</b>	a	ng	Can	cer		YEAR   # UNDER 24 MPS.   7. CATE OF BIRTY   MOUNS   MM.   7. CATE OF BIRTY   MARYLAND							
omple cree	ı			OUE TO	OA AS A C	CONSEDUENCE	OF):									
or ind countries buria	S	Sequantially flat condit	lons.	b						FUNDER 24 MRS.  17. DATE OF BIRTIN (Month, Day, Meer)  4-20-1917  Mary A  LOCATION OF DEATH  MORE  10d. IP  10d. IP  10d. IP  10d. IP  10d. IP  11d.						
be es or to or to	Ě	if any, leading to Imma-	diata	DUE TO	O (OR AS A C	CONSEDUENCE	S. ARMED   13. WAS DECENDENT OF NISPANIC ONGIN? (Specify Yas or No— If yes, specify Cuben, Mexican, Puerto Ricen, etc.)   14. RACE — American In yes, specify Cuben, Mexican, Puerto Ricen, etc.)   1   YES 27 NO   10   YES 27 NO									
er tr	5	CAUSE (Disease or Inju	te. MOTHER'S NAME (First, Middle beblen  Reblen  Myntle Ha  Myntle Ha  None E. Kieblen  19b. MAILING ADDRESS (Street and Number or Rural Route Number, of Acce E. Kieblen  6000 Eastern Ave. Bal  ONE of Access and Number of Rural Route Number, of Completery, orematery or other place)  Monetand Mem. Cem.  3/1  37. NAME AND ADDRESS OF FACILITY  Hantley Miller F  7527 Hanfond Rd.  Seesses, of complications that caused the death. Do not antar the mode of dying, such as cardiac contributions that caused on each line.  a. Due to (or as a conseduence of):  Due to (or as a conseduence of):  Due to (or as a conseduence of):  The conditional contributing to death but not resulting in the underlying cause given in Part I.  24s. PLACE OF OEATH (Check only one)  OTHER:				<del>-</del>									
S Jain Gertin	The this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached feath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.    Marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		т	502 10	7 (ON AS A C	JONSEDUENCE	OFJ.									
atten atten Y, 00	当			d												-
E 5 5 6	- 11	PART ii. Other algnifica	nt condition	na contributing to	ontributing to death but not resulting in the underlying cause given						Part I.					is
That the stand of	3										0	OMPLETION OF CAUSE				
Sign Sign Healt												1 123 2				
~ 0 .:												tog. CITIZEN OF WHAT COUNTY S. A.  SINT (Specify Yea or No — 14. RACE — Arm Black, White Specify: W.  6b. KIND OF BUSINESS/INDUSTRY  Seafood Co.  1, Middle, Meiden Sumerne)  Harvey  Imber, City or Town, State, Zip Code)  ATE 20c. LOCATION — City or Town, State  1/0 Balto. Md.  Funeral Home  d. Balto. Md.  2/224  ARAILA  COMPO  OF DE.  1 YES 2 NO COMPO  OF DE.  1 YES 2 NO COMPO  OF DE.  1 YES 2 NO COMPO  C	. 123 2			
	¥		O MEDICAL	c			_									
AN: T AN: T tifficate s State	Sic				☐ ER/Outpat	tient 3 DOA			me 5 🗆 B	lasidanca	B [] Oth	ar (Spacific)				
SICI/	<u>₹</u> ∥	27. MANNER OF OEATH		28a. DATE OF	F INJURY	Seafood Co.										
arte				(Month, I	Day, Year)	_   '				NO					INPLACE (State or Foreign intry)  IT NY Land  DEATH  10d. INSIDE CITY LIMITS?  11/2 YES 2 \( \) NO  WHAT COUNTRY?  S. A.  CE — American Indian, ck, White, etc. ck, White, etc. ck, White, etc. chy: White  Approximate interval Batwean Onset and Death  Onset and Death  IT Oute Number,  (e) end manner se stated.  (f) (Month, Day, Year)  Q 4	
Afte dear dear		2 Sudalda		28e. PLACE	OF INJURY -	- At home, fern	n, atreet, tec	tory, offi	Ice		28f. LO	CATION (Street a	ind Number o	or Rural Rou		_
S after S	ETED			ounding	, atc. (Specii)	y)					City	or Town, State)		Security  Occountry of Death  10d. Inside city Limits? 12 Yes 2 No  10d. Inside city Limits? 12 Yes 2 No  14. RACE — American Indian, Black, White, etc. Specify: White  15. A.  No— 14. RACE — American Indian, Black, White, etc. Specify: White  15. A.  No— 16. RACE — American Indian, Black, White, etc. Specify: White  16. Specify: White  17. A.  18. A.  19. A.  19. A.  19. A.  10.		
DIREC DIREC Hours	빌	29e. CERTIFIER 1 CERT	IFYING PHYS	ICIAN: To the best o	t my knowle	doe death occu	errod at the t	Ima dat	te and place	a and due	to the or	Sc. COUNTY OF DEATH   10d. INSIDE CITY LIMITS?   1				
로 걸 전 도	COMPL				THE DUE TO (OR AS A CONSEQUENCE OF):    10. APP CODE   109, CITIZEN OF WHAT COUNTRY   U.S. A.											
HOSE Withir								,	MONTH DAY YEAR  3 -6 - 1994  IF UNDER 24 HMS.  17. DATE OF BIRTY HOUND ARY LAND  18. IF UNDER 24 HMS.  19. HOUND MIN.  4 - 20 - 19917 Mary Land  NO OR LOCATION OF DEATH  10. LIP CODE  20. LIP CODE  31. RACE — Americen India  31. LIP CODE  42. LIP CODE  43. LIP COD  44. LIP COD  45. LIP COD  45. LIP COD  46. LIP COD  47. LIP COD  47. LIP COD  48. LIP COD  49. LIP COD  49. LIP CO		_					
를 발 물	#	290. SIGNATURE AND TITLE	OF CERTIFIE	"N. 84	exten	M	)		29c. LIC	Z CL	WBER		29d. DATE	1 1 -		
265₹	2	30 NAME AND ADDRESS OF	F DEBGON WI	O COMPLETED CO	ISE OF DEAT	TH ATEM OF F	Del-1		1 1	) )	111		- 3	101	1 1	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, IPOPITANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the						1.10 . ±	pe, Print)	118	R:	das	R	d. B	alti	Morp	MD 212	37
10							0	1.0	. 4	21.9					,	- 1
		MAR 09 19	994	thewsens	400	- Jack										



BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled it

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumattic event, the medical examiner must be notified at TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the

	1 - FOR REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF	F HEALTH OF DEAT	AND I		IYGIENI IEG. NO.	9	4 07084
	1. DECEDENT'S NAME (First, Middle, Last)  JAMES  R	KTI	RGAN				2. DATE OF MONTH MAR.	DEATH DAY		3. TIME OF DEATN 94 10:27 A M
	4. SOCIAL SECURITY NUMBER 5.		E (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER	24 HBS	7. DATE OF I		,	8. BIRTNPLACE (State or Foreign
		_M 2 □ F	36 YRS.	MONTHS DA		MIN.	(Month, De	y. Year)	957	Country) Md
	9e. FACILITY NAME (If not institution, give street	t end number)		9b. CITY, TO	WN OR LOCATI	ON OF DE				ITY OF DEATN
DIRECTOR	508 WOODSIDE AV	/ENUE-2NI	FLOOR	BAL	TIMOR	E C	ITY			
<u> </u>	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	DCATION					10d. INSIDE CITY
	Md		Ва	ltimor	e					LIMITS? 1 1 YES 2 □ NO
¥	10e. STREET AND NUMBER				10f. ZIP COD	E			10g. CITI	ZEN OF WHAT COUNTRY?
FUNERAL	508 Woodside Road				212	29				USA
5		WAS DECEDENT EVE			DECENDENT (				or No-	14. RACE — American Indian, Black, White, etc.
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE	DATES		e, specify Cube YES 2 🙀 NO			1, etc.)		Specify:
	15. DECEDENT'S EDUCATI		16a. DECEDENT'S	USUAL OCCU	PATION		16b. KIN	ID OF BUS	INESS/IND	white
	(Specify only highest grade con		(Give kind of a	vork done during retired.)	g most of working	ng	1,32,1,			
COMPLETED	Elementary/secondary (0-12)	College (1-4 or 5+) 16+	Bio1	ogist				Sa	ience	
o O	17. FATNER'S NAME (First, Middle, Lest)			08100	18. MOT	HER'S NAI	ME (First, Midd			E
	Edward L. Kirgan						cCrear		20.71011107	
BE	19e. INFORMANT'S NAME (Type/Print)		19b MAILING	ADDRESS (Str	reet and Number				Otata 7in	Codel
유	Mary Kirgan				de Roa					
	200. METHOD OF DISPOSITION	T.	20b. PLACE AND DATE			u, b	OATE			ZIZZY Cify or Town, Stata
	1 Suriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)		emetery crematory or o		re [14d(1)e Of		3/11			
0.0	21. SIGNATURIF OF FUNERAL SERVICE LICENS		DIGIG KIG		IE AND AOORE	SS OF FAC		Bal	Clmoi	re, Md.
	NOM A	1	n on cre	Cha	rling			eral	Home	2
	Tully Th		00550	736	Edmond	son	Avenue	Ra	1to	Md 21228
	23. PART i. Enter the diseases, or com shock, or heert feilure. List	plicetions that cause	sed the death. Do	not antar the	mode of dy	ing, suct	aa cardlac	or reapir	etory arr	eat, Approximata
	IMMEDIATE CALISE (Final				_	/	, /	)		interval Batween Oneat and Death
	disease or condition resulting in death) e.	Contact DUE TO (OR A	- Thurston	F-6/0-	wood u	1 4	and			
		DUE TO (OR A	S A CONSEQUENCE O	F):	1					
z	<b>C</b> 6				/					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR A	S A CONSEQUENCE O	F):						
8	cause, Entar UNDERLYING CAUSE (Disease or Injury									
ᄪ	that initiated events	DUE TO (OR A	S A CONSEQUENCE O	F):						
E	reaulting in death) LAST									
3	PART II. Other significant conditions c	contributing to death	but not resulting	in the under	lylna causa	alven in	Part I 24	MMC AND	MITTÓREY	24b. WERE AUTOPSY FINDINGS
8				iii tiic dildoi	lying outsu	given in		PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							— 1½	YES 2	□ NO	OF DEATH?
Σ							- 1	und	mler	1 YES 2 NO
PHYSICIAN: MEDICA									8	
글	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	6. PLACE OF D	EATN (Che	ick only one)			
ΥS		☐ Inpatient 2 ☐ ER/O	utpetient 3 DOA		Nome 5XX	esidence	6 Dther (Sp	ecify)		
표	27. MANNER OF OEATN	28a. DATE OF INJUF (Month, Day, Yea	28b. TIM	E OF A 28c	WORK?		26d. DESCRI			
BY	1 Natural 5 Pending 2 Accident Investigation	MAR. 6.1	994 FOO	4B" 1	YES X	XNO	SELF	INF	LICI	LED GUNSHOT
1 1	3 Suicide 8 Could not be	28e. PLACE OF INJU- building, atc. (S	IRY — At home, farm, pecify)		office		281. LOCATIO	N (Street a	nd Number	or Rural Route Number,
COMPLETED	4 Homicide determined		HOM	<u> </u>			508 1	MOOD	SIDE	E AVENUE
12	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my kn	owledge, death occurr	ed at the time,	date end place	, end due	to the causele	) end men	ner aa stat	ed.
M										a cause(a) and manner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					ENSE NUN				
B	Think 11.V	2	^			C.M.				E SIGNEO (Month, Day, Year) AR. 07, 1994
임	Invalore NICh	COMPLETED CAUSE OF	De		10.	U . II .	• ند		- PIF	111.0/,1334

MICCOMPLETED CAUSE 111 PEIIII

32. JEGISTRAR'S SIGNATURE

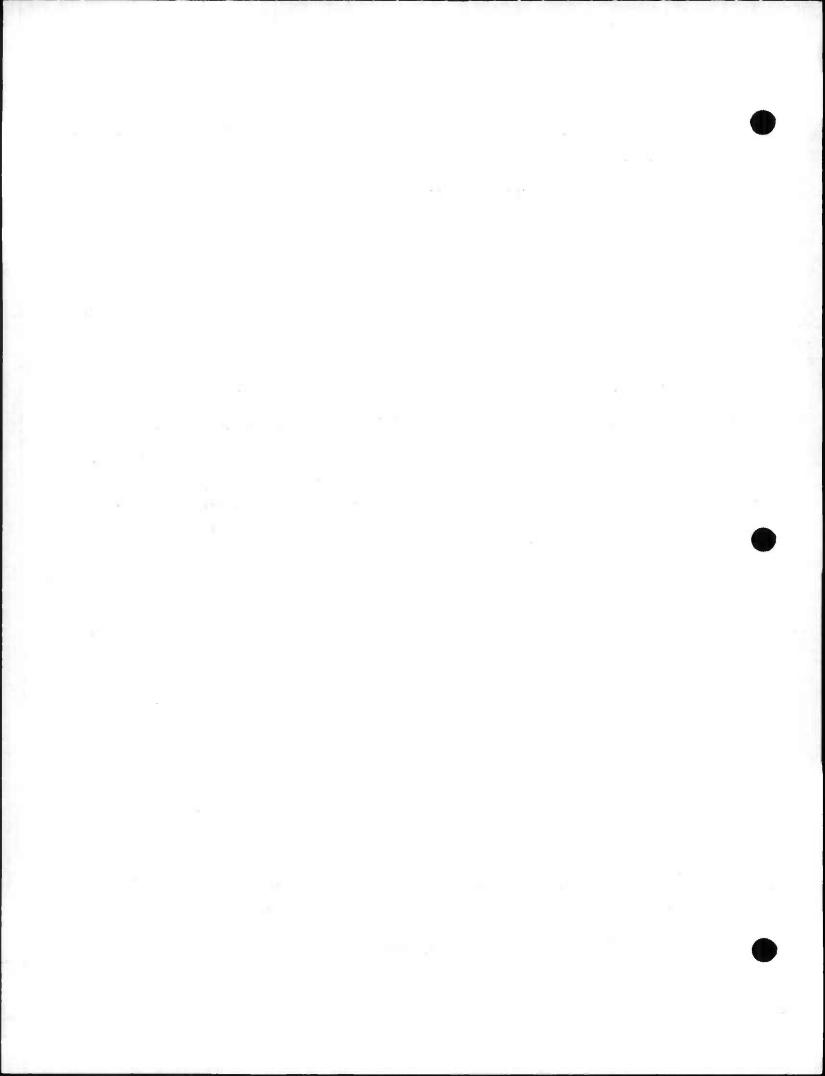
JOA Julia Luidson Randall

THEODORE

31. DATE FILED (MORTH, Day, Year)
MAR 0 9 1994

Til Penn Street, Baltimore, Maryland 21201

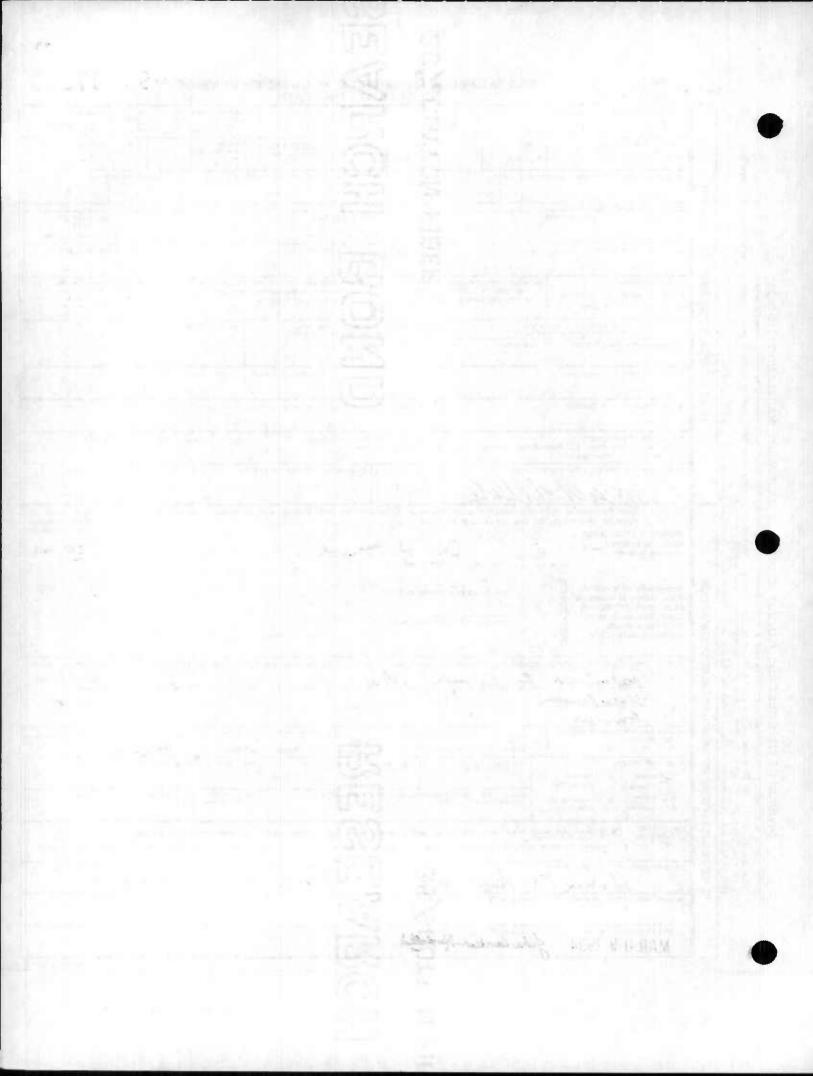
DHMN-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	
ND 2	
3YLA	** **
, MAF	
ORE	
LTIM	
BA	
4	

	1 - STATE REGISTRAR	STATE OF MARYLAI						4	07085			
	1. DECEDENT'S NAME (First, Middle, Last  O S A 4. SOCIAL SECURITY NUMBER	LE LEIT	Yrs. last birthday) IF UN	(ROS	lyn) If UNDER 24 HRS.	7. DATE OF	-3-9	BIRTHPLA	TIME OF DEATH  409 M M  MCE (State or Foreign			
	213 26 9438  90. FACILITY NAME (If not institution, give	NAME (First, Modes, Last)  NAME (First, Modes, L	1-28		vland							
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY FUNERAL DIRECTOR   RESIDENCE OF DECEDENT							na					
	Maryland	na	Ba	ltim	ore			1 [	I. INSIDE CITY LIMITS? YES 2 NO			
NERA	002	Street			2120		τ	JSA				
B⊀	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yea, ap	ecify Cuben, Maxice	n, Puerto Rica		Black, W	American Indian, hite, etc. White			
must be notified at once.  TO BE COMPLETED BY	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY (Silve and seed of during most of working)											
COM	17. FATHER'S NAME (First, Middle, Last)											
0	James Wolfe  194. INFORMANT'S NAME (Type/Print)	Leitch	19b. MAILING ADDR	ESS (Street e								
٤	Margo Goldman	1	106 W.	Lee	Street	,Balt	REG. NO.  DATE OF DEATH DAY — 3 — 9 4  3 — 3 — 9 4  DATE OF BIRTTH (Month, Day, Wear)  12 — 11 — 28 M  10g. CITIZEN O  Puerto Rican, etc.)  10g. CITIZEN O  USO  ORIGIN? (Specify Yee or No — 14. F  Puerto Rican, etc.)  16b. KIND OF BUSINESS/INDUSTF  (First, Middle, Meiden Surname)  Bridenstein  No.  Resulto, MD21201  DATE 20c. LOCATION — City of Pown, State, Zip Code  Sest, Balto, MD2  177 State Anato  177 State Anato  178 State Anato  179 State Anato  179 State Anato  179 State Anato  179 State Anato  179 State Anato  179 State Anato  170 State Anato  171 State Anato  171 State Anato  172 State Anato  173 State Anato  174 State Anato  175 State Anato  176 State Anato  177 State Anato  178 State Anato  179 State Anato  180 State Anato  190 Control of Results of	1				
WPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	1  Buriel 2  Cremation 3  Removat from State cemetery, crematory or other piece) 4  Donation 5  Other (Specify)											
17	21. SIGNATURE OF FUNERAL SERVICE I	CENSER RODALD Wa		22. NAME A	ND ADDRESS OF FA	oreSt	State Ana , Balto, N	tomy D212	Board 01			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C	ONSEQUENCE OF):  ONSEQUENCE OF):						Interval Batween Onset and Daeth 20 MOS			
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLET	Hetertoure Hyperteure Anenice		g ceuse given in		PERFORMED?	CO OF	RE AUTOPSY FINDINGS INLABLE PRIOR TO IMPLETION OF CAUSE DEATH?					
Sic.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO			ER:			W=0					
PHY	27. MANNER OF DEATH	26s. DATE OF INJURY	CERTIFICATE OF DEATH  ALIE LEITCH    Continue   Continu									
WPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY —	- At home, farm, street,	1 🗆	YES 2 NO			Rural Route	Number,			
MPLETE	29a. CERTIFIER (Check only											
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY FUNERAL DIRECTOR  S S S S S S S S S S S S S S S S S S S		ER //	2	y opinion, c	29c. LICENSE NUI	4BER						
¥	1/ 1/ 1/ M											

94 07085

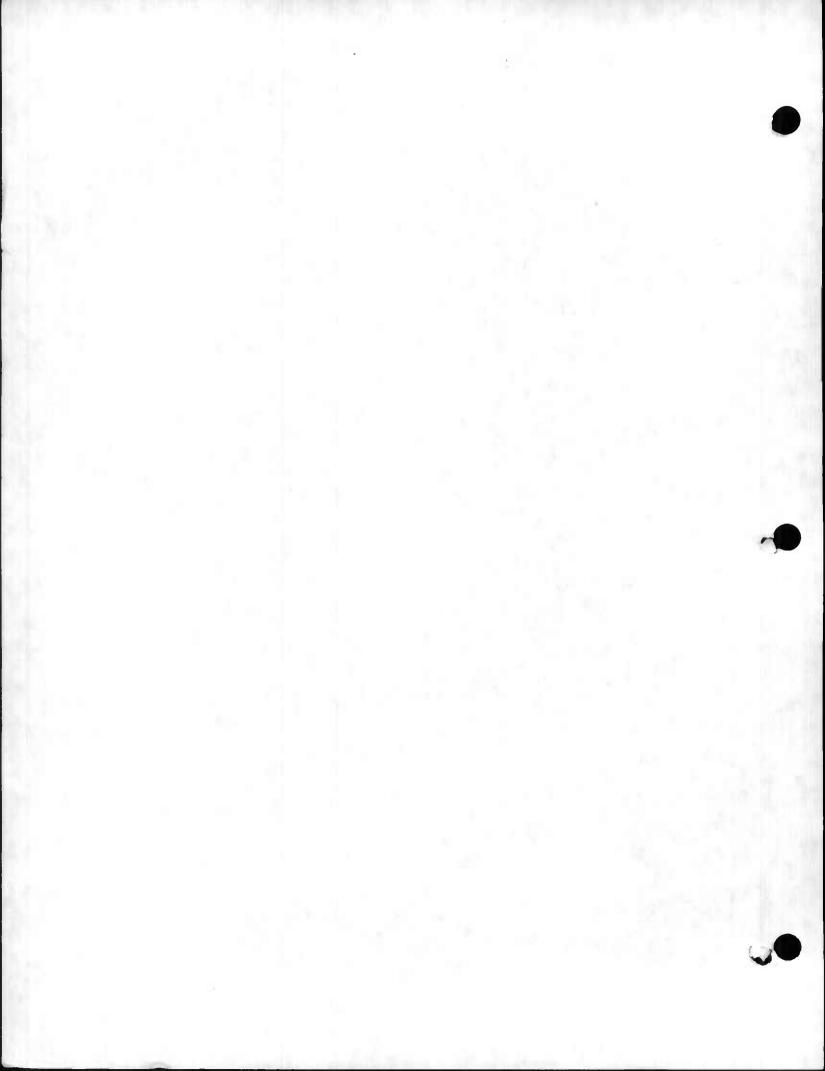


CERTIFICATE # 94-07086

SEE
CERTIFICATE #

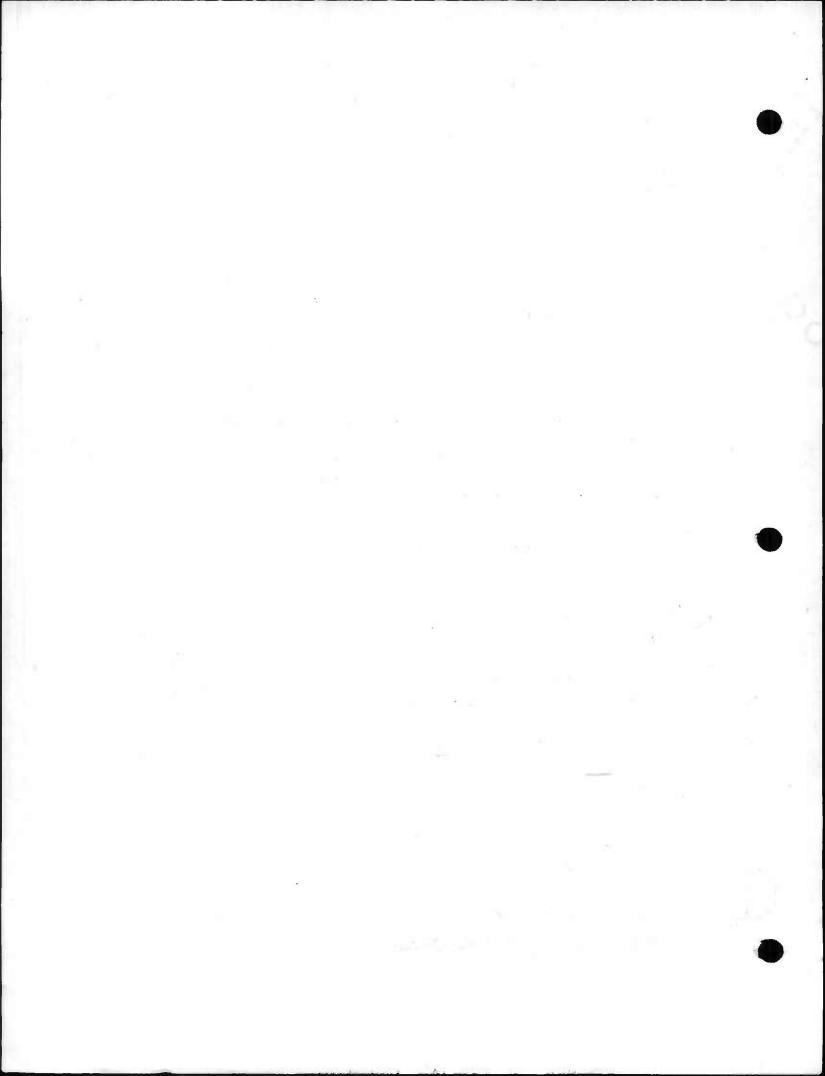
16:00 - HP

1010 94-07086 1993 Death on Boby Boy Logan



BALTIMORE, MARYLAND 21215-0020	LIGHYSICIAN: The law requires that the death certificate be executed within a smooth after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	HE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	ORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

S. SCAL SECURITY NUMBER 2 14 - 44 - 6793  1	10d. INSIDE CITY LIMITS?  X YES 2 NO PHAT COUNTRY?  — American Indian, White, etc.  NT  9 wn, State  CITY											
S. SEX   S. AGE (in yrs. leaf birthday)   F UNDER 1 YEAR   F UNDER 1 YEAR   T. MOVER OF BUTTH   S. SITTE   SOUTH OF BUSINESS INDUSTRY   SOUTH OF BUSINESS INDUS	PLACE (State or Foreign TH CAROL EATH  10d. INSIDE CITY LIMITS?  XX YES 2 NO PHAT COUNTRY?  — American Indian, White, etc.  Y BLACK  NT  9 wn, State CITY CENTRAL  Approximate Interval Between											
SAME   The state	10d. INSIDE CITY LIMITS?  X YES 2 NO THAT COUNTRY?  — American Indian, White, etc.  BLACK  NT  9 wn, State CITY CENTRAL  Approximate Interval Between											
106. STREET AND NUMBER  1 2 0 8 GLENWOOD AVE  11. MARITAL STATUS  MC Never Merried  2	CITY  CENTRAL  Approximate interval Between											
10s. STREET AND NUMBER  1 2 08 GLENWOOD AVE  11. MARITAL STATUS  MX Never Merited 2	PHAT COUNTRY?  — American Indian, , White, etc.  D: BLACK  NT  9  WIN, State  CITY  CENTRAL  Approximate interval Between											
Second   Port	PER BLACK  NT  9  wn, State  CITY  CENTRAL    Approximate interval Between											
(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  U.S. REVENUE SERVICE  17. FATHER'S NAME (First, Middle, Last)  ISAAC LOYAL  19e. INFORMANT'S NAME (Type/Print)  MARGARET GREEN  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  1208 GLENWOOD AVE BALTO MD. 2123  20e. METHOD OF DISPOSITION  MARGARET GREEN  20b. PLACE AND DATE OF DISPOSITION/Name of Cemeters placed  10b Date of Comments of Comments of Cemeters placed  21c SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  LOCKS FUNERAL HOME / 1304 N.  23. PART T. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart feiture. Liet only one cause on each line.  IMMEDIATE CAUSE (Fined diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	9  WIN, State  CITY  CENTRAL  Approximate interval Between											
ISAAC LOYAL  19e. INFORMANT'S NAME (Type/Print)  MARGARET GREEN  19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)  1208 GLENWOOD AVE BALTO MD. 2123  20e. METHOD OF DISPOSITION  18 Sequential 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Competer) Competers, company or other (specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)  1208 GLENWOOD AVE BALTO MD. 2123  20c. LOCATION — City or Town  20th PLACE AND DATE OF DISPOSITION (Name of Competers)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  LOCKS FUNERAL HOME / 1304 N.  23. PART T. Enter the diseases, or complications that caused fine death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart feliure. Liet only one cause on each line.  1MMEDIATE CAUSE (Finel disease or condition resulting in death)  Due TO (or As a Consequence of):	CITY CENTRAL Approximate interval Between											
MARGARET GREEN  1208 GLENWOOD AVE BALTO MD. 2123  20e. METHOD OF DISPOSITION    Commendation   C	CITY CENTRAL Approximate interval Between											
23. PART T. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart feilure. Liet only one ceuse on each line.    MMEDIATE CAUSE (Finel diseases or conditions)	CITY  CENTRAL  Approximate interval Between											
23. PART T. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due TO (or as a consequence of):	Approximate interval Between											
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  e. COCAINE INTOXICATION  DUE TO (OR AS A CONSEQUENCE OF):	interval Betwe											
Sequentially list annotations 6.	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  e. COCAINE INTOXICATION											
Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING												
CAUSE (Disease or injury that initiated events resulting in death) LAST  C.  DUE TO (OR AS A CONSEQUENCE OF):  d.												
ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE  PERFORMED?  1 Ves 2 No	WERE AUTOPSY FINDIN AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:												
1 Inpetient 25 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 28s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED												
1 Netural 5 Fending (Month, Day, Year) INJURY WORK? 2 Accident Investigation UNKNOWN UNKNOWN 1 Yes 2/X NO UNKNOWN												
3 Sulcide 6\(\)\(\)\(\)\(\)\(\) Could not be determined determined	ATION (Street end Number or Rural Route Number, or Town, State)											
29e. CERTIFIER (Check only one)  29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner se stated.  2 SEPTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner se stated.	and manner ce stated											
29b. SIGNATURE AND TITLE OF CENTURER 29d. DATE SIGNED	(Month, Day, Year)											
O.C.M.E FEB. 27	, 1994											
HOMOMO A. WORN 111 Penn Street, Baltimore, Maryland 21201  31. DATE FILED (Month, Day, Your)  MAR 0 9 1994  Julia Maryland 21201	MAMAMAR A. VARIAN 111 Penn Street Baltimore Maryland 21201											



1. DECEDENT'S NAME (First, Middle, Last)  MARTHA		EIMBAC			DATE OF DEATH DO ARCH O	7 199	7.35 P.M. M				
217 01 0031	1 DM 2 DF 83	YRS.	IF UNDER 1 YEAR RONTHS DAYS	HOURS MIN.	ept. 10, 1	910	BIRTHPLACE (State or Foreign Country) Maryland				
90. FACILITY NAME (If not institution, give atm GOOD Samaritan HOS RESIDENCE OF DECEMENT				IMORE		9c. COUNT	Y OF DEĂTH				
10a. STATE 10b. COUNTY Maryland			town on Local	TION		10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
3307 Moravia Road				21214	TH.	U.S.	N OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPANIC Cocify Cuban, Mexican, Pr 2 NO Specify:		s or No — 14	Black, White, etc.  Specify: White				
15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 8+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Homemak	ork done during mo retired.)	DN set of working	166. KIND OF BU		***************************************				
17. FATHER'S NAME (First, Middle, Lest) Maurice	Hart:			16. MOTHER'S NAME (			sell				
196. INFORMANT'S NAME (Type/Print)  C. RUSSELL Leimbach  144 Ringneck Drive. Harrisburg. Pa. 17112  206. METHOD OF DISPOSITION 1 M Burlet 2 Cremetton 3 Comment of Superior County or Other (Specify)  1 DATE 206. LOCATION — City or Town, State, Zip Code)  20b. PLACE AND DATE OF DISPOSITION (Name of Comment of											
23. PART I. Enter the diseases, or contained, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that cause lat only one cause on a	ach lina. A CERE	BRAL		cerdlec or resp						
Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)  A CONSEQUENCE OF)	TENSI	DN			SIX YEAR				
PART II. Other algnificant conditions	contributing to death i	out not reaulting in	tha undarlyin	g cause given in Par	t I. 24a, WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1  ves 2 No				
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  OTHER:											
EXAMINER?		Patratit 3 - DOM		DED							
EXAMINER?		28b. TIME INJU	M 1 □	PRK? YES 2 NO		and Number or	Rural Route Number,				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

DR. SHALINI, GOOD SAMARITAN

31. DATE FILED (Month, Day, Voer)

MAR 0 9 1994

HOSPITAL, BALTIMORE, MD



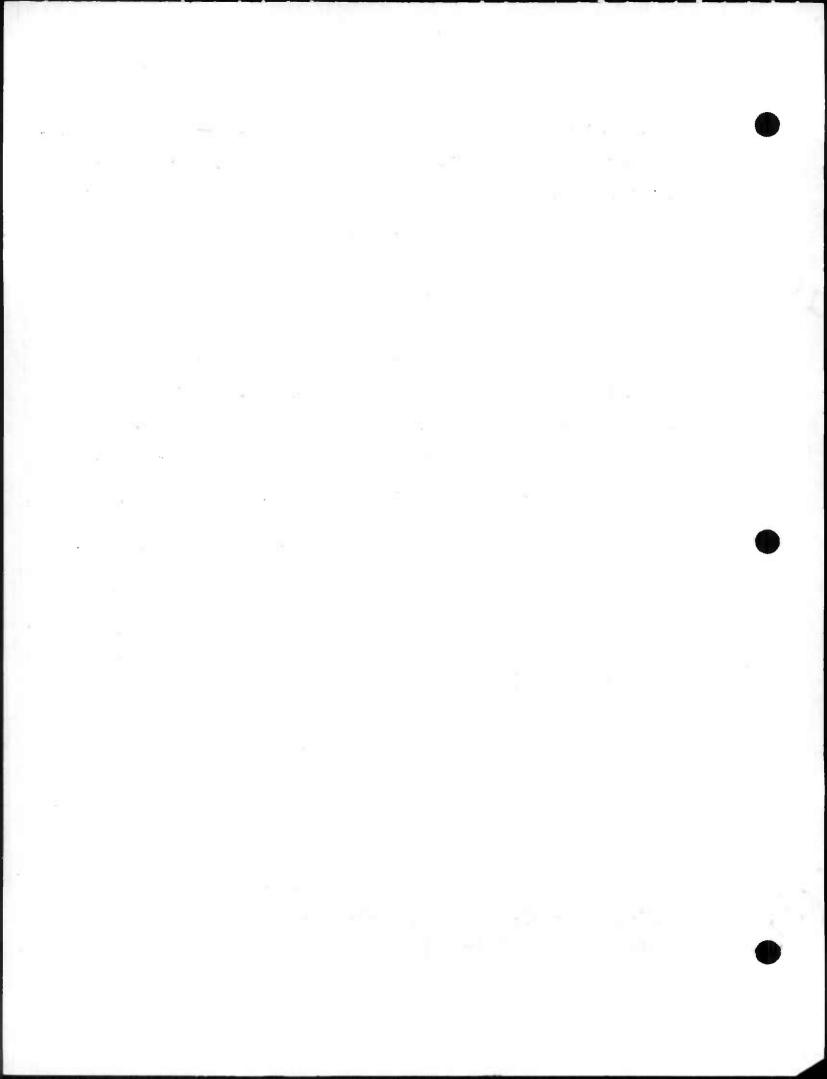
•	P
85	
68760	
=	
Ф	
~	
-	
w	
10	
~	
-	
ж.	
-	
u	
BOX	
ш	
_	
o	
$\smile$	
۵.	
_	
m	
4,	
$\cap$	
~	
_	
$\sim$	
$\sim$	
11	
$\mathbf{\circ}$	
111	
_	
~	
TAL RECORDS	
_	
-00	
Q.	
_	
_	
-	
200	
ш.	
-	
O.	
_	
_	
~	
0	
$\circ$	
_	
-	
U)	
-	
_	

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and within a flow in the floweral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

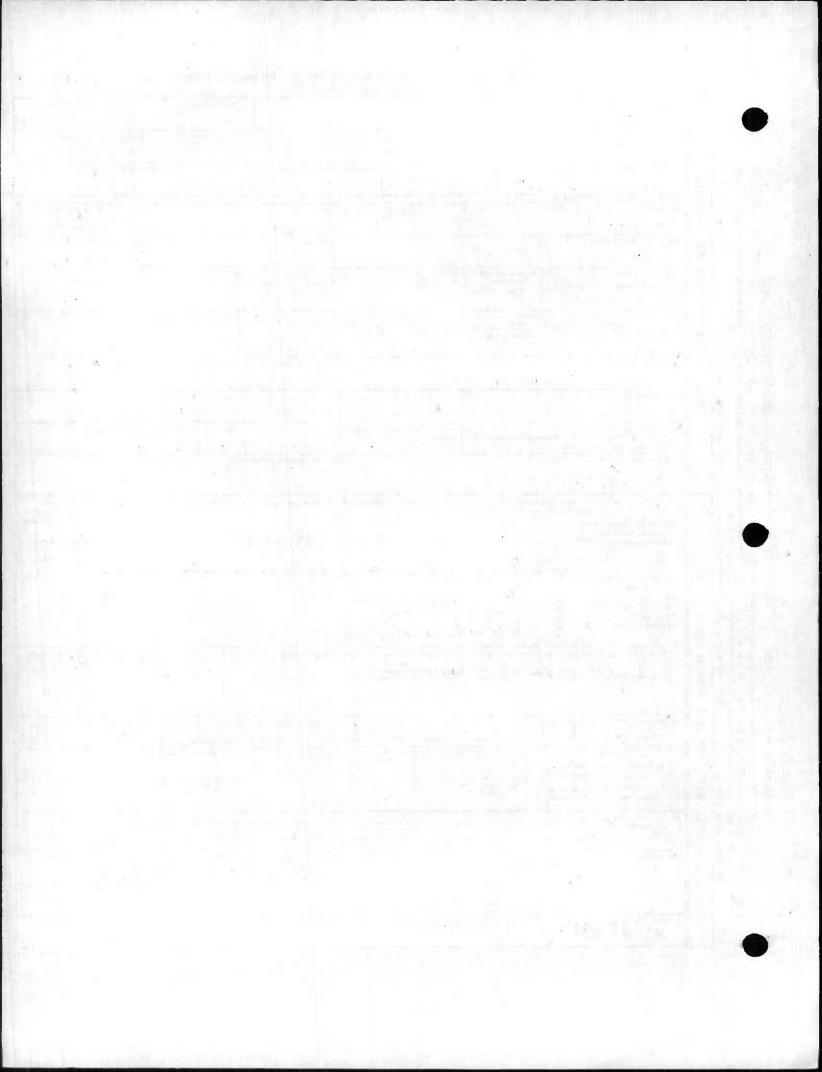
I	tem2,Film709,3/23/9	94,1t											
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAN	D / DEPAR	TMENT	OF H	EALTH AND I		YGIEN REG. NO	-	) L	07089	
	1. DECEDENT'S NAME (First, Middle, Lest) Ethel M. Lardir							2. DATE OF MONTH	D	AY 199	/ YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER  175-22-3295	5. SEX	6. AGE (In yr	s. last birthday) YRS.	IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	3/6/ 7. DATE OF (Month, De Sept.	BIRTN ny, Ybar)		8. BIRTNP: Country)	7:00 a M LACE (State or Foreign	
OR	9a. FACILITY NAME (# not institution, give so 3717 Tustin Road	treet and number)					or LOCATION OF DE		10,	9c. CO	Inty of DEA	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Md			y, town o					0d. INSIDE CITY LIMITS?  YES 2 NO				
FUNERAL	3717 Tustin Road					101	21042	10g. CITIZEN OF				AT COUNTRY?	
BY	11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Married 3 ★ Widowed 4 ☐ Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	- 1	l yes, spi	ENDENT OF HISPAN acity Cuben, Maxica 2 ZNO Specify	in, Puerto Rica		s or No-	Specify.	- American Indien, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	(Give kind of life. Do NOT u.	EDENT'S USUAL OCCUPATION Is kind of work done during most of working No NOT use retired.)										
	17. FATNER'S NAME (First, Middle, Last)  John W. Carroll	4		Tead	cher	Elementary School  18. MOTNER'S NAME (First, Middle, Maiden Surname)  Alice J. Firbank						01	
TO BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number or Rural I				ip Code)		
-	Mary Ann Miller  3717 Tustin Road, Ellicott City, Md. 21042  20e. METHOD OF DISPOSITION 1												
	22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home 736 Edmondson Avenue Balto, Md. 21228												
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	List only one cau	se on each	line.	not enter	the mo	de of dying, suc	h ss cardlec	or resp	iratory s	rrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	IMMEDIATE CAUSE (Finst disease or condition resulting in death)   Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CI	Cor Pulmonale Performed?  1 yes 2 no of de											VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER	1:	ACE OF DEATH (Ch	eck only one)  6  Other (Si	pecify)				
ву РН	27. MANNER OF DEATH  Netural 5 Pending    Pending Investigation	1 🗆 1	RK? 'ES 2 NO	28d. DESCRIBE NOW INJURY OCCURED									
COMPLETED	3 Suicide 8 Could not be determined	building,	atc. (Specify)	At home, farm,	÷			City or To	own, State;		or Rural Ro	ite Number,	
COMP	(Check only one) 2 MEDICAL EXAMINE	R: On the besis of a										and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  Jel  30. NAME AND ADDRESS OF PERSON WIN	lenano	SE OF DEATH	(ITEM 27) (\$	Print1 -		d 34	613		29d. DA	3/7	Aonth, Day, Year)	
		eller	9501	Old	A	\na	polis 1	3 6	Mac	oty (	Coly W	10 2/042	

DHMH-16 Rev 1/89

Steven G 31. DATE FILED (MONTH, Day, Year) MAR 0 9 1994

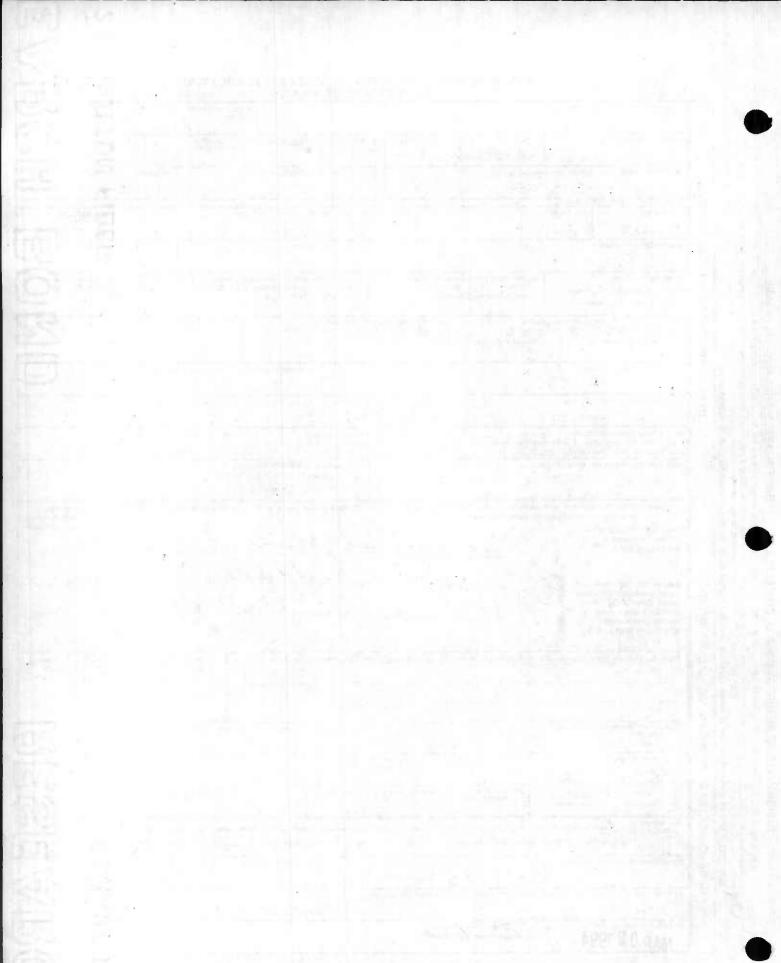


n.			CENTIFI	CATE OF	DEATH	1	HEG. IVO.	94	
	1. DECEDENT'S NAME (First, Middle, Les Lillian V:		ICOT N			MONTH		YE	
	Lillian Virginia LINCOLN  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)   IF UNDER 1 YEAR					7. DATE (	07		4 164 BIRTHPLACE (State or I
	215-40-8815	1 □ M 2 □ F 85		MONTHS DAYS	HOURS MIN.		09 1908	0	Maryland
	9a. FACILITY NAME (If not institution, give	03		9b. CITY, TOWN	OR LOCATION OF D				OF OEATH
CTOR	St. Agnes Hosp	ital		Ва	ltimore	City			
띮	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	NTY	10c, CITY	, TOWN OR LOCA	TION				10d. INSIDE CIT
DIRE	Maryland			Ba1	timore				LIMITS?
	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. (	CITIZEN	OF WHAT COUNTRY?
FUNERAL	2828 Carroll S	t			21230			U.	S.A.
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	B 2X NO	If yes, s	CENOENT OF HISPA pecify Cuban, Maxico 5 2 X NO Specific	an, Puerto R	? (Specify Yes or No- ican, etc.)		RACE — American Ind Black, Whita, etc. Specify: Whit
ED	15. OECEDENT'S EL (Specify only highest gra	DUCATION ade completed)	18a. DECEDENT'S	USUAL OCCUPATI		16b.	KIND OF BUSINESS	INDUST	RY
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Itte. Do NOT us	e retired.)			1.0		£ .
COMPL	8		Asser	nbly Lir				_	anufactur
-	17. FATHER'S NAME (First, Middle, Last) Charles E. TOW	NSFND					liddle, Maiden Surnam	-/	
8	19a. INFORMANT'S NAME (Type/Print)	HULLIND	19h MAII ING	ADORESS /Street			VAILABLE)  or, City or Town, State,		(a)
2	Edward A. Linco	1n					ersville,		
	20a. METHOD OF DISPOSITION	20	0b. PLACE AND DATE O	F DISPOSITION (N	tame of	OATE	20c. LOCATION	— City	or Town, Stata
	1 23 Burisi 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	oudon Par	k Cemet	ery	3/10	Baltim	ore	, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSES	)		NO ADDRESS OF FA		OME, INC.		10.11.01
	1. The	of colores					Baltimor		MD 21229
IFICATION	disease or condition	. (14/4)10	pulmon	ARRY	ARRE	57	-		Onset an
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. Hype	A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF	):	ARNE	en C	rela T	ue	
빙	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF	): //atu	-,		24e. WAS AN AUTOP		10m
MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF	): //atu	-,			SY	10m
MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions are also in the condition of the conditions of the c	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	): //atu	-,	Part I.	24s. WAS AN AUTOPPERFORMED? 1 YES 2 14 NO	SY	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF DEATH?
SICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition of the condition	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF	n the underlyin	ng ceuse given in	Part I.	24a. WAS AN AUTOPPERFORMED? 1 YES 2 W NO	SY	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF DEATH?
MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition of the condition	d. At all long contributing to death the The Hospital:	A CONSEQUENCE OF A CONSEQUENCE OF but not reaulting I	26. P OTHER: 4   Nursing Hore Uny W	relace OF DEATH (C) The 5 Residence JURY AT ORK?	heck only on	24a. WAS AN AUTOPPERFORMED? 1 YES 2 W NO	SY	24b. WERE AUTOPSY: AMAILABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2
SICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infitted events resulting in death) LAST  PART II. Other aignificent conditions are successful to the sequence of the sequenc	DUE TO (OR AS  DUE TO	A CONSEQUENCE OF A CONSEQUENCE OF but not reaulting I  stipation: 3 □ DOA  28b. TIME	26. P OTHER: 4 □ Nursing Hor URY M 1 □	PLACE OF DEATH (C) The 5 GRandenca JURY AT ORK? YES 2 NO	heck only on	24a. WAS AN AUTOPPERFORMED? 1 YES 2 (24 NO 9) (Specify) CRIBE HOW INJURY	OCCURE	24b. WERE AUTOPSY: AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
ED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are successful to the sequence of the sequen	DUE TO (OR AS  DUE TO	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting I but not resu	26. P OTHER: 4 □ Nursing Hor URY M 1 □	PLACE OF DEATH (C) The 5 GRandenca JURY AT ORK? YES 2 NO	heck only one    28d. DES	24a. WAS AN AUTOPPERFORMED? 1 YES 2 PM NO (Specify)	OCCURE	24b. WERE AUTOPSY: AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
ETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the sequence of the sequ	DUE TO (OR AS  d. DUE TO (OR AS  d. A W  lona contributing to death  T De  HOSPITAL:  1   Inpatient 2   ER/Ou  28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY building, atc. (Sp	A CONSEQUENCE OF A CONSEQUENCE OF But not resulting I  stipation: 3 DOA  28b. TIMI INJ  RY — At home, farm, a  secify)	26. P OTHER: 4   Nursing Hor URY M 1   Intreet, factory, offlied	PLACE OF DEATH (CI	heck only one  8 Other  28d. DES  28f. LOCJ	24a. WAS AN AUTOPPERFORMED? 1 YES 2 (PMO) (Specify) CRIBE HOW INJURY ATION (Street and Num or Kown, State)	OCCURE  Stated.	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATHY 1 YES 2   ED
COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the cause of the conditions of the cause	HOSPITAL:    HOSPITAL:   Impatiant 2 STENIOUS     28a. DATE OF INJURY (Month, Day, Year)   28a. PLACE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF A CONSEQUENCE OF But not resulting I  stipation: 3 DOA  28b. TIMI INJ  RY — At home, farm, a  secify)	26. P OTHER: 4   Nursing Hor URY M 1   Intreet, factory, offlied	PLACE OF DEATH (C) THE 5 Residence JURY AT ORK? YES 2 NO ce a and place, and du death occured at the	heck only one  8 Other  28d. DES  28f. LOCJ City of	24a. WAS AN AUTOPPERFORMED? 1 YES 2 AP NO (Specify) CRIBE HOW INJURY ATION (Street and Num Ar Town, State) see(a) and manner as and placa, and due t	OCCURE stated.	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2   ED  Tural Route Number,
ETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the sequence of the sequ	HOSPITAL:    HOSPITAL:   Impatiant 2 STENIOUS     28a. DATE OF INJURY (Month, Day, Year)   28a. PLACE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF A CONSEQUENCE OF But not resulting I  stipation: 3 DOA  28b. TIMI INJ  RY — At home, farm, a  secify)	26. P OTHER: 4   Nursing Hor URY M 1   Intreet, factory, offlied	PLACE OF DEATH (CI	heck only one    B   Other   28f. LOC/ City of   e to the cau   e time, defa	24a. WAS AN AUTOPPERFORMED? 1 YES 2 AP NO (Specify) CRIBE HOW INJURY ATION (Street and Num Ar Town, State) see(a) and manner as and placa, and due t	OCCURE stated.	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATHY 1 YES 2   ED
COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the cause of the conditions of the cause	DUE TO (OR AS  DUE TO (OR AS  d. A W	A CONSEQUENCE OF  A CONSEQUENCE OF  but not reaulting I  repatient 3 DOA  28b. TIM INJ  AY — At home, farm, a secify)  wiedga, daeth occurre ion and/or investigation	26. P OTHER: 4   Nursing Hor E OF 28c. IN WITH W 1   Interest, factory, offliced at the time, date, in, in my opinion,	PLACE OF DEATH (C) THE 5 Residence JURY AT ORK? YES 2 NO ce a and place, and du death occurred at the	heck only one  B Other  28d. DES  28f. LOC/ City of  e to the cau e time, deta	24a. WAS AN AUTOPPERFORMED? 1 YES 2 AP NO (Specify) CRIBE HOW INJURY ATION (Street and Num Ar Town, State) see(a) and manner as and placa, and due t	OCCURE stated.	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2   ED  Tural Route Number,



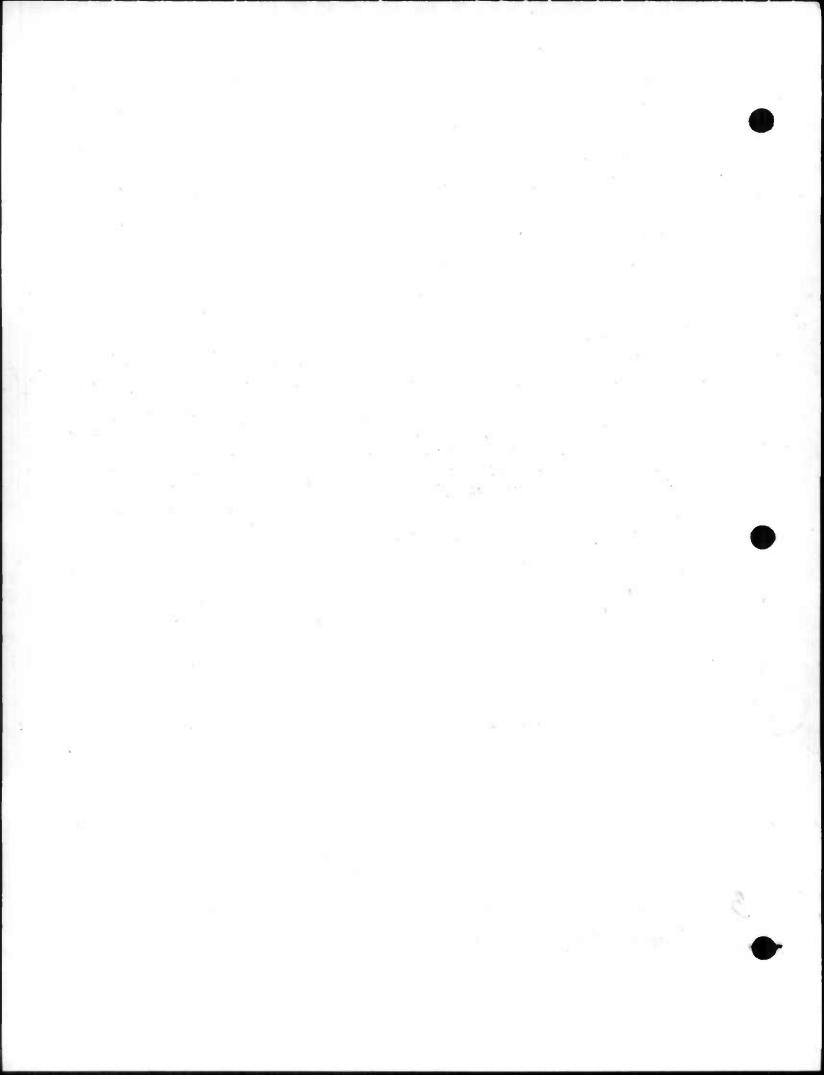
STOU, BALLIMORE, MARYLAND 2121	ours after death. Page 6 may be retained by the hospital or atter	completely med in by the funeral director, page 5 should be detached for use a fail, cremation, or removal.	c event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 68160,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use a be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (Fir				CERTIF		7.0			OF DEATH	AY.	YEAR	3. TIME OF DEATH
Ursula	E.	LAUKAI	TIS					MON!	80	***	94	6:40 A
4. SOCIAL SECURITY NUM 213-74-071		5. SEX	6. AGE (In y	rs. lasi birthday) YRS,	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year)	1007	Count	
90. FACILITY NAME (# not	Institution, give :	street end number)			9b CITY	TOWN (	OR LOCATION OF D	08 EATH	31	1907	INTY OF C	aryland
Meridian 1	Nursing						nsville	CAITI				imore
RESIDENCE OF DE	10b. COUNT	~										
Maryland		imore		10c. CI	TY, TOWN O		Ltimore					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBE	R					101	. ZIP CODE			10g. CI1	IZEN OF	WHAT COUNTRY?
826 S. Wa	arwick	Rd					21229				5.A.	
11. MARITAL STATUS 1 Never Married 2 5 3 Widowed 4 Dir	Married	12. WAS DECEDEN FORCES? 1	YES :	2 🖺 NO	31	f yes, sp	CENDENT OF HISPA ecity Cuben, Mexic 2 2 NO Speci	en, Puerio	N? (Specify Ye Rican, etc.)		14. RAC	E — American Indian, ik, White, atc.  White
												MUTTE
15. DE (Specify o	CEDENT'S EDU nly highest grade	CATION completed)	16	Give kind of	work done d	during mo	ON ost of working	16	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary 12	(0-12)	College (1-4 or 5	+)	Homema					Home	emake	er	
17. FATHER'S NAME (First,							18. MOTHER'S N	AME (First,	Middle, Meiden	Sumeme)		
Kasmer WA	AITUKAI	TIS					Anna	GAUI	LHAUSK:	IS		
19e. INFORMANT'S NAME				19b. MAILING	G ADDRESS	(Street	and Number or Rural	Route Nun	nber, City or Tox	vn, State, Zi	ip Code)	7 1 2 2 2
Ursula Tho	ompson						Rock Rd					20878
20g. METHOD OF DISPOS			20b. PI	ACEANDDATE				DA		CATION -	_	
1 Buriel 2 Cremet	llon 3 🗆 Rem	noval from State	cemete	udon Pa	other place	ema t	erv	3/1		ltimo		
A POLIMINATE O POLICE			_ 1100	danie I c				3/	lu Da.	LLLING	Te.	
21. SIGNATURE OF FUNER		CENSEE \\					- W					TID .
21. SIGNATURE OF FUNER		CENSEE /			22.1	NAME A	NO ADDRESS OF FARD FUNE	CILITY				110
23. PART I. Enter the	diseeses, or haart failure.	14	et caused thuse on each	) ha death. Do	22. I H	NAME AI UBBA 107	NO ADDRESS OF FA ARD FUNE Wilkens	RAL I	HOME, Balti	INC.	, MD	
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition	diseases, or heart failure.	a	O CA OF AS A CO	) ha death. Do	22. I H	NAME AI UBBA 107	NO ADDRESS OF FA ARD FUNE Wilkens	RAL I	HOME, Balti	INC.	, MD	21229
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to Imm cause. Enter UNDERL CAUSE (Disease or In that Initiated events	diseases, or heart failure.	a. Due to	O CA	na death. Do h lina.  ONSEQUENCE ONSEQUENCE ONSEQUENCE	22. PH 4	NAME AND UBBA 107 the mo	NO ADDRESS OF FARD FUNE Wilkens	AVE	HOME, Balti	INC. more :	, MD	21229
23. PART I. Enter the shock, or immediate CAUSE (f disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that Infiliated events resulting in death) LA	diseases, or heart failure.	a. Due for Due to d	O CA	na death. Do h lina.  ONSEQUENCE ONSEQUENCE ONSEQUENCE	22. PH 4	NAME AI UBBA 107 the mo	NO ADDRESS OF FARD FUNE Wilkens	AVE	HOME, Baltindlac or reap	INC. more :	, MD	21229  Approximate Interval Batw Onset and D  Mallable PRIOR TO COMPLETION OF CAUSO OF DEATH?
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to Imm cause. Enter UNDERL CAUSE (Disease or In that initiated eventa resulting in death) LA  PART II. Other aignifications.	diseases, or heart failure.	a. Due to	O CA CO CO CO CO CO CO CO CO CO CO CO CO CO	na death. Do h lina.  ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O	22. PH 4 4 not enter	NAME AI UBBA 107 the mo	NO ADDRESS OF FARD FUNE Wilkens Ide of dying, aud  g cause given in	AVE ch as car	HOME, Balti diac or resp  24a. WAS AP PERFO 1  YES	INC. more :	, MD	21229  Approximate Interval Batw Onset and D  Mallable PRIOR TO COMPLETION OF CAUSO OF DEATH?
23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisease or condition reaulting in death)  Sequentially list condition, leading to immease. Enter UNDERL CAUSE (Disease or In that Initiated eventa resulting in death) LA  PART II. Other algniffer the state of the shock of the s	diseases, or heart failure.	a. Due to	OR AS A CO	na death. Do h lina.  DNSEOUENCE C  SONSEOUENCE C  ONSEOUENCE C  ONSEOUE	22. PH 4 not enter	NAME AI UBBA 107 the mo	DO ADDRESS OF FARD FUNE Wilkens Inde of dying, aud g cause given in LACE OF DEATH (Come 5   Residence HURY AT	AVE	HOME, Balti diac or resp  24a. WAS AP PERFO 1  YES	INC. more, viratory at	, MD rest,	21229  Approximate Interval Batw Onset and D  Mallable PRIOR TO COMPLETION OF CAUSO OF DEATH?
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA  PART II. Other algniffer the state of the shock of t	diseases, or heart failure.  itiona, lediete YING jury ST  TO MEDICAL	b. pue to c. Due to d. HOSPITAL:	OR AS A CO	na death. Do h lina.  DNSEOUENCE C  SONSEOUENCE C  ONSEOUENCE C  ONSEOUE	22. PH 4 4 A North English of the unit of	NAME AI UBBA 107 the mo	DO ADDRESS OF FARD FUNE Wilkens Inde of dying, aud g cause given in LACE OF DEATH (Come 5   Residence	AVE	HOME, Balti diac or resp  24a. WAS AN PERFO 1  YES :	INC. more, viratory at	, MD rest,	21229  Approximate Interval Batw Onset and D  Mallable PRIOR TO COMPLETION OF CAUSO OF DEATH?
23. PART I. Enter the shock, or IMMEDIATE CAUSE (f disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Accident	diseases, or heart failure.  Itiona, ediete ying jury ST  TO MEDICAL	b. DUE TO d. HOSPITAL: 1   Inpatient 2   28e. PLACE 0	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	na death. Do h lina.  ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  ONSEQUENCE O  At home, form,	or or or or or or or or or or or or or o	NAME AI UBBA 107 the mo	DADDRESS OF FARD FUNE. Wilkens Inde of dying, aud g cause given in  LACE OF DEATH (C. THE S RESIdence URRY AT URRY AT URRY AT URRY AT URRY AT URRY AT	Part I.	HOME, Balti diac or resp  24a. WAS AN PERFO 1  YES :	INC. more : hiratory and NAUTOPSY RMEO? 2 NO	24	21229  Approximate interval Batw Onset and D  b. Were autopsy Finol Alaliable Prior to Completion of Causoff Death?  1 Yes 2 No
23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5	diseases, or heart failure.  Itiona, ediete ying jury st Condition  To MEDICAL  Pending investigation  Could not be determined	b. DUE TO  d. HOSPITAL: 1   Inpatient 2   28e. DATE Of building.	OF INJURY —, etc. (Specify)	na death. Do h lina.  DNSEOUENCE  DNSEOUENCE  ONSEOUENCE  ONSEOUENCE  20b. Til IN  At home, ferm,	or HER 4/2, Num  OTHER 4/2, Num  ME OF 1, JURY M  street, tactor	NAME AI UBBA 107 the mo	RD ADDRESS OF FARD FUNE Wilkens Inde of dying, aud g cause given in LACE OF DEATH (C) The 5 Residence JURY AT TYPES 2 NO	Part I.	24a. WAS AN PERFO 1 VES:	INC. more; hiratory and NAUTOPSY RMED? 2 NO INJURY OC	24l	Approximate interval Batw Onset and D  b. Were autopsy Finon AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO
23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5	diseases, or heart failure.  Itiona, lediete thing jury ST  TO MEDICAL  Pending investigation  Could not be determined  RTIFYING PHYS  DICAL EXAMINI	b. DUE TO  d. DUE TO	OF INJURY —, etc. (Specify)	na death. Do h lina.  DNSEOUENCE  DNSEOUENCE  ONSEOUENCE  ONSEOUENCE  20b. Til IN  At home, ferm,	or HER 4/2, Num  OTHER 4/2, Num  ME OF 1, JURY M  street, tactor	NAME AI UBBA 107 the mo	RD ADDRESS OF FARD FUNE Wilkens Inde of dying, aud g cause given in LACE OF DEATH (C) The 5 Residence JURY AT TYPES 2 NO	Part I.  28t. LOCAL DE LITTE D	24a. WAS AN PERFO  1 VES:  SCRIBE HOW  CATION (Street or Town, Stete	INC. more; piratory at	241  CCUREO or or Rural sted.	Approximate Interval Batw Onset and D  b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO
23. PART I. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA  PART II. Other algniffer  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 NO  27. MANNER OF DEATH  2 Accident 3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only one) 2 1 ME	diseases, or heart failure.  Itiona, lediete thing jury ST  TO MEDICAL  Pending investigation  Could not be determined  RTIFYING PHYS  DICAL EXAMINI	b. DUE TO  d. DUE TO	OF INJURY —, etc. (Specify)	na death. Do h lina.  DNSEOUENCE  DNSEOUENCE  ONSEOUENCE  ONSEOUENCE  20b. Til IN  At home, ferm,	or HER 4/2, Num  OTHER 4/2, Num  ME OF 1, JURY M  street, tactor	NAME AI UBBA 107 the mo	DO ADDRESS OF FARD FUNE WIIKENS INDEDITION OF THE PROPERTY OF	Part I.  28t. LOCAL DE LITTE D	24a. WAS AN PERFO  1 VES:  SCRIBE HOW  CATION (Street or Town, Stete	INC. more; piratory at	241  CCUREO or or Rural sted.	21229  Approximate Interval Batte Onset and D  b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO



ĮŒ	
-	
S	
× 50.	
F	
Z	
$\overline{S}$	
S	
>	
0	

		FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL HYGIEN REG. NO	7 1.1	07092
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE	3. TIME OF DEATH
			L. MORG	AN			2-28-94		11:50A M
2		4. SOCIAL SECURITY NUMBER 249 16 0986	1 M 2 🗆 F	n yrs. lest birthday) 74 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 - 22 - 19	C	HRTHPLACE (State or Foreign country)
2, 3 should	ОВ	99. FACILITY NAME (If not institution, give str 2000 O'dell A	# *	1613		or location of di	EATH	9c. COUNTY	n a
	닯	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		soc CITY	r, TOWN OR LOCAT	FION			10d. INSIDE CITY
permit. Pages	L DIRECTO	Maryland 10e. STREET AND NUMBER	na		Baltimo	re			LIMITS? 1 YES 2 NO
	ERAL				101	f. ZIP CODE	_		OF WHAT COUNTRY?
trans	FUNE	2000 O'dell A	Venue #1  12. WAS DECEDENT FVER IN	613	12 WHO DEC	2123	VIC ORIGIN? (Specify Yes		US
215-0020 attending physician. ise as the burial-transit	BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, OIVE WAR OR DA	2 NO	if yes, sp		in, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: Black
T. 5 2	ETED	15. DECEDENT'S EDUC (Specify only highest grade of Etementary/Secondary (0-12)	completed)	16e. DECEDENT'S (Give kind of w life. Do NOT us	vork done during mo		16b. KIND OF BU	SINESS/INDUSTI	₹
ND 2. hospital o		5	College (1-4 or 5+) N/A	Lah	orer		Const	ructi	on
AND the hospita detached	COMPL	17. FATHER'S NAME (First, Middle, Last)		шаг	VOLET	18. MOTHER'S NA	ME (First, Middle, Maiden		
8 8 8 Z	ш	Nathaniel Mo:	rgan			Arrie	Davidson	l	
MAR retained 5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street a	and Number or Rural	Route Number, City or Tow	n, State, Zip Code	9)
5 5 5	ř	Irene Jennette		900	Grand	Concour	se #10B-	N Bro	nx, NY 1045
		20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	val from State 20b.	PLACE AND DATE O	OF DISPOSITION (Ne	eme of	DATE 20c, LO	CATION - City	or Town, State
		1 Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 1 D  21. SIGNATURE OF FUNERAL SERVICE LICE	state remo	oval Me				Cato	nsville, MD
		21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE			Y FUNER	CAL HOME		
		JURIA F	Walter,	nu	108	W. Nort	h Ave.	Balto	, MD 21201
S C 5 5		23. PART / Enter the diseases, or co	omplications that caused list only one ceuse on ea	the death. Do n	ot enter the mo	de ot dying, auc	h as cardiac or reapi	ratory arrest,	Approximate Interval Between
the the		IMMEDIATE CAUSE (Finel disease or condition resulting in death)			- 50	OOEN	PEA	TH	Onset and Death
omplete omplete I. crem.			DUE TO (OR AS A	CONSEQUENCE OF	7):				
	N	Sequentially list conditions,		PERTE		7			
rau pe	RTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING	PERIP	CONSEQUENCE OF	): ' \	ASCULA	R 019	CEA SI	6
ficate phys	F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	- U/	/ (01/		, LI - 2	
P.O. th certing and hygie		resulting in deeth) LAST	DIABE	TES	ME	ELLITI	٦ ٢		
deal deal aft	빙	DART II Other clearly and a selling							
een signed by the of Health and M	MEDICAL	PART II. Other significent conditions	contributing to death bu	ut not resulting l	n the underlying	g cause given in	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
been s t. of H							_		1 YES 2 NO
Dept Dept	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 81	ACE OF DEATH (C)	ant anti-on-t		
Signal The Certificate has State [1, or Item]	딩	EXAMINER?	HOSPITAL: 1	etlant 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch			
HYSIGA HYSIGA His certif with the	H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	E OF 28c. INJ	URY AT	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	D
NG PHYS frer this cath with marked	ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJ	44	YES 2 NO			
TENDING OR: After frer death	8	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	Al home, farm, a	traat, factory, offic		281. LOCATION (Street		ural Route Number,
	ETE	4 Homicide determined	banding, etc. (opec				City or Town, State)		
RO OH TE	2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my knowle	edga, death occurre	d at the lime, date	and place, end due	to the ceuse(e) end mer	nner as stated.	
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	COMPL		: On the beels of exemination						ise(e) end manner ee atated.
HE HE HE PE WILL BE WILL	BE	296. SIGNATURE AND TITLE OF CERTIFIER	0 1			29c. LICENSE NUI		29d. DATE SIG	NED (Month, Day, Year)
TO THE HOSPIT TO THE FUNERA DE filed within 7	10 B	/ fin	Parshar	u		0400	08	▶ 3	8/94
3	_	30. NAME AND ADDRESS F PERSON WHO DR PARCHALL 2:	COMPLETED CAUSE OF DEA			more, MI	21237		
		31. DATE FILED (Month, Day, Year) MAR 0 9 1994	32. BEGISTRAR'S SIGNA	TURE					
		MAK U J 1994 O.	,						



BALTIMORE, MARYLAND 21203-3146	burs after death. Page 6 may be retained by the hospital or attending physician.	ad in by the funeral director, page 5 should be detached for use as the burial-transit permit, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Durs after death. Page 6 may be retained by the hospital or attending physician.	THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completer. As in by the funeral director, page 5 should be detached for use as the burial-transit permit. For moval, within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem. On the formula of the state of the state Dept. of Health and Mental Hygiene prior to burial, crem.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OMPLETED BY FUNERAL DIRECTOR	
TO BE C	
ITIFICATION	

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

DIVISION

ITEMS: 27, 28a-f, PER MEO FILM G-712 6/18/94 t.t. 07093 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. OATE OF DEATH 3. TIME OF DEATH 8:05 PRACE 4. SOCIAL SECURITY NUMBER 7. OATE OF BIRTH (Month, Day, Year 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MAN 1 M 2 F 577-42-7915 94 4/4/1899 Maryland 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Pleasant Living C.C. Edgewater, MD Anne RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY LIMITS? 10a STATE 10c, CITY, TOWN OR LOCATION MD 1 YES 2 NO Anne Arundel Mavo 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Box 7 Mayo MD 21106 Beverly Ave S.A 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 THOU IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Household Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Emma DeBaugh Goldsboro Thompson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 211 Beverly Ave. Mayo, MD Virginia Brown 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 20a. METHOD OF OISPOSITION

1 Burlel 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) Lincoln Cemetery Brentwood, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. Momes wes tus 21401 12 RideglyAve. Annapolis,MD 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Batween Onset and Deeth IMMEDIATE CAUSE (Final disease or condition Multi resulting in death) DUE TO (OR AS A CONSEQUENCE OF): eh'os Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING memia CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST in Gt PART ii. Other aignificent conditions contributing to death but not requiting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24s. WAS AN AUTOPSY COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 28. PLACE OF OEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL 4 Auraing Home 5 Residence 6 Other (Specify) **EXAMINER?** 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending Investigation 8 P M 1 YES 2 NO SUBJECT FELL FEB. 1, 1994 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 251. LOCATION (Street and Number or Rural Route Number, 3 Sulcide 6 Could not be 4 Homicide 211 BEVERLY AVE. MAYO, MD. HOME

29a. CERTIFIER CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day Worl 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH(ITEM 27) (Type, Print)
Daljit Sowmey, M.D. 1600 5. 1600 S. Crain Huy # 20/ Glen Burnie MD21041

31. DATE FILEO (Month, 9 1994



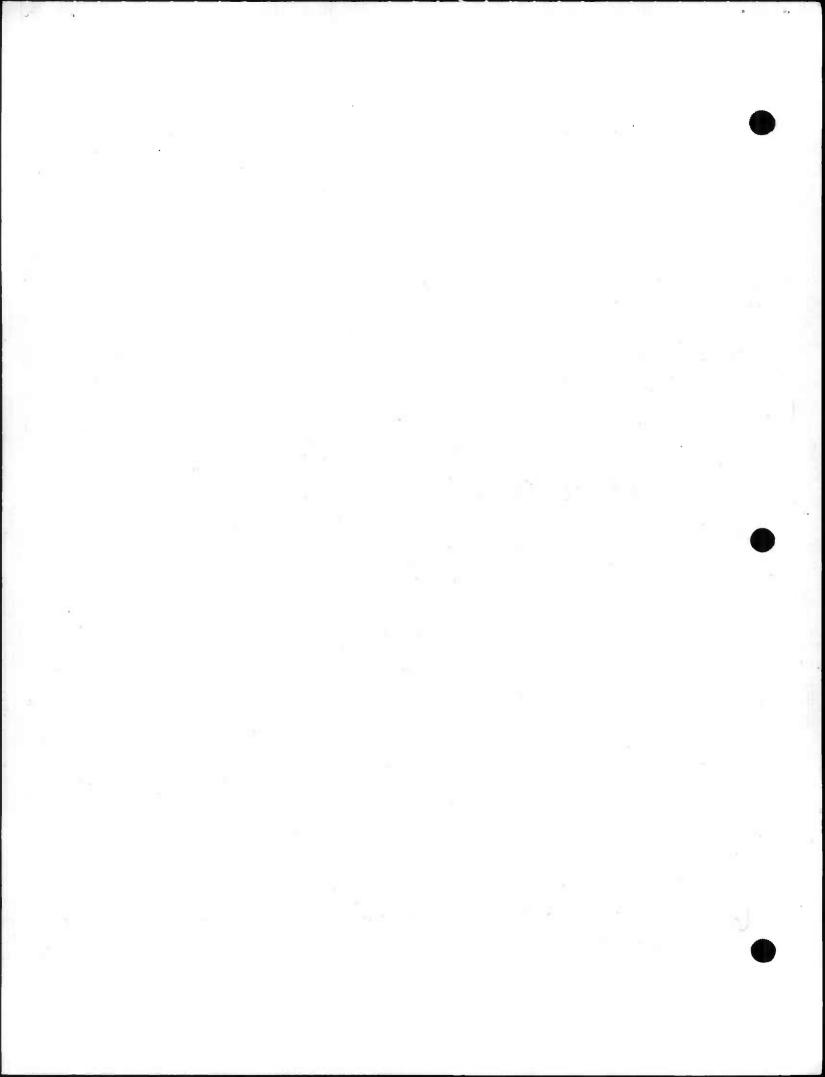
FOR 1 - STATE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFIC	CALE OF	DEATH	REG. NO		
		1. OECEOENT'S NAME (First, Middle, Last)	rt s	~			2. DATE OF CEATH MONTH	AY Y	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	95	BIRTHPLACE (State or Foreign
P		2/3-54-694	12 M 2 🗆 F	43 YRS.	NONTHS DAYS	HOURS MIN.	(Month/Day, Year)	50	Country) Md
3 should	œ	9e. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN C	OR LOCATION OF DI	ATH //X	9c. COUNTY	OF DEATH
s 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	100	10.077	7.00	muco e	MD		
t. Page	DIR	MD	_	100. 0114	TOWN OR LOCAT	will			10d. INSIDE CITY LIMITS?  1 YES 2 NO
physician. burlal-transit permit. Pages 1, 2,	FUNERAL	100. STREET AND NUMBER	Idell K	2	101	2000	8	10g. CITIZEN	OF WHAT COUNTRY?
physician. burial-tran	J.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. AMMED			IIC ORIGIN? (Specify Va	or No — 14.	RACE — American Indian, Black, White, etc.
	BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specif	n, Puerto Ricen, atc.)		Specify: Black
or attending r use as the	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. OECEDENT'S U (Give kind of wo life, Do NOT use	vrk done during mo		16b. KIND OF BU	SINESS/INDUS	RY
spital ed fo	APLE	Elementary(Secondary (0-12)	College (1-4 or 5 +)		untan	+	Balto	city	Health Dept
be detach	COMPL	17-FATHER'S NAME (First, Middle, Last)	ack			14 MOTHER'S NA	ME (First, Madde Maiden		
5 should be on notified at	) BE	190. INFORMANT'S NAME (Type/Print)	1	19b. MAILING A	ADDRESS (Street a	nd Number or Rugal	Route_Number, City or Tow		de) A
y be retinge 5 s	임	Carolyn M	ack	125	cherr	ndel	Rd B	alto,	md 21228
e 6 ma rector, p		20- METHOD OF DISPOSITION  Burlel 2 Cremetion 3 Rem  4 Oonation 5 Other (Specify)	oval from State	PLACE AND DATE OF	POSPOSITION (Ma	Park	31294 X	anda	er Jown, State
death. Page tuneral directly by		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER	)	22. NAME AN	D ADDRESS OF FA	CILITY		
9 - 9		23. PART I. Enter the disease, or	COUNTY That saved	the death De se	143	of in	Toush A	الحا	
ours or re		snock, or nesrt fellure.	List only one ceuse on ee	ech line.					Interval Between
recuted within the completely file burial, cremation, atic event, the		disease or condition resulting in death)	a. Brown Mus	SS (TOX	oplasm	1095 VS L	ymphoma v	's Abac	35)
and coming burial, commatte ev	Z		. End stace	e AID	5				
8 0 E	CERTIFICATION	Sequentisily list conditione, if sny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	CONSEQUENCE OF):					
death certificate be attending physician ental Hygiene prior to iry, or other traur	LIFIC	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):	:				
the attendii Mental Hy	CER	resulting in deeth) LAST	d						
at the deal by the att and Menta y injury.	EDICAL	PART II. Other significent condition	s contributing to death bu	at not resulting in	the underlying	g ceuse given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO
signed by Health an							1 YES :	NO ON	OF DEATH?
SICIAN: The taw requirectificate has been so the State Dept. of the to term 23 show	N: M						_		I YES 2 NO
N. The icate has State D	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpi		OTHER:	ACE OF DEATH (Ch			
PHYSICIAL this certifi with the riked, or	ЖНС	27. MANNER OF DEATH	26a. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		6 Other (Specify) 26d. DESCRIBE HOW	NJURY OCCUR	EO
MG PHYS Wher this leath with	BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	ES 2 NO			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the beford within 72 hours after death with the State Dept. of Health and MIMPORTANT: If Item 28 is marked, or Item 23 shows any Inji	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, str	eet, lectory, offici		28t. LOCATION (Street City or Town, Stete		Bural Route Number,
AL DIRECTOR AL DIRECTOR POURS	COMPLE		CIAN: To the best of my knowle						
HOSPITAL FUNERAL within 72 I	- 11	29b. SIGNATURE AND RITLE OF CERTIFIE	R: On the beels of examination	and/or Investigation,	In my opinion, d				
TO THE HOSPI TO THE FUNEP be filed within IMPORTANT:	O BE	( Illan				29c, LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)
/	ĭ	30. NAME AND AGORESS OF FERSON WH	15/	2. //	// X	2/20	2	79	
6		31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGNA	XULTIUGIL ATURE	MD	ala	-	<u> </u>	
		3/6/44/MAR 09	1994 Juli 55	initer fred	alla				



0	
2	
9	
9	
2	
7	
S	
7	
7	
1	
$\leq$	
œ	
d	
5	
шĩ	
Œ	
O	
¥	
=	
-	

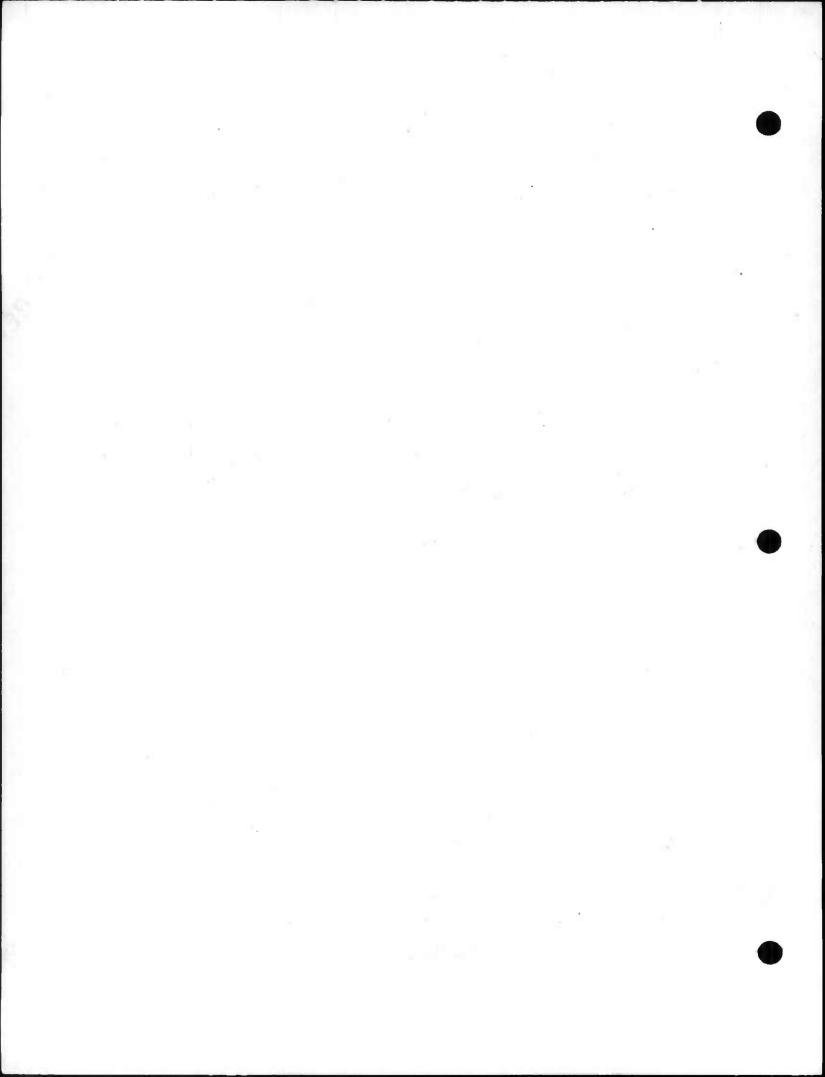
2, 3 should

ř	1
0	
( 68760	
~	
8	
×	
0	
BOX	A 10 10 10 10 10 10 10 10 10 10 10 10 10
	,
P.0	
$\tilde{}$	
а.	1
-	
S	
Œ	
0	1
~	
$\simeq$	
~	
ш.	
_	,
Ø	
⊢	í
_	
	ì
LL.	į
0	1
-	
~	
U	ì
7	į
	١
>	
DIVISION OF VITAL RECORDS, I	-
_	The same of the same of the same of the same
	i
	4

FINAL OFFICIATION STATEMENT THE LAW REQUIRES that the desaft certificate be especiated within a resolution with a statement of physician.  TALL OFFICIATION STATEMENT STATEMENT AS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, TA but state death with the State Dept. of Health and Merital Hygiene prior to burial, remaiding, or removal.	It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECT	
RAL DIRECTOR: After this certificate has been signed by the at 72 hours after death with the State Dept. of Health and Ments	the tem 28 is marked, or item 23 shows any injury,	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

FOR 1 - STATE BEGISTEAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 [3

	REGISTRAR		CE	RITH	ATE O	F DEATH	R	EG. NO.	- Υ					
	1. DECEDENT'S NAME (First, Middle, Lest) HELFN ME	LOON	HELEN	M. MEI	OON.		2. DATE OF OMONTH	DAY 05	YEAR	3. TIME OF DEATH  2045 M				
	4. SOCIAL SECURITY NUMBER						00							
		1 □ M 2 🔀 F	AGE (In yrs. less		NTHS DAYS		7. DATE OF E (Morith, De	y. Year)	Countr	PLACE (State or Foreign V) RVLHU)				
	Se. FACILITY NAME (If not institution, give st	reet and number)		9	b. CITY, TOW	OR LOCATION OF DI			UNTY OF D					
TOR.	ST AGNES HOS	PITAL			BAL	TIMORE	- C17	У						
입	10a. STATE 10b. COUNTY			10c, CITY, 1	OWN OR LO	ATION				10d, INSIDE CITY				
E E	MARYLAND BAL	-TIMORE	=			SVILLE				LIMITS?				
FUNERAL DIRECTOR	100. STREET AND NUMBER  333 HAR LEN	K LAN	E			101. ZIP CODE	3	10g. Cf	IZEN OF W	/HAT COUNTRY?				
3	11. MARITAL STATUS	12. WAS OECEDENT E	VER IN U.S. AR	MED	13. WILS O	ECENDENT OF HISPAI	VIC ORIGIN2 (S	pacify Yes or No		— American Indian,				
B	1 Never Married 2 Married 3. Widowed 4 Divorced	FORCES? 1 [	YES 2 N	0	If yes,	specify Cuban, Maxica ES 2 NO Specif	n, Puerto Ricar	1, etc.)	Black	White, etc.				
	15. OECEDENT'S EDUC	ATION	16a, OF	CEDENT'S US	UAL OCCUPA	TION	I 16h KIN	D OF BUSINESS/IN						
ΕI	(Specify only highest grade		(Gi	ve kind of work	done during	most of working	1000 1000	D OI DOGINEGO/III	10001111					
ا يّ	Elementary/Secondary (0-12)	College (1-4 or 5+)		omemal				Own Home	2					
žΙ														
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle	e, Maiden Surname)						
BE		Rooney				ŀ								
	19a. INFORMANT'S NAME (Type/Print)		191	MAILING AD	DRESS (Street	t end Number or Rural	Route Number C	City or Town State 2	in Code!					
임	HELEN ZEBE	1								AND 21014				
	770													
	20a, METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE A			metery 3	-8-94	Baltimo	re, Mc	wn, State				
	21. SIGNATURE OF TUNERAL SERVICE LIC	ENREE			22. NAME	AND ADDRESS OF FA	CILITY _							
	1 tester &	aslite	Mos	11		ling Asht Edmondson				21228				
	23. PART I. Enter the diseases, or c	omplications that o	aused the de	eth. Do not	enter the r	node of dving, suc	h aa cardiec	or respiratory s	rreat.	Approximate				
	shock, or heart failure. L	lst only one cause	on each line			, ,				Interval Between				
	IMMEDIATE CAUSE (Finel disease or condition	(	) noci							Onset and Death				
	resulting in death)		epsi											
			R AS A CONSEC											
z		. 4	emer	nti	en									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (O	R AS A CONSEC	UENCE OF):	0									
₹ I	cause. Enter UNDERLYING	50	acra	(	De	culs for		Lelcon	~					
Ĕ	CAUSE (Disease or Injury that initiated events		R AS A CONSEC					orce	1					
ΕI	resulting in death) LAST													
	PART II. Other eignificent conditions	contributing to de	ath but not n	euiting in t	he underly	ing ceuse given in	Part i 24a	. WAS AN AUTOPSY	/ 245	WERE AUTOPSY FINDINGS				
8					ino amaony	mg couse given in	7 417 1. 240	PERFORMED?	240.	AVAILABLE PRIOR TO				
EDICAL							10	YES 2 NO		OF DEATH?				
										1 YES 2 NO				
PHYSICIAN: M														
₹∥	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (Ch	eck naty one)							
잃။	EXAMINER?	HOSPITAL:	0/0 4 4 4		THER:									
<u>≃</u> 1	27. MANNER OF DEATH	28s, DATE OF IN				ome 5 Residence								
ᇵᆙ	1 Natural 5 Pending	(Month, Day,		28b. TIME C		NJURY AT VORK?	28d. DESCRIE	O YRULNI WOH 36	CCURED					
À I	2 Accident Investigation				M 1	YES 2 NO								
	3 Suicide 6 Could not be	28e. PLACE OF I building, ate	NJURY — At hor	ne, tarm, stre	et, tectory, of	fice		N (Street and Numb	er or Rural A	oute Number,				
	4 Homicide determined		a (opcomy)				City or to	wn, State)						
Щ	29a. CERTIFIER							-						
2	(Check only	SIAN: To the best of my												
ō	2 MEDICAL EXAMINE	t: On the beals of exam	nination and/or i	nvestigation, i	n my opinion	, death occured at the	time, data and	place, and due to	the ceuse(s)	and manner se stated.				
- 11	3 Suicides 6 Could not be detarmined building, atc. (Specify)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(e) and manner as stated.								TE SIGNED	(Month Day Year)				
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								200.00		imoran, pay, rour,				
m	296. SIGNATURE AND TITLE OF CERTIFIER	Ma	M			11112	4		2 1	16 0.				
TO BE	Mobadi	Ma	MD			30. NAME AND ADDRESS OF PERSON WHO POMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)								
m	Mobadi	PSMPLETED CAUSE	OF DEATH (ITEN	1 27) (Type, Pri	m) 7 A 6	Nes 1	055	D. BAC	310, M	D. 2/229				
m	Mobadi	D D R C	Lina	) 5	TA6	10431 Nes 1	0 S F	D. BAC;		D, 2/229				

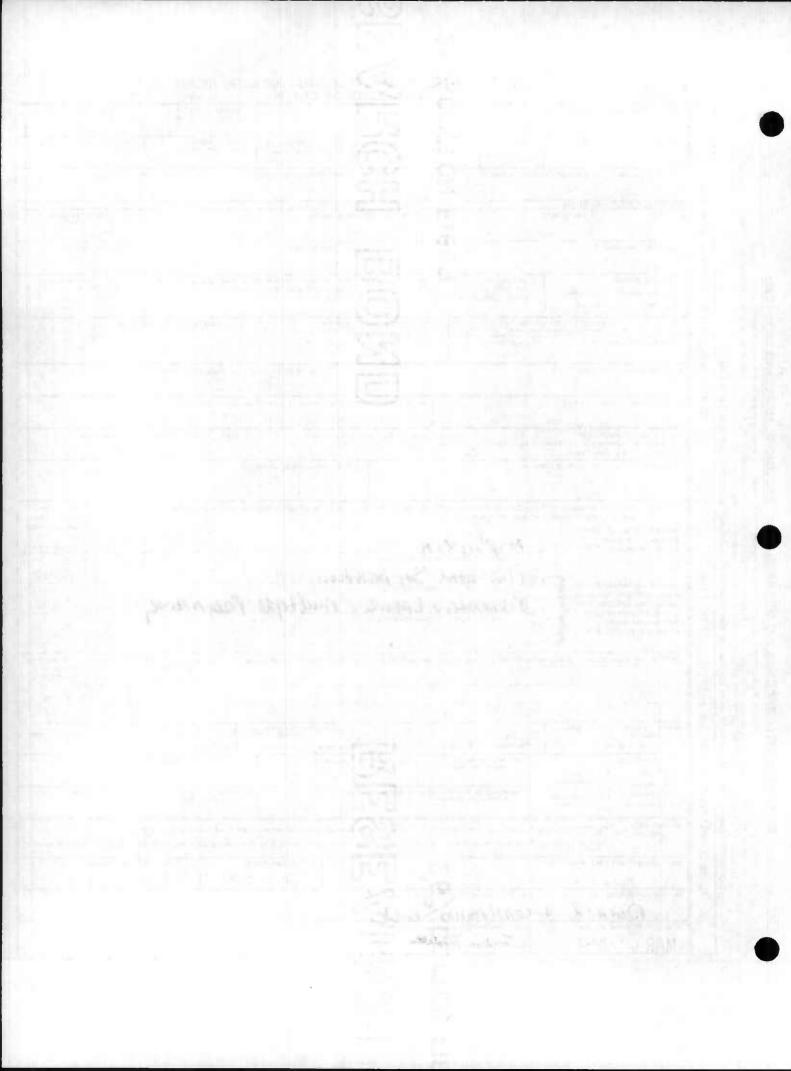


0	
N	
0	
0	
1	
S	
-	
1215-00	
7	
C	
-	
9	
Z	
1	
AN	
>	
Œ	
MARY	
=	
~	
- 00	
ш	
C	
$\overline{a}$	
V	
5	
-	
341	
3A	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans		
ending p	as the b		
or afte	use		
pital	ed for		
e hos	etach		
E C	9		4
etained	should		And Annual Street Control of the Con
be	age 5		-
5 maj	tor, p		
age	direc		1
eath. F	funeral		
ther d	/ the	JOVAL.	100
SULC	D D	or ren	100
4 47	filled	ion,	4
vithin	pletely	remat	-
v bet	СОТ	rial, c	-
1000	and a	to bu	100
te be	Sicial	prior	A
rifica	and b	jene	Alb.
es util	tendir	a Hyd	1
e des	he at	Ment	
hat th	19	and	
ires ti	signed	lealth	-
requ	need	0 .	1
e law	has	Dep	00
i i	ficate	State	- 44
SICIA	certi	h the	-
F	r this	th wit	1
NON	: Afte	r deal	1
ATTE	CTOR	s afte	
- OR	DIR	hour	
SPITA	ERAL	i flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	-
E HO	E FUA	d with	Parent A
E	王	File.	-

	1. DECEDENT'S NAME (First, Middle, Last)  BABY BOY B  4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. le	MCTEE				MARCH 3. 1994 4:14			
			1 🕅 M 2 🗆 F	6. AGE (III y/s. III	YRS.		WS HOURS	MIN. 50	7. DATE OF BIRTH (Month, Day, Year) MARCH 3	1994	Country, M	TD.
OR	90. FACILITY NAME (IF not THE JOHNS H	HOPKINS		2			MORE (		EATH		TIMOF	
RECTOR	RESIDENCE OF DE	10b. COUNT			10c. CITY	, TOWN OR L				DAL		10d. INSIDE CITY
ERAL DI	MD.	BALTI	MORE		. B.	ALTIMO	RE 101. ZIP COI	DE		10g. CIT		1 X YES 2 NO
NER	353 HERRING	G COURT	1				2123				.S.A.	
BY FUN	11. MARITAL STATUS  1 X Never Married 2  3 Wildowed 4 Div			HT EVER IN U.S., AI I YES 2 NAR MAR OR OATES	RMED NO	If ye		en, Mexico	NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	fee or No—	14. RACE Black, Specify	- American Indian, White, etc.
PLETED	15. DE (Specify of Elementary/Secondary	CEDENT'S EDU nly highest grade (0-12)	CATION completed) College (1-4 or 5	(0		USUAL OCCU rork done durir e retired.)	PATION og most of work	dng	16b. KINO OF E	USINESS/INC	DUSTRY	
BE COMPL	17. FATHER'S NAME (First, DAMON E	Middle, Last) EDWARDS		YES,					ME (First, Middle, Meid			
2	19a. INFORMANT'S NAME			16			reet and Numbi		Route Number, City or 1			2.1
	RONNETTE 20a. METHOD OF DISPOSI	ITION	1000	20b. PLACE		F DISPOSITIO		K I	BALTIMORI	LOCATION -		
	1 Buriel 2 Cremal 4 Donation 5 Othe	er (Specify)			remetory or ot JHH	her place)			3/4/94	BALTO.	MD	
3	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	JOHNS HOPKINS HOSPITAL 600 N. WOLFE STREET											
		diameter as										
	shock, or IMMEDIATE CAUSE (F disease or condition	heart failure.	Liet only one cet	use Dn aech iin	18.	ot anter the			FE STREET	spiratory an	rest,	Onset and I
	shock, or IMMEDIATE CAUSE (F	heart failure.	Liet only one cet	O (OR AS A CONSE	EOUENCE OF	ot anter the	moda of d			spiratory an	rest,	Approximate interval Betto Onset and E
ERTIFICATION	shock, or IMMEDIATE CAUSE (F disease or condition	heart failure.	e. ASP DUE TO DUE TO C. POLM	O (OR AS A CONSE	SUP A	ot anter the	mode of d	ying, suc				Interval Bett Onset and I
MEDICAL CERTIFICATION	shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if eny, leeding to imm cause. Enter UNDERLY CAUSE (Disease or inj that initiated events	heart failure.	e. ASPL DUE TO b. PLACO DUE TO c. PALM DUE TO d.	O (OR AS A CONSE	EQUENCE OF	or anter the	en mode of di	ying, suc	Part I. 24a. WAS.		24b.	Interval Bett Onset and E 50 mil 1 hour I ho
AN: MEDICAL	shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if eny, leeding to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other eignifications are supported in the conditions of the conditio	heart failure.	e. ASPL DUE TO b. PLACO DUE TO c. PALM DUE TO d.	O (OR AS A CONSE	EQUENCE OF	n the under	en mode of di	Hydi given in	Part I. 24a. WAS. PERF	AN AUTOPSY ORMED?	24b.	Interval Bett Onset and E 50 mil 1 hour I ho
AN: MEDICAL	shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if eny, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART ii. Other eignific	heart failure.	e. ASPL DUE TO b. PLACO DUE TO c. PALM DUE TO d.	O (OR AS A CONSE	EQUENCE OF	ot anter the	mode of di	Fight	Part I. 24a. WAS. PERF	AN AUTOPSY ORMED?	24b.	Interval Bett Onset and E 50 mil 1 hour I ho
PHYSICIAN: MEDICAL	shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if eny, leading to imm cause. Entar UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other eignifications of the condition of the co	heart failure.	b. POPITAL:	O (OR AS A CONSE	EQUENCE OF A COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF T	OTHER: 4   Nursing	mode of di	Henry given in	Part I. 24a. WAS PERF 1 YES	AN AUTOPSY ORMED?	24b.	Interval Bett Onset and E 50 mil hou hour stands of the second of the se
ED BY PHYSICIAN: MEDICAL	shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if eny, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other eignific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5	heart failure.  iltions, lediate YING jury IST  TO MEDICAL  Pending	b. DUE TO c. POLY DUE TO d. HOSPITAL: 1 1 Inpatient 2 1 28e. DATE OF (Month, E) 28e. PLACE C	O (OR AS A CONSE	COUENCE OF COUNCE OF COU	OTHER: 4   Nursing EOF   28-	mode of dispersion of the mode of dispersion of the mode of dispersion of the mode of dispersion of the mode of dispersion of the mode of dispersion of the mode of dispersion of the mode of dispersion of the mode of dispersion of the mode of dispersion of the mode of dispersion of the mode of dispersion of dispersion of the mode of dispersion of disp	Henry given in	Part I. 24a. WAS PERF 1 YES	AN AUTOPSY ORMED? 2 X NO	24b.	WERE AUTOPSY FIND ANALABLE PRIOR OF CALL OF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if eny, leeding to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other eignific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 OR Accident  2 Accident  3 Suicide 8 OR Accident  4 Homicide  29a. CERTIFIER (Check only)	TO MEDICAL  Pending Investigation  Could not be determined	B. DUE TO  DUE TO  DUE TO  C. POLY  DUE TO  d	DORAS A CONSE	TOURNEE OF COURNES OF THE COURNES OF	OTHER: 4   Nursing E OF   28 URY M   1	moda of divining couse  28. PLACE OF  Home 5   F  C. INJURY AT  WORK?  VES 2  office	given in  DEATH (C:	Part I. 24a. WAS PERF 1 YES Other (Specify) 28d. DESCRIBE HOTE 28f. LOCATION (Street	AN AUTOPSY ORMED?  2 [X] NO  IN INJURY OC  et and Number tee)	24b.	WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if eny, leeding to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other eignific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 OR Accident  2 Accident  3 Suicide 8 OR Accident  4 Homicide  29a. CERTIFIER (Check only)	theart failure.  Ittions, sediate ying jury	DUE TO  B. DUE TO  B. DUE TO  C. PALM  DUE TO  d	DEFINJURY — AI h, etc. (Specify)	SUPPLE OF COURNE	ot anter the	mode of de mode of de	given in  DEATH (C/ Residence  NO	Part I. 24a. WAS. PERF 1 VES  1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Streetly or Rown, State of the cause(a) and relime, date and place,	AN AUTOPSY ORMED? 2 M NO W INJURY OC et and Numbertee)	24b. CURED or or Rural Ro	WERE AUTOPSY FINE MAILABLE PRIOR TO COMPLETION OF CALO OF DEATH?  1 YES 2 NO



	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AI		6	07097	
	1. DECEDENT'S NAME (First, Middle, La				2. DATE OF DEAT		3. TIME OF DEATH	
	BABY BOY A. SOCIAL SECURITY NUMBER		MCTEER  E (In yrs. lest birthday)		MARCH 3	1994	3:21 P	
	9a. FACILITY NAME (If not institution, gh	1 ☑ M 2 □ F	YRS.		Month, Day, Yes	ar)	BIRTHPLACE (State or Foreign Country)  Find .	
CTOR	THE JOHNS HOPK			BALTIMORE			IMORE	
ECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COU		10c. CITY, 1	TOWN OR LOCATION	V111	DALL	10d, INSIDE CITY	
DIREC		ALTIMORE	В	ALTIMORE			1 YES 2 NO	
RAL	353 HERRING CO	HIDT		101. ZIP CODE 21231			OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF H	lexican, Puerto Ricen, etc	y Yes or No- 14.	.S.A.  RACE — American Indian, Black, White, etc.  Specify: BLACK	
COMPLETED 8	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor iffe. Do NOT use n	k done during most of working	16b. KIND OI	BUSINESS/INDUS		
BE CON	17. FATHER'S NAME (First, Middle, Last) DAMON EDWARDS			RON	'S NAME (First, Middle, METTE MCT	EER		
٥	19a. INFORMANT'S NAME (Type/Print)  RONNETTE MCTEI	75 75		RRING COURT	BALTIMORI			
	20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 R	2	tob. PLACE AND DATE OF the metery, cremetory or other	DISPOSITION (Name of		LOCATION — City		
	4 ☐ Donation 5 ☐ Other (Specify)		<b>Ј</b> НН	3/4/94 BALTO. MD,				
	JOHNS HOPKINS HOSPITAL  600 N. WOLFE STREET							
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Pregn A.	Ihour					
MEDICAL CE	PART II. Other eignificent condit	_ d.	t but not resulting in	the underlying cause give	PE	S AN AUTOPSY RFORMED? ES 2 🖄 NO	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEAT				
BY PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation	1 Pinpatient 2 PR/O 28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME (		28d. DESCRIBE H	OW INJURY OCCUR	ED	
G.	2 Accident Investigation 3 Suicide 6 Could not determined	28f. LOCATION (S City or Town,	treet and Number or i State)	Rural Route Number,				
COMPLET	000)	YSICIAN: To the best of my kn					succ(a) and manner sa stated	
TO BE C	296. SIGNATURE AND TITLE OF CERTIF	mp 30	ng,	29c. LICENS	ENUMBER 9369	29d. DATE SI	GNED (Month, Day, Year)	
	ON AID I	GAll Mahon	no	int)				
	MAR 0 9 1994	32. REGISTRAR'S SI	Marie					

the state of the backward of the state of th

BALTIMORE, MARYLAND 21215-0020

FUNERAL

BY

BE

ဥ

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

ndraw

MAR 0 9 1994

68760
BOX
P.0.
RECORDS,
F VITAL
O NOISINIO

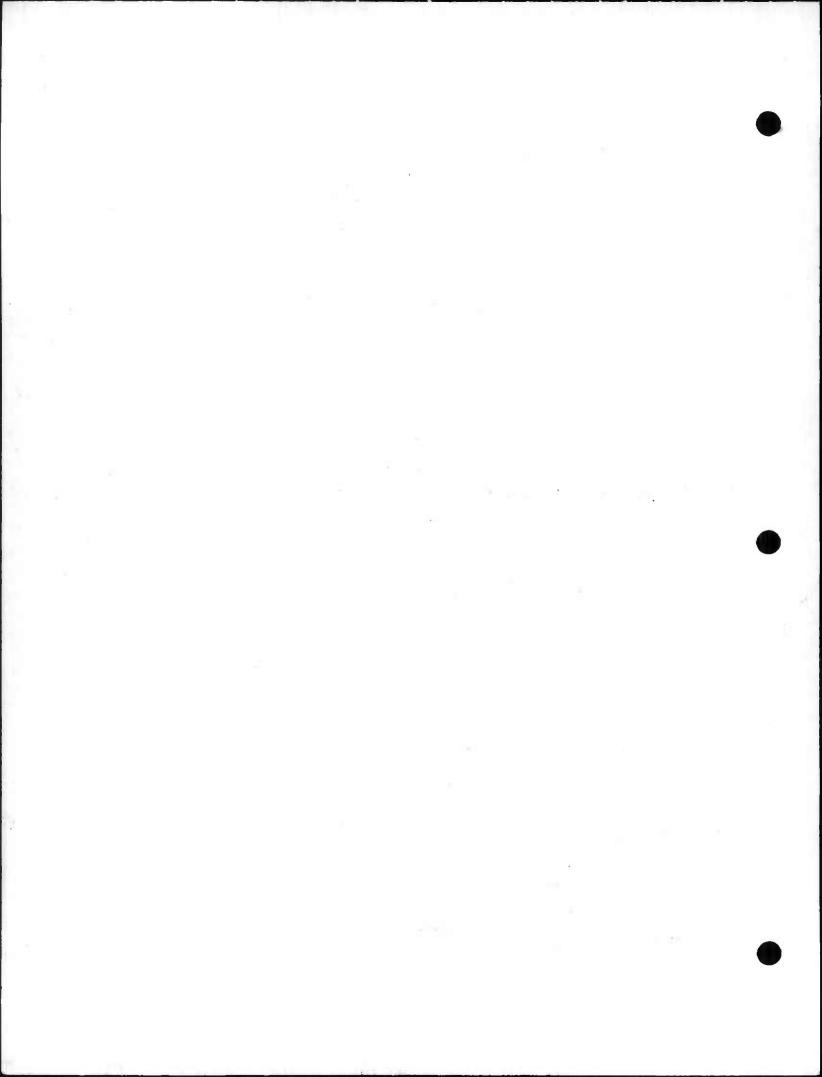
Pages 1, 2, 3 should permit. 1 be detached for use as the burial-transit retained by the hospital or attending physician. To funeral director, page 5 should notified 2 ě Раде 6 тау must examiner death. hours after de ed in by the fu or removal. medical completely filled in by within 24 I cremation, the event, executed been signed by the attending physician and con xt. of Health and Mental Hygiene prior to burial, traumatic death certificate be other 6 Injury, requires that the shows any AMP this certificate has be with the State Dept. 23 The tem OR ATTENDING PHYSICIAN: 10 marked, DIRECTOR; After the hours after death 28 Is tem FUNERAL ( HOSPITAL = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -96 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN ELMER DØNALD NASH 09:25 4 05 214 30 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Hear 3 7 2 BIRTNPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS VRS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Union Hospital Elkton Cecil County RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil County Elkton 1 YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 150 E. Main Street 21921 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 | YES 2 | NO IE YES, GIVE WAR OR DATES 52-56 Army 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

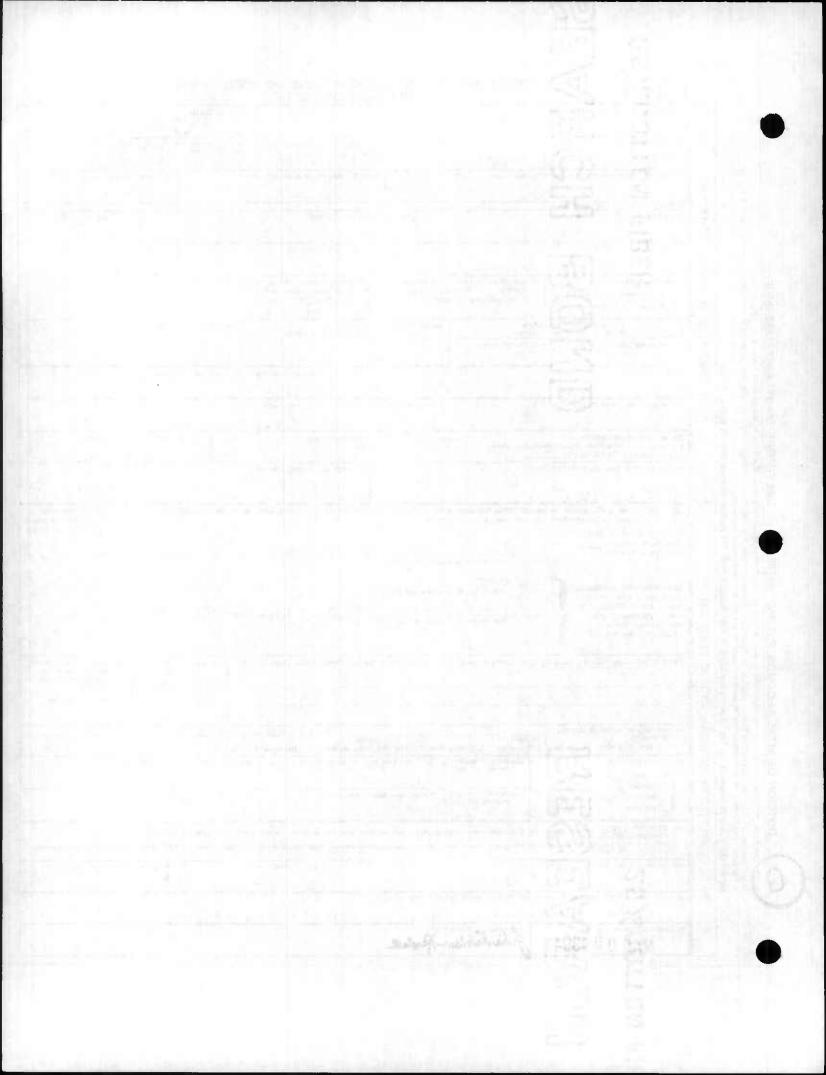
1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 □ Donation 5 □ Other (Specify) 11. SIGNATURA OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt,Balto,MD21201 anall PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each iina. interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition\_\_\_ ys tix Iteaut æ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): V 15 ax Sequantially list conditions. DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediata cause. Enter UNDERLYING 6 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES PHOL 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1 YES 2 740 HOSPITAL: HOSPITAL:
1 | Inpatient 2 | SR/Outpatient 3 | DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OFATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — Al home, ferm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide detarmined 29e. CERTIFIER (Check only 1 \_ CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea stated. 2 MEDICAL EXAMINER: On the besis tion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CHATUPIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 3 any Same 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

106

32. REGISTRAR'S SONATO



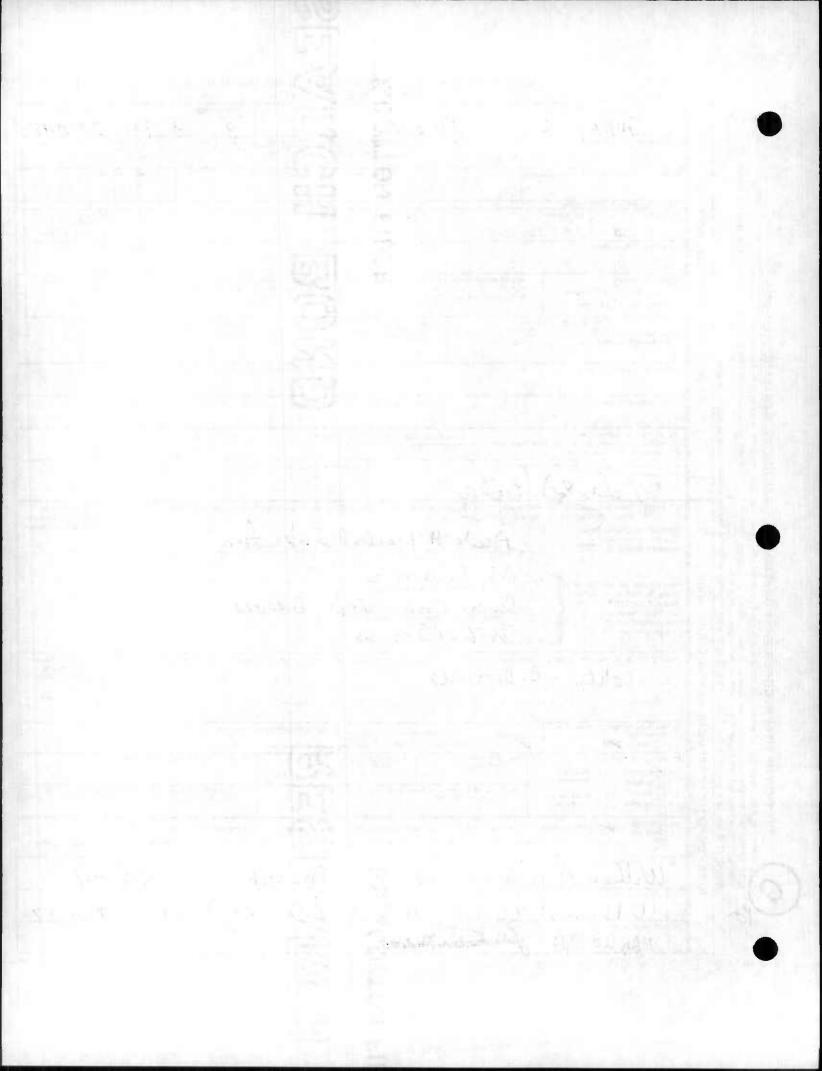
	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL	HYGIENE REG. NO.	94	0	709
	1. DECEDENT'S NAME (First, Middle, Last)  MARIE S	OTT Mari	e S. O	t.t.	MAG.	MONTH		94	MR .	ME OF DEAT
			n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE 0			-	E (State or F
	216-10-7661	1   M 2   F	VRS	MONTHS DAYS	HOURS MIN.	(Month,	Day, Year) 30-1913	a	ountry)	
	9e. FACILITY NAME (If not institution, give stre		30	9b. CITY, TOWN	OR LOCATION OF D			COUNTY	_	imore
SH	Church Hospita				imore		_			
DIRECTOR	RESIDENCE OF DECEDENT									
IRE	10a. STATE 10b. COUNTY		, TOWH OR LOCA						INSIDE CITY	
	Md. Bal	timore	D	unda1k						YES 2 X
RAL	Manual Control		400		H. ZIP CODE				OF WHAT	COUNTRY
FUNER	101 Center Pla	CE ADTS.			21222 CENDENT OF HISPA	AIC OBIGING		.S.7		merican Indi
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	pecify Cuban, Maxic	an, Puarto R			Black, Whit	ia, atc.
BY	3 Widowed 4 Divorced	IF 153, UIVE THIN ON UNI	169 -	1 1 160	XX Specif	ry:			ite	
E	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DECEDENT'S I	USUAL OCCUPATI		16b.	KIND OF BUSINESS	INDUSTR	RY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	e retired.)	ost or working					
COMPLET	12		Homema	ker			Own Hor			
00	17. FATHER'S NAME (First, Middle, Last)						iddle, Maiden Surnan	ne)		
BE	Edmund Suhre				Nellie					
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					
	Eileen Bevans				t Ave.					
	20a. METHOD OF DISPOSITION  1 Deviat 2 Cremation 3 Ramo	val from State come	PLACE AND DATE O etery, cremetory or other	her place)		DATE				
	4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	Gr	een Mo	unt Cr	ematory	<u> </u>	-194 B	alto	M.C	d.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  But to (or as a conscouence of):								Approximinterval E Onset an	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  b. Lury Can (4)  DUE TO (OR AS A CONSEQUENCE OF):  C. Atheran Lunch' Convery Vanculary Driman:  DUE TO (OR AS A CONSEQUENCE OF):  d.									
SAL C	PART ii. Other significant conditions	contributing to death bu	it not resulting in	n the underlyin	ig cause given in	Part i.	24s. WAS AN AUTOR			E AUTOPSY F
MEDIC						_	PERFORMED?		OF D	ABLE PRIOR PLETION OF EATH? YES 2 -
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only one	)			
Sign	1 NES 2 NO	HOSPITAL: 1 A Inpatient 2 □ ER/Outpe	itlent 3 DOA	OTHER: 4   Nursing Hor	me 5 🗆 Rasidence	8 Other	(Specify)			
PHY	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	E OF 28c. IN.	JURY AT ORK?	28d. DES	CRIBE HOW INJURY	OCCURE	D	
ВУ	1 Natural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO					
ETED E	3 Suicide 8 Could not be 4 Homicide datarmined	3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, tarm, street, factory, office building, stc. (Specify)					TtON (Street and Nu or Town, State)	mber or Ru	ural Route f	Vumber,
COMPLE	com)	EAN: To the best of my knowle t: On the besis of examination							use(a) and	manner aa
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	IMBER	29d.	DATE SIG	NED (Mont	th, Day, Year)
0	flavoro fletion	~ M6) -			2443	78	•	05	171	94.
5	30. NAME AND ADDRESS OF PERSON WHO	Λ			ORA	VR N	RL NS	070	· Oy	
	MAR 0 9 1994	32 REGISTRAD'S SIGNA							-	
	MAR 0 9 1994	give sevidon	-gandell							



	4
~	1
2	ď
-	
8	
9	0
~	
0	•
m	
1	П
	- 3
0	- 1
Ω.	The second secon
-	
CO	
~	
	3
Œ	
0	
Y	
O	
111	
~	
Ma	
_	
a	1
-	2
=	-
-	1
L	3
<u></u>	1
V	-
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second of the second second
=	1
0	3
-	1
S	Ì
-	
>	-
=	1
	1
	1

DAL INORE, WANTERING SIZIS-0020	ter death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the item within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT. Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	3 6.7	07100		
	1. DECEDENT'S NAME (First, Middle, Lest)		hilbIN	ROLL PHILBIN	2. DATE OF DEATH DO NONTH DO	3 9L	S. TIME OF DEATH  3 3 AM M		
	214-40-4486	1 🗆 M 2 💂 F	83 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	NOV. 27,	10	BIRTHPLACE (State or Foreign Country) VERMONT		
TOR	99. FACILITY NAME (If not institution, give stre GREATER LAUREL BEI			LAUREL	DEATH	PR	OF DEATH  INCE GEORGE		
DIRECTOR	10e. STATE 10b. COUNTY	CE GEORGE	10c. CITY, T	DWN OR LOCATION  LAUREL			10d. INSIDE CITY LIMITS? 1 YES 2 (X) NO		
FUNERAL	100. STREET AND NUMBER 8704 DULWICK COURT	ľ		101. ZIP CODE 20708			OF WHAT COUNTRY?		
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 YES 2 NO Spe	ican, Puerto Rican, etc.)	or No 14	. RACE — American Indian, Black, White, atc. Specify: WHITE		
ETED.	1s. DECEOENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUS	BINESS/INDUS	TRY		
COMPL	12	4	TEACHE	2	EDUC	CATION			
00	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Malden	Surname)			
BE	LAWRENCE CARROLL				RYN SCANLON				
TO E	19a. INFORMANT'S NAME (Type/Print)  KATHLEEN P. BENSON	1		ORESS (Street and Number or Rui AYGREEN DRIVE					
	20a, METHOD OF DISPOSITION  L. Burdel 2 Cremation 3 Commenced Comm								
	21. SIGNATURE OF FUNERAL SERVICE LICE	HSEE )		22. NAME AND ADDRESS OF					
	( alalle)	Dealla		7601 SANDY					
ATION	23. PART I. Enter the diseases, or complications that proved the deeth. Do not enter the mode of dying, such se cardiec or respiratory errest, shock, a heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  d. That Al Styrosis								
MEDICAL	PART II. Other eignificant conditions	contributing to deeth b	ut not reaulting in t	he underlying ceuse given	in Part I. 246. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:		HOSPITAL:		26. PLACE OF OEATH	o mineral de la constantina				
HYS	27. MANNER OF DEATH	26a. DATE OF INJURY	28b, TIME O	☐ Nursing Home 6 ☐ Resident F 28c, INJURY AT	28d. DESCRIBE HOW I	NJURY OCCUP	REO		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 YES 2 NO					
ED	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						Rural Route Number,		
COMPLET	one) —			it the time, data and placa, and on my opinion, death occured at					
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	Varien 1	w)	29c. LICENSE I	IUMBER	29d. DATE 8 ▶ 3-	IGNED (Month, Day, Year) 8-94		
	William A	WELLEN	ATH (ITEM 27) (Type, Pri	321 Lune	leay St K	pule	PM 20207		
	MAR 0 9 1994	Julia Sevila	-Aandell		U				



0	
N	
0	
o	-
Ġ	1
$\Sigma$	the second of the second
2	
à	
-	1
4	
Z	à
4	salar of he after he and
_	
_	4
5	i
2	1
2	
3	Commercial Commercial
Щ	i
Œ	1
0	4
$\geq$	1
BALTIMORE, MARYLAND 21215-0020	d
_	4
_	1
~	3
ш	1

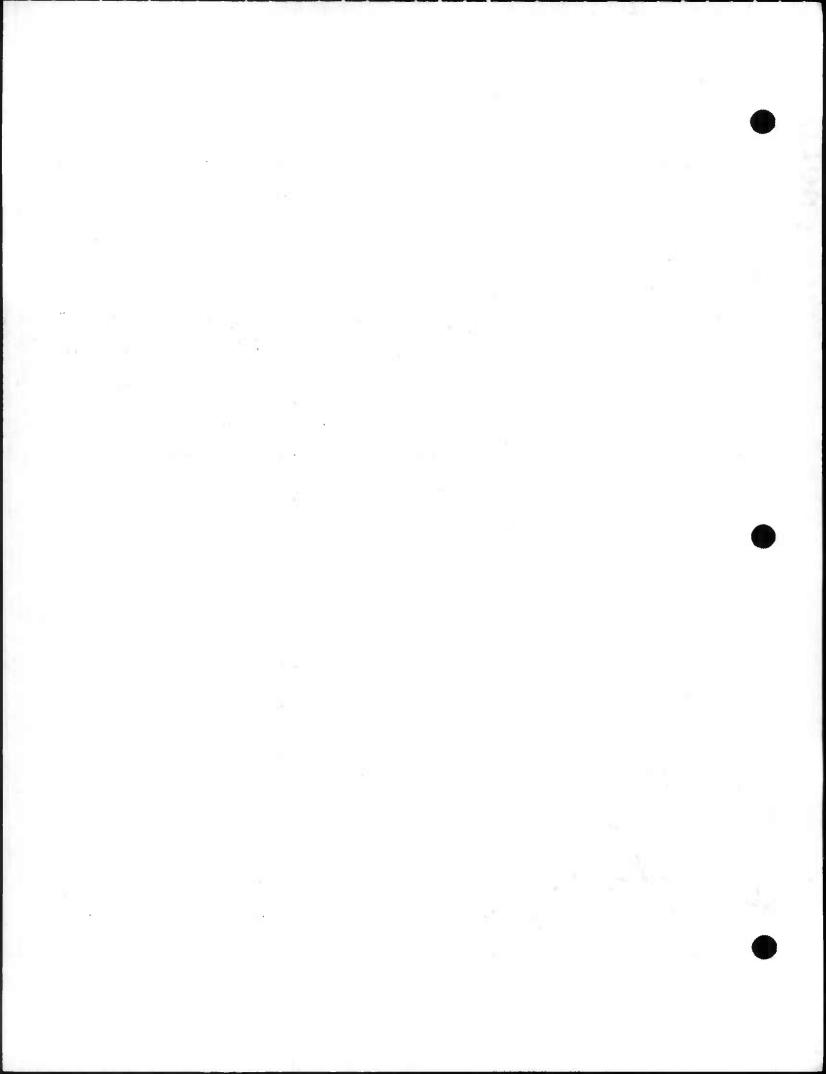
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760, PITAL OR ATTENDING PHY

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	3 should		
	1, 2,		
	Wher this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 s		
	rmit.		
	isit pe		
sician.	al-trar		
E P	e buri		
endin	as th		
or att	r use		
spital	of ber		Į
90	detach		Duce.
9	d be		at p
etainer	Shou		otifie
De u	age 5		pe n
6 ma	ctor, p		nust
ith. Page 6 may be retained by the hospital of	ol direc		niner must be notified at once.
leath.	funera		mex
ours after deal	y the	moval.	cal e
SING	d in b	Of ref	medi
)	y fille	stion,	the
MICH	npletel	crema	vent,
cuted	nd con	vurial,	tic e
De exce	ian an	or to t	anma
ncate	physic	ne pric	er tr
Certi	nding	Нудіе	or oth
death	e afte	<b>Jental</b>	ury, c
at the	Dy th	and h	y Inj
ires tr	signed	leaith	WE at
SICIAN: The law requires that the deal	рееп	t. of 1	shor
he law	s has	e Dep	m 23
AN:	tificate	e Stat	or ite
HASIC	nis cer	vith th	ed, t
NG P	fter th	eath w	mark
END	DR: A	ifter death	8 is
OR ALTENDING PHYS	JIRECT	ours a	em 2
INT (	LINERAL DIRECTOR: After this certific	172 h	E H H
T WESTIAL	S	Market Within 72 h	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
1	THE DE	Ĭ	MPOF
	155	and it	-

1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH		YGIENE IEG. NO.	34	07101
1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF	DEATH	YEAR 3	. TIME OF DEATH
Edward		Peizik		3			1:34 p M
4. SOCIAL SECURITY NUMBER		MON	THE DAYS HOURS MIN.	7. DATE OF 6 (Month, De	SIRTH y, Year)	8. BIRTHPL Country)	ACE (State or Foreign
212-20-6978  9e. FACILITY NAME (If not institution, give si	treet and number)	70 YRS.	CITY, TOWN OR LOCATION OF D		9 1923 9c. cou	NTY OF DEA	Maryland
Danville Avenu	e 6417		Baltimore				
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10	Dd. INSIDE CITY
Maryland 100. STREET AND NUMBER		Bal	timore				YES 2 NO
Danville Avenu	e 6417		10f. ZIP CODE 21224				States
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (S		14. RACE	- American Indian,
1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuben, Maxico 1 TYES 2 NO Specific		1, etc.)	Specify:	Vhite, atc.
3 Widowed 4 Divorced							White
15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S USU (Give kind of work) Ille. Do NOT use ret	done during most of working	16b. KIN	ID OF BUSINESS/INC	DUSTRY	
Elamentary/Secondary (0-12)	College (1-4 or 5+)	Machinis	,	Co	ast Gua	rd	
17. FATHER'S NAME (First, Middle, Last)	-	Machinis			le, Maiden Surname)	Lu	
John		Peizik	Mar	У	Mik	ulsk	a
19a. INFORMANT'S NAME (Type/Print)			PRESS (Street and Number or Rural				21224
Maria Joanna			Le Avenue 64				
20s. METHOD OF DISPOSITION 1-1 Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	oval from State S	o.PLACE AND DATE OF DI netery, crematory or other p acred Hea	sposition(Name of art of Mary	3/10	20c. LOCATION — Dunda		Maryland
21. SIGNATURE OF FUNERAL SERVICE LIN		l	W. Dabrows 1005 Dundal	ci / C	hojnack	ci F.	H. P.A.
23. PART   Enter the diseases, prospective shock, pr heart failure.  IMMEDIATE CAUSE (Finel disease or condition rasulting in death)	a. Luce	Calline.	onter the mode of dying, suc	ch aa cerdlac	or respiratory an	rest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):					
PART ii. Other eignificant condition	a contributing to deeth b	out not resulting in th	ie underlying ceuse given in		PERFORMED?  YES 2 NO	C	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)			
EXAMINER?  1  YES 2 NO	HOSPITAL:		HER:	8 Other (Sc	nacifu)		
27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF	28c. INJURY AT		BE HOW INJURY OC	CURED	
1 Nstural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO				
3 Suicide 6 Could not bs 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spe	f — Al home, term, street cify)	t, factory, offica		N (Street and Number wn, State)	r or Aural Aou	rte Number,
			the time, data and place, and du- my opinion, death occured at the				nd menner as stated.
296, SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NU				fonth, Day, Year)
2 9 Ways	2		DISC	96	▶ 3		1994
30. NAME AND ADDRESS OF PERSON WH							21222
Willarda Edwa	ards M.D.	15/6 Meri	citt Blvd. S	uite	17 Dund	alk,	Maryland
MAR 0 9" 1994"	32 BEGISTRAR'S DIGH	A. C.					



	4 DEGERMANNE CLASS		REG. NO. 94 0710							
	1. DECEDENT'S NAME (First, Middle, L Elizabeth J.	2	NONTH DAY	94	1:42 a.					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	IF UNDER 24 HRS. 7	HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or F)						
	215-76-2606		33 YRS.	ONTHS DAYS	HOURS MIN.	7-12-10	Country	Md.		
TOR	90. FACILITY NAME (If not institution, s Harbor Hospit	al Center	9	100	or location of DEAT		N/A	EATH		
DIRECTOR	Md. B			town or Local	TION Highland	S		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
RAL	3001 New York A	n-14/	26.3	10	1. ZIP CODE			HAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR N	IN U.S. ARMED	If yes, sp	21227 CENDENT OF NISPANIC Decity Cuban, Maxican, I 2 2 NO Specify:	ORIGIN? (Specify Yes or No-	Black,	— American Indian, , White, etc.		
8	15. DECEDENT'S (Specify only highest	EDUCATION	16a. DECEDENT'S US (Give kind of worl			16b. KIND OF BUSINESS/		III ce		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	retired.)	or working	27.4				
OME	N/A 17. FATNER'S NAME (First, Middle, Last	N/A	Hous	ewife	18. MOTNER'S NAME	(First, Middle, Maiden Surnami	N/A			
ш	Charles Robin	son			Eliza	Elizabeth Lafferty				
10 B	19a. INFORMANT'S NAME (Type/Print)					te Number, City or Town, State,				
	William H. Russ		7504 O.			n Burnie, Md				
	1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify)	Removal from State	emetery crematory or other it. Olivet	cemete	erv Mar. 8.	1994 Balti	more.	1254		
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME A	NO ADDRESS OF FACIL	YTY		******		
	G. Truman	Schwab			12 Frederi Ltimore, M					
RTIFICATION	IMMEDIATE CAUSE (Finel	$\nu$	1 # 1	1				Onset and E		
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	luve				Onset and D		
AL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in		g ceuse given in Pa	ort I. 24s. WAS AN AUTOP		Onset and D		
MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in		g ceuse given in Pa	PERFORMED?				
MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant cond  Cand	b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	the underlyin	g couse given in Pa	PERFORMED?  1 YES 2 NO		WERE AUTOPSY FIND AMAILABLE PRIOR OF COMPLETION OF CAL OF DEATH?		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant cond  Candi  25. WAS CASE REFERRED TO MEDICE EXAMINER?  1 YES 2 NO	b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. HOSPITAL: 10 Inpetient 2 = ER/Ou	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	the underlyIn  26. Pi  THER:  Nursing Hon	LACE OF OEATN (Check	PERFORMED?  1 YES 2 NO  only one)  Other (Specify)		WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?		
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant cond  Candi  25. WAS CASE REFERRED TO MEDICE EXAMINER?  1  YES 2 NO  27. MANNER OF OEATN  1 Natural 5 Pending	b. DUE TO (OR AS c. DUE TO (OR AS d. d. Esophagit  AL HOSPITAL: 11 Inpettent 2 ER/Ou 280. DATE OF INJURY (Morth, Day, Ver)	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the conse	26. POTHER: Nursing Honory W	LACE OF OEATN (Check	PERFORMED?  1 YES 2 NO  only one)		WERE AUTOPSY FIND AMAILABLE PRIOR OF COMPLETION OF CAL OF DEATH?		
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant cond  Candi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS  d. Esophagit  AL HOSPITAL: 1 Inpetient 2 ER/Ou  28e. DATE OF INJURY (Month, Day, Vear)  building, etc. (So	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the cons	26. POTHER: Nursing Hon	LACE OF OEATN (Checking 5   Realdence 6   JURY AT   2 PK? 2   NO	PERFORMED?  1 YES 2 NO  only one)  Other (Specify)	OCCUREO	WERE AUTOPSY FINI AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 NO		
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant cond  Cand  25. WAS CASE REFERRED TO MEDICE EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN  1 Natural 5 Pending investigat 2 Accident 3 Suicide 6 Could no detarmine  29a. CERTIFIER (Check only)	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS  d. Esophagit  AL HOSPITAL: 1 Inpetient 2 ER/Ou  28e. DATE OF INJURY (Month, Day, Vear)  building, etc. (So	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the cons	26. Ph THER: Nursing Hon OF Y M 1  ant, factory, office et the time, date	LACE OF OEATN (Check ne 5	PERFORMED?  1 YES 2 NO  Other (Specify)  8d. DESCRIBE HOW INJURY of Town, Stete)  8t LOCATION (Street and Num City or Town, Stete)	OCCUREO  ober or Rural R	WERE AUTOPSY FINA AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant cond  Cand  25. WAS CASE REFERRED TO MEDICE EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN  1 Natural 5 Pending investigat 2 Accident 3 Suicide 6 Could no detarmine  29a. CERTIFIER (Check only)	b. DUE TO (OR AS c. DUE TO (OR AS d. DUE	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the cons	26. Ph THER: Nursing Hon OF Y M 1  ant, factory, office et the time, date	LACE OF OEATN (Check ne 5	PERFORMED?  1 YES 2 NO  Only one)  Other (Specify)  8d. DESCRIBE HOW INJURY of Town, State)  the cause(s) and manner as ne, data and place, and due to the cause of the cause	occurse or Rural R	WERE AUTOPSY FINA AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant cond  CANAL  25. WAS CASE REFERRED TO MEDICE EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN  1 Natural 5 Pending investigate investigate investigate investigate (Check only one)  29a. CERTIFIER (Check only one)  2 MEDICAL EXA  29b. SIGNATURE AND TITLE OF CERTIFYING FORE)  30. NAME AND ADDRESS OF PERSON	DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR A	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the second of the s	26. PIOTHER:   Nursing Hon OF 28c. IN. WY M 1     Int. factory, affice of the time, date in my opinion, of	LACE OF OEATN (Check ne 5  Residence 6 ( JURY AT DRK? YES 2 NO 2 a and place, and due to death occured at the tim  29c. LICENSE NUMBE  ASSTYTTE	PERFORMED?  1 YES 2 NO  Only one)  Other (Specify)  8d. DESCRIBE HOW INJURY of Town, State)  the cause(s) and manner as ne, data and place, and due to the cause of the cause	OCCUREO  ober or Rural R  stated.  o the cause(a)	WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO Coute Number,		

524 Brooks L.S. mann, indica coder, . in examiliant over the terms. the the deal magnification and their The last terms and the same of the last Thurst M. merilic De Tomordia ( 100 Media Destricted des III - 201 •

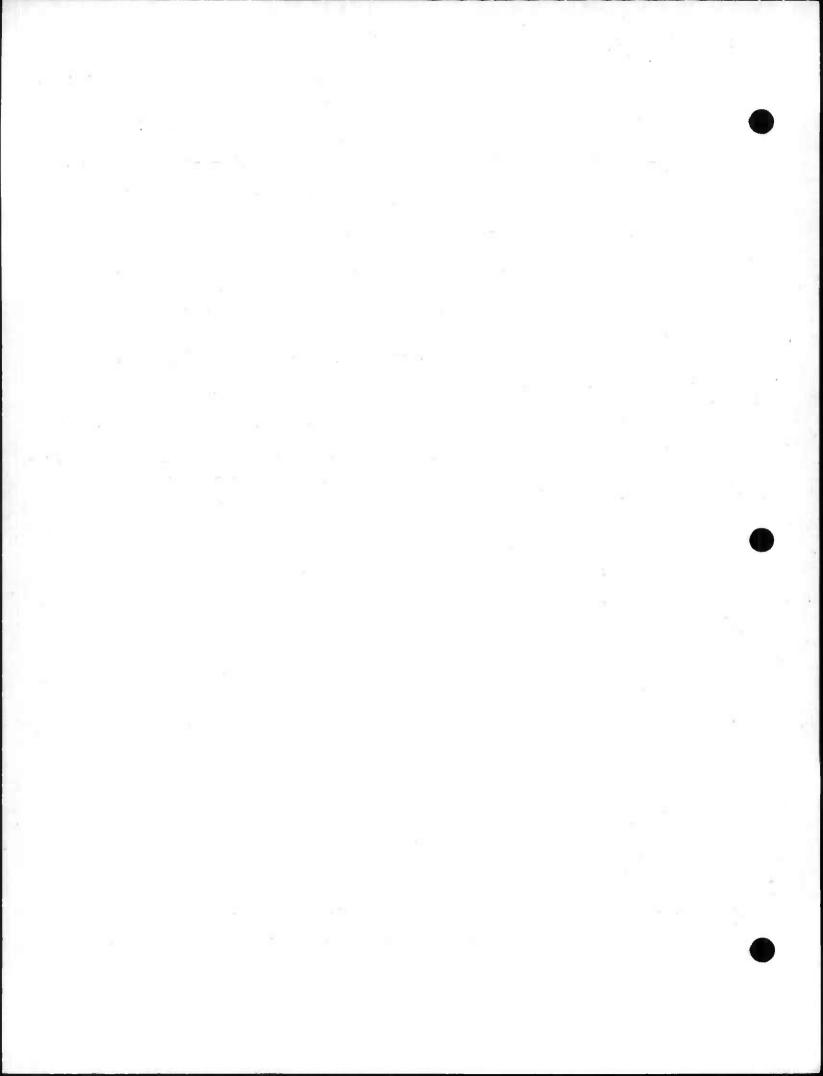
FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07103 01.

		STRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Las	n			2. DATE OF DEATH	3. TIME OF DEATH				
	RICHARD	E.		RUSSEL	L	MAR 07	1994	1:18A		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	8,6	BIRTHPLACE (State or Foreign Country)		
	219-32-3872	1 <b>X</b>	55 YRS.	MONTHS DAYS	HOURS MIN.	12-3-		Md.		
	90. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN O	R LOCATION OF D	-	9c. COUNTY	4 4 55		
DIRECTOR	HARBOR HOSPIT	AL E.R.		Balti	more C	ity.	1	N/A		
	10e. STATE 10b. COUR	ITY	10c, CI	ITY, TOWN OR LOCAT	ION	·		10d, INSIDE CITY		
	Md. Ba	Ltimore	Ra	ltimore	Highl	anda		LIMITS?		
	10e. STREET AND NUMBER	L OTHOLC	1 Da	4	ZIP CODE	anus	10g, CITIZEN	OF WHAT COUNTRY?		
FUNERAL	3001 New York				21227		U.S	5. A.		
<u> </u>	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS OECEDENT EVER FORCES? 1 1 YES				NIC ORIGIN? (Specify in, Puerto Ricen, etc.)	Yee or No — 14.	RACE — American Indian, Black, White, atc.		
BY	3 Widowed 4 X Divorced	IF YES, GIVE WAR OR			2 NO Specif			Specify:		
60	15. DECEDENT'S E	DUCATION	16e. DECEDENT	S USUAL OCCUPATION	)N	16b. KIND OF	I BUSINESS/INDUST	White		
	(Specify only highest gra	College (1-4 or 5+)	(Give kind o	f work done during mo: use retired.)	st of working	350000000000000000000000000000000000000				
P	N/A	N / A	Shoot	Metal	Worker	D.	ixv Mfe			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	IV/A	Direct	Meral		ME (First, Middle, Maid				
		100017								
BE	Harry Rt  190. INFORMANT'S NAME (Type/Print)	ssell	Took Man III	0.4505500 (0)		zabeth .				
2		3.3	142-22-11411			Route Number, City or		•		
ľ	William Russ							Md.21061		
-	20e. METHOO OF DISPOSITION  1 DE Buriel 2 Cremetion 3 Re		emetery, crematory or	E OF DISPOSITION (Ne other place)			LOCATION — City	•		
	4 Donation 5 Other (Specify)	IV	id. Vete	rans Ce			1 Crown	sville Md		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			D ADDRESS OF FA		Λ			
	G. Truman Schwab  3512 Frederick Avenue Baltimore, Md. 21229									
	23. PART I. Enter the diseases, D		ad the death De					Approximate		
_	disease or condition reaulting in death)	. Hyperter		rterios	cleroti	ic Cardi	ovascu	lar Diseas		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE	OF):						
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE	0F): 0F): 0F):						
	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	A CONSEQUENCE	0F): 0F): 0F):	) cauaa givan in	Part I. 24a. WAS	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FRINDIN AMAILABLE PRIOR TO		
	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE	0F): 0F): 0F):	g causa givan in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDIN		
	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE	0F): 0F): 0F):	g cauaa givan in	Part I. 24a. WAS PERI 1 □ YES	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS		
MEDICAL	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE	0F): 0F): 0F):	g cauaa givan in	Part I. 24a. WAS PERI 1 □ YES	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are algnificant conditions.	b. DUE TO (OR AS  c. DUE TO (OR AS  d	A CONSEQUENCE	OF): OF): g in the underlying	g causa givan in	Part I. 24a. WAS PER 1 — YES Ing	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditi	b	A CONSEQUENCE  A CONSEQUENCE  but not resulting	OF):  OF):  In the underlying  28. PL  OTHER:	ACE OF DEATH (C)	Part I. 24a. WAS PER 1 — YES Ing	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?		
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the condi	b. DUE TO (OR AS  c. DUE TO (OR AS  d	A CONSEQUENCE  A CONSEQUENCE  but not resulting	OF):  OF):  OF):  28. PL  OTHER: 4   Nursing Hom	ACE OF DEATH (C/	Part I. 24a. WAS PERI 1 U YES Ing	AN AUTOPSY FORMED? 2X NO UITY	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are supported by the condition of the conditio	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE  but not resulting	OF):  OF):  28. PL  OTHER: 4   Nursing Hom IME OF   28c. INJ.	ACE OF DEATH (C)	Part I. 24s. WAS PERI 1 U YES I ng	AN AUTOPSY FORMED? 2X NO UITY	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are successful to the condition of the condition of the condition of the condition of the cause of th	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE  but not resulting  dipetient 3 DOA  28b, Ti	OF):  OF):  28. PL  OTHER: 4   Nursing Hom MIDE OF   28c. INJURY   WO 1   NURSING HOM MIDE OF   1   NURSING HOM MIDE OF	ACE OF DEATH (CF	Part I. 24s. WAS PERI 1 U YES I ng	AN AUTOPSY CORMED?  2 X NO UITY  WINJURY OCCURI	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the condition of the cond	DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE  but not resulting  stipetient 3 DOA  28b. Ti  187 — At home, ferm	OF):  OF):  28. PL OTHER: 4   Nursing Hom NJURY M 1   Nursing Hom NJURY M NJURY M N, street, factory, office	ACE OF DEATH (C/)  5   Residence UNY AT RK7 /ES 2   NO	Part I. 24a. WAS PERI 1	AN AUTOPSY CORMED?  2 X) NO [UITY  W INJURY OCCUR!	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the condition of the cond	DUE TO (OR AS  C.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE  but not resulting  ripetient 3 DOA  28b, Ti  187 — At home, ferm	OF):  OF):  28. PL  OTHER: 4   Nursing Hom  ME OF NJURY M 1   Nursing Hom  in, street, factory, office	ACE OF DEATH (C)  5   Residence URY AT RK? /ES 2   NO	Part I. 24a. WAS PERI 1   YES I ng Peck only one)  8   Other (Specify)  26d. DESCRIBE HO  281. LOCATION (Sin City or Town, St	AN AUTOPSY CORMED?  2 X) NO [UITY  W INJURY OCCURI  pet and Number or R  alter)	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO		
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the condition of the cond	DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE  but not resulting  ripetient 3 DOA  28b, Ti  187 — At home, ferm	OF):  OF):  28. PL  OTHER: 4   Nursing Hom  ME OF NJURY M 1   Nursing Hom  it is street, factory, office	ACE OF DEATH (C)  5   Residence URY AT RK? /ES 2   NO	Part I. 24a. WAS PERI 1   YES I ng Peck only one)  8   Other (Specify)  26d. DESCRIBE HO  281. LOCATION (Sin City or Town, St	AN AUTOPSY CORMED?  2 X) NO [UITY  W INJURY OCCURI  pet and Number or R  alter)	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the condition of the cond	DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE  but not resulting  ripetient 3 DOA  28b, Ti  187 — At home, ferm	OF):  OF):  28. PL  OTHER: 4   Nursing Hom  ME OF NJURY M 1   Nursing Hom  it is street, factory, office	ACE OF DEATH (C)  5   Residence URY AT RK? /ES 2   NO	Part I. 24a. WAS PERI 1 VES I NG  3 Other (Specify)  28d. DESCRIBE HO  281. LOCATION (Str. City or Town, St. City or Tow	AN AUTOPSY FORMED?  2 X NO [UITY  WINJURY OCCUR!  well and Number or F  stel menner as stated. , and due to the ce	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and investigations are successful to the conditions of the conditions are successful to the cause of	DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR A	A CONSEQUENCE  A CONSEQUENCE  but not resulting  ripetient 3 DOA  28b, Ti  187 — At home, ferm	OF):  OF):  28. PL  OTHER: 4   Nursing Hom  ME OF NJURY M 1   Nursing Hom  it is street, factory, office	ACE OF DEATH (Cr.  a 5   Residence URY AT RK? FES 2   NO  end place, end due eath occured at the	Part I. 24a. WAS PERI 1 VES I NG  3 Other (Specify)  28d. DESCRIBE HO  281. LOCATION (Str. City or Town, St. City or Tow	AN AUTOPSY FORMED?  3 2X) NO  (UITY  WINJURY OCCURE  set and Number or F  menner as stated. , and due to the ca	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2 NO  Bural Route Number,		
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and investigations are successful to the conditions of the conditions are successful to the cause of	DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR A	A CONSEQUENCE  A CONSEQUENCE  but not resulting  ripetient 3 DOA  ( 28b, Till  RY — At home, ferm ecify)  wiedge, death occulon end/or investigat	OF):  28. PL OTHER: 4 Nursing Hom ME OF NJURY M 1 1 No. 1, street, factory, office	ACE OF DEATH (Cr.  a 5   Residence URY AT RK? FES 2   NO  end place, end due eath occured at the	Part I. 24a. WAS PERI 1  YES ING  October (Specify)  28d. DESCRIBE HO  28t. LOCATION (Sin Town, Sin Town,	AN AUTOPSY FORMED?  3 2X) NO  (UITY  WINJURY OCCURE  set and Number or F  menner as stated. , and due to the ca	24b, WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Bursi Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and investigations are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient co	DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR A	A CONSEQUENCE  A CONSEQUENCE  but not resulting  ripetient 3 DOA  28b. Til  27 — At home, ferm ec/ly)  Wiedge, death occur ion end/or investigate	OF):  28. PL OTHER: 4   Nursing Hom NJURY M 1   10 1, street, factory, office	ACE OF DEATH (CA)  5   Residence  18   Residence  18   Residence  18   Residence  19   Residence  19   Residence  19   Residence  19   Residence  19   Residence  10   Residen	Part I. 24a. WAS PERI 1 — YES ING  8 — Other (Specify)  28d. DESCRIBE HO  28t. LOCATION (Sin City or Town, Sin City or T	AN AUTOPSY FORMED?  2 X NO  [UITY  WINJURY OCCURI  wet and Number or R  ete)  menner as stated.  , and due to the ca  29d. DATE SI  MA	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Rural Route Number,  RURAL Route Number,  RURAL ROUTE Number,  1 1 9 4		
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the condition of the cond	DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR A	a CONSEQUENCE  A CONSEQUENCE  but not resulting  dipetient 3 DOA  28b, Ti II  AT — At home, ferm  early)  wiedge, death occur ion end/or investigate  DEATH (ITEM 27) (7);	OF):  OF):  28. PL OTHER: 4   Nursing Hom NJURY M 1   Nursing Hom NJURY M NJUR	ACE OF DEATH (CA)  5   Residence  18   Residence  18   Residence  18   Residence  19   Residence  19   Residence  19   Residence  19   Residence  19   Residence  10   Residen	Part I. 24a. WAS PERI 1 — YES ING  8 — Other (Specify)  28d. DESCRIBE HO  28t. LOCATION (Sin City or Town, Sin City or T	AN AUTOPSY FORMED?  2 X NO  [UITY  WINJURY OCCURI  wet and Number or R  ete)  menner as stated.  , and due to the ca  29d. DATE SI  MA	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Rural Route Number,  Purel Route Number,  ROT 1994		
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of the co	DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR A	a CONSEQUENCE  A CONSEQUENCE  but not resulting  dipetient 3 DOA  28b, Ti II  AT — At home, ferm  early)  wiedge, death occur ion end/or investigate  DEATH (ITEM 27) (7);	OF):  OF):  28. PL OTHER: 4   Nursing Hom NJURY M 1   Nursing Hom NJURY M NJUR	ACE OF DEATH (CA)  5   Residence  18   Residence  18   Residence  18   Residence  19   Residence  19   Residence  19   Residence  19   Residence  19   Residence  10   Residen	Part I. 24a. WAS PERI 1 — YES ING  8 — Other (Specify)  28d. DESCRIBE HO  28t. LOCATION (Sin City or Town, Sin City or T	AN AUTOPSY FORMED?  2 X NO  [UITY  WINJURY OCCURI  wet and Number or R  ete)  menner as stated.  , and due to the ca  29d. DATE SI  MA	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO  Rural Route Number,  Purel Route Number,  RO7 1994		

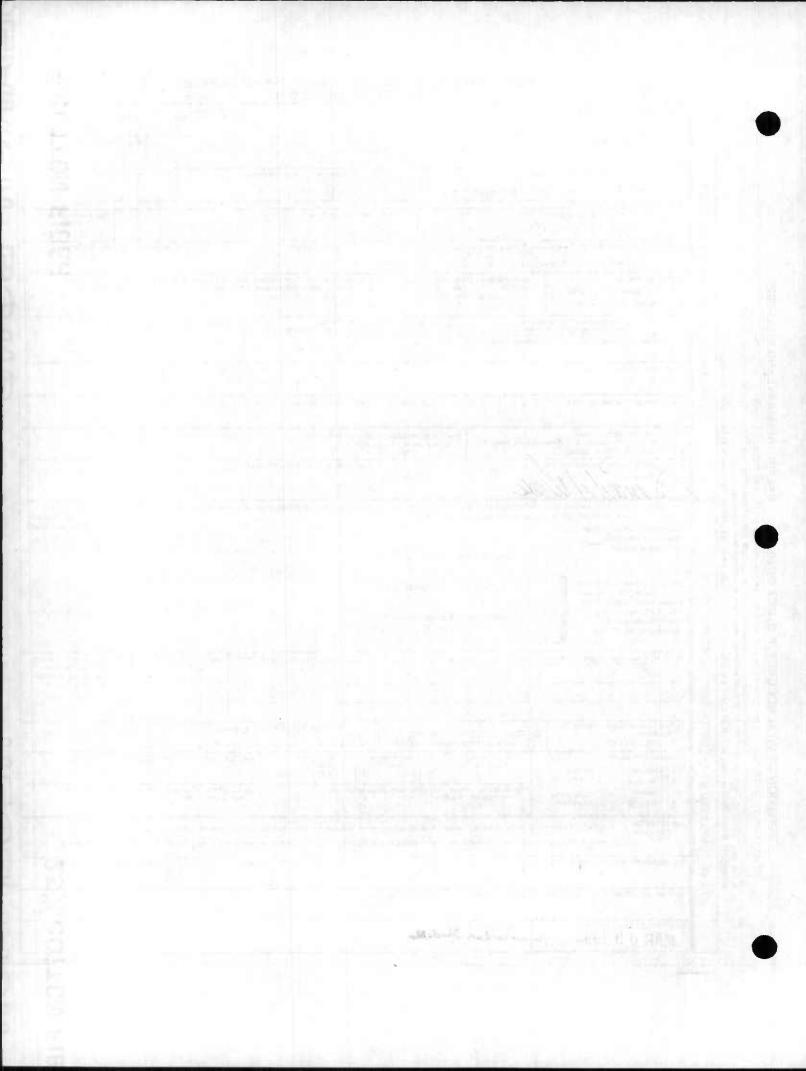
OHMH-18 Rev 1/89



	-4
	-3
-	-3
321215-0020	A CONTRACTOR OF THE PERSON NAMED IN
CV	254
-	-4
w	83
0	294
-	-34
	- 4
44.2	0.04
-	64
4.	-4
6.4	5.7
-	-4
1.	7.3
CAL	-
	- 3
MARYLAND	- 1
ш.	23
-	4.2
-	- 4
-	-
~	- 2
- 8	- 5
_	. 1
<b>3</b>	- 2
-	
œ	- 1
-	- 3
•	्न
_	- 4
-5	-3
-	100
	. 4
* . T	-4
ш	- 4
-	2.4
u.	- 1
-	-3
c)	-34
=	2.4
>	ĸ.
-	- 3
_	.0
-	Ħ
	- 4
_	:1
-	- 3
4	-3
BALTIMORE	Agency when double those II man his applicant his than his a
444	- 1
	-3
	-1
	4
	4
_	d

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 07104

	1. DECEDENT'S NAME (First, Middle, Li	est)			DEATH	2. DATE	REG. NO		Lan	IME OF DEATH
	John	(NMN)	R	ILEY		Marc	H (	5. 199	YEAR:	
	4. SOCIAL SECURITY NUMBER		AL (In yes, less birtholog)	IF UNDER 1 YEAR	IF UNDER 14 HRS.	7. DATE	OF BIRTH N. Dw. War)			E /State or Fore
	119 10 6954	1 X M 2   F	76 YRS.	WONTHS DAYS	HOURS NR.	1	-23-1	917	100	York
~	Se. FACILITY NAME (If not institution, g		1111		OR LOCATION OF			Be. COUNT	Y OF DEATH	
DIRECTOR	Franklin Squ	are Hospit	al	Esse	x/Rose	dale		Balti	more	County
REC	10a. STATE 10b. COL		10c. CITY	TOWN OR LOCA	YION				104.	INSIDE CITY
	Maryland B	Baltimore		ssex	I. ZIP CODE			T	27.700	YES 2 .
FUNERAL	#1 Eastern A		r Home		I. EF CODE				H OF WHAT	COUNTRY
S	11, MARITAL STATUS	12, WAS DECEDENT EVE			CENDENT OF HISP				RACE - A	merican Indian
84	1 Never Married 2 Married  3 Wildowed 4 Divorced	IF YES, GIVE WON OR	L-46		ecify Cuben, Mexi-		rocan, etc.)	97.4	Specify:	
	15, DECEDENT'S	EDUCATION	18a. DECEDENT'S 1	ISUAL OCCUPATI	ON	160	, KIND OF BU	SINESS/INDUS		White
4	(Specify only righter p Elementary/Secondary (0-12)	College (1-4 or 5+)	Min. Do MOT use			Fo	rkLif	ft Tra	ctor	CO.
COMPLETED	12 +	4	Sale	s Mana	_					
	Francis T. C				Flor			Curta.	in	
3 BE	19s. INFORMANT'S NAME (Type/Print)		THIS. MAILING	ADDRESS (Street	and Number or Rura		0 140	The state of the s		17.5
2		Taylor of Pro-			En Ede	311				
	20s. METHOD OF DISPOSITION 1   Buriel 2   Gremation 3		10b. PLACE AND DATE O		eme at	DAT	E 20c. LC	DEATION — CIR	y or Town, S	late
	4 € Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE	E LICENSEE		22, NAME A	ND ADDRESS OF E	FACILITY.				-
	A									
	23. PART I. Enter the disease, ahock, or heart feliu iMMEDIATE CAUSE (Final disease or condition	or complications that cause or	sed the death. Do no n each line.	655W	NO ADDRESS OF F J. Balti ode of dying, su	more	St, Ba	alto, N	1D212	Approxima Interval Be
RTIFICATION	23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final	or complications that course. List only one cause or  a. Pneum  DUE TO (OR A  Chron	sed the death. Do no n each line.	655W ot enter the mo	.Balt1	more	St, Ba	alto, N	1D212	Approxima Interval Be
L CERTIFICATION	23. PART I. Enter the diseases, ahock, or heart felice immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	or complications that course. List only one cause or  a. Pneum  DUE TO (OR A  C. DUE TO (OR A  d	onia  S A CONSEQUENCE OF	655W ot enter the mo	Balti ode of dying, su	more ich as car Dise	St, Ba	Alto, N	1D212	Approxima Interval Be Onset and
: MEDICAL	23. PART I. Enter the disease, ahock, or heart felice immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	or complications that course. List only one cause or  a. Pneum  DUE TO (OR A  C. DUE TO (OR A  d	onia  S A CONSEQUENCE OF	655W ot enter the mo	Balti ode of dying, su	more ich as car Dise	St, Badlac or read	NAUTOPSY	AD2I2	Approxima Interval Be Onset and  E AUTOPSY FIN LABLE PRIOR 1 PUETION OF CA DEATH?
: MEDICAL	23. PART I. Enter the diseases, ahock, or heart feliu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	or complications that course. List only one cause or  a. Pneum  Due to (or A  c. Due to (or A  d	TO DESTRUCTION OF THE PROPERTY	655W ot enter the mo	Balti ode of dying, su	more ch as car Dise	24a. WASAI PERFO	NAUTOPSY	AD2I2	Approximatinterval Bei Onset and Onset and E Autopsy Fin Lable Prior Ti Putertion of Capetath?
SICIAN: MEDICAL	23. PART I. Enter the diseases, ahock, or heart feliu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	or complications that course. List only one cause or  a. Pneum  Due to (or A  c. Due to (or A  d	eed the death. Do not neach line.  IONIA S A CONSEQUENCE OF S A CONSEQUENCE OF Dut not resulting in	655W  ot enter the mo  ctive P1  i:  the underlyin  26. P  OTHER: 4   Nursing Hor	Balti ode of dying, su  ilmonary  g ceuse given i	Dise	24a. WAS AL PERFO	NAUTOPSY	24b. WER MANICOM OF D	Approxima Interval Be Onset and  E AUTOPSY FIN LABLE PRIOR 1 PUETION OF CA DEATH?
PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, ahock, or heart feliu immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are caused in the conditions of the cause o	or complications that course. List only one cause or  a. Pneum  Due to (or A  c. Due to (or A  d	TODIA  S A CONSEQUENCE OF A CONSEQUENCE	055W ot enter the mo	Balti ode of dying, su  ilmonary	Dise	24a. WAS AL PERFO	NAUTOPSY	24b. WER MANICOM OF D	Approximatinterval Be Onset and Onse
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, ahock, or heart feliu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the conditions of the conditions of the conditions of the cause of	or complications that course. List only one cause or  a. Pneum  Due to (or A  c. Due to (or A  d. Due to (or A  d. Litions contributing to death  All Hospital:  1 Innestent 2 ER/O  28e. Date of Injury (Month, Day, Yes  28e. Place of Injury building, arc. (5)	ionia  S A CONSEQUENCE OF  S A CONSEQUENCE OF  S A CONSEQUENCE OF  B but not resulting in  putpetlent 3 DOA  TY  28b. TIME NJ	ot enter the months of the underlying the underlyin	Balti ode of dying, su  ilmonary  ig ceuse given i  LACE OF DEATH (C	Dise	24a. WAS AI PERFO	NAUTOPSY RMED?  2 NO  INJURY OCCUI	24b. WER MAN OF D	Approxima Interval Be Onset and Onset and LABLE PRIOR 1 PRIETON OF COEATH?
ETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, ahock, or heart feliu immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the conditions of the cause	or complications that ceusers. List only one cause or a. Pneum Due To (or A. Chron Due To (or A. C. Due To (	ionia s A consequence of the death of the de	ot enter the model of the model	Balti ode of dying, su  ilmonary  ilmonary  g ceuse given i  LACE OF DEATH (C	Dise	24a. WAS AI PERFO  1 VES  CATION (Street or Town, Stelle use(a) and ma	NAUTOPSY RMED? 2 NO INJURY OCCUI	AD2I2  24b. WER AMAII COMM OF D  1 □	Approxima Interval Be Onset and Onse
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, ahock, or heart feliu immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are sufficient to medical cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are sufficient to medical cause. Examiner 1	or complications that course. List only one cause or  a. Pneum  Due to (or A  c. Due to (or A  d. Due to (or A  d. Litions contributing to death  litions contributing to death  a. Litions contributing to death  All HOSPITAL:  1 Sympatient 2 ER/O  28e. DATE OF INJUR  (Month, Day, Yes  don  28e. PLACE OF INJUR  building, stc. (S	ionia s A consequence of the death of the de	ot enter the model of the model	Balti ode of dying, su  ilmonary  ilmonary  g ceuse given i  LACE OF DEATH (C ne 5   Residence JURY AT JURY 2  e end place, end de death occured at the	Dise	24a. WAS AI PERFO  1 VES  CATION (Street or Town, Stelle use(a) and ma	N AUTOPSY RMED?  2 NO  INJURY OCCUPANT OF THE PROPERTY OCCUPANT OC	24b. WER AMAII COMMO OF D	Approximatinterval Be Onset and Onse
ETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, ahock, or heart feliu immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the conditions of the cause	or complications that course. List only one cause or  a. Pneum  Due to (or A  c. Due to (or A  d. Due to (or A  d. Litions contributing to death  litions contributing to death  a. Litions contributing to death  All HOSPITAL:  1 Sympatient 2 ER/O  28e. DATE OF INJUR  (Month, Day, Yes  don  28e. PLACE OF INJUR  building, stc. (S	ionia s A consequence of the death of the de	ot enter the model of the model	Balti ode of dying, su  ilmonary  ilmonary  g ceuse given i  LACE OF DEATH (C	Dise	24a. WAS AI PERFO  1 VES  CATION (Street or Town, Stelle use(a) and ma	NAUTOPSY RMED? 2 NO INJURY OCCUI end Number or 10 29d. DATE S	24b. WER AMAII COMMO OF D	Approximation to the control of the

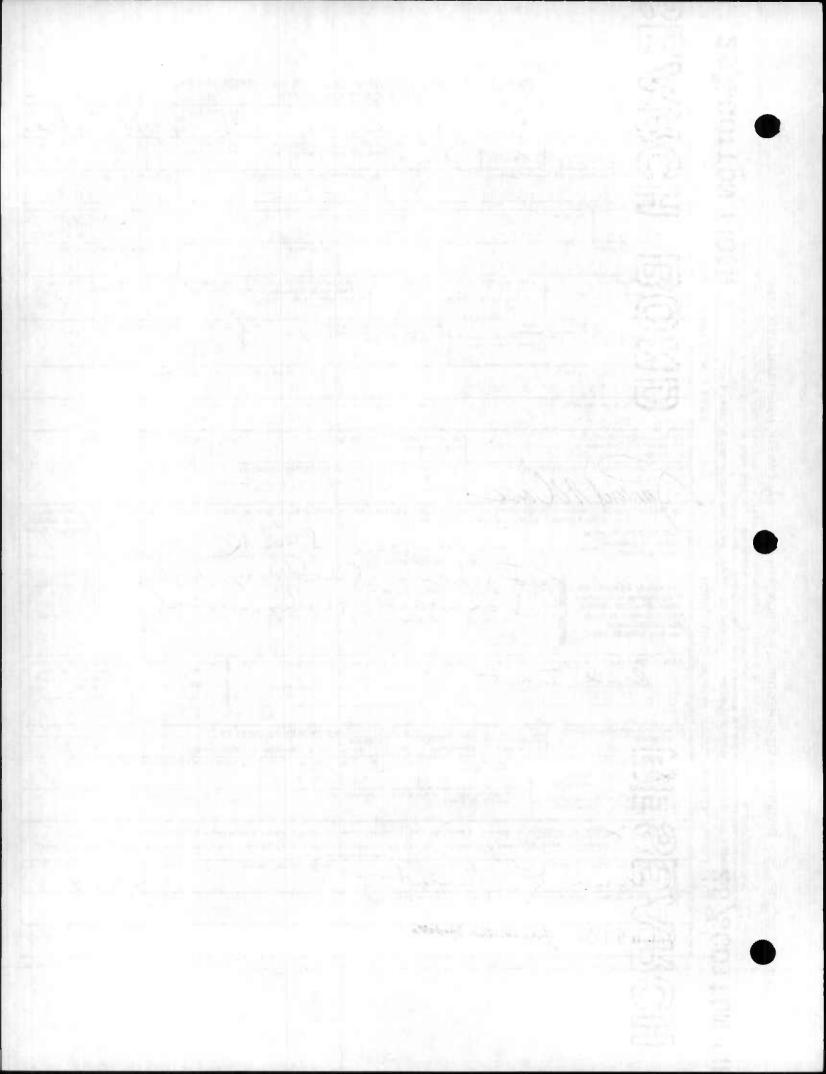


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MAR 0 9 1994

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 071 1. DECEDENT'S NAME (First, Middle, Last) 94 94 WILLIAM BATCHELOR 2. DATE OF DEATH 3 -3. TIME OF DEATH MONTH iang 10 C 7. DATE OF BIRTH (Month, Dey, Year 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign 82 DAYS 579 -07-6319 1 M 2 F 5 115 Maryland should Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2, 3 Holy Cross Hospital Silver Springs Montgomery Co RESIDENCE OF DECEDENT Pages 1 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Silver Springs Maryland Montgomery Co 1 YES 2 NO permit. FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20910 USA use as the burial-transit #3 Midhurst Road the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 14 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Married BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced White WW II COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high 100 Elementary/Secondary (0-12) College (1-4 or 5+) Archivist Federal Gov't detached 12+ 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Batchelor Rapley page 5 should be 75 Jane Mole Page 6 may be retained by BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs Frances Rapley MidhurstRd, SilverSprings, MD20910 Pe 20e. METHOD OF DISPOSITION
1 | Burlel 2 | Cremetion 3 | Removal from State
4 X Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must director, PL SIGNATURE OF FUNE AL SERVICE LICENSES Ronald Wade, Dir examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board attending physician and completely filled in by the funeral sittal Hygiene prior to burial, cremation, or removal. after death. 655W.BaltimoreSt, Balto, MD21201 man medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate SING Interval Betwe IMMEDIATE CAUSE (Finst **Onset and Death** the disease or condition resulting in death) -rd.ogen. event, executed with DUE TO (OR AS A CONSEQUENCE OF): chemsa traumatic CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING proder other 1 CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atten Mental I any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? MEDICAL and and Signed Health 1 YES 2 NO OF DEATH? shows : 1 YES 2 NO рееп 0 has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The Item certificate to the State HOSPITAL: OTHER: PHYSICIAN: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 🗆 No ng Home 5 - Residence 6 - Other (Specify) the of 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) this c 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED is marked, Natural 5 Pending Investigation 1 YES 2 NO BY After death 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after d lem 28 is 6 Could not be COMPLETED 4 Homicide HOSPITAL OR 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL OF THE FUNERAL OF THE MINING TO THE IMPORTANT: If Its (Check only one) 2 MEDICAL EXAMINER: On the besie of e r investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) BE 9 (0 ur 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Priph) July 32. HEGIS MAR'S SIGNATURE

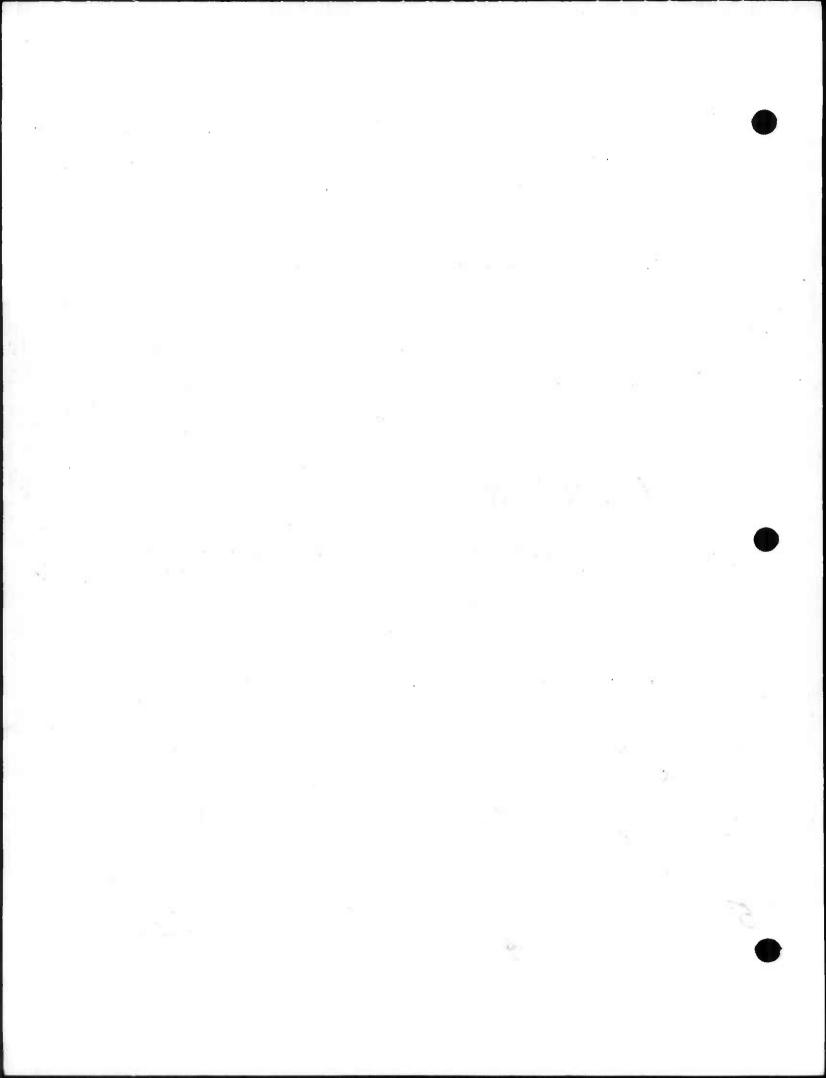


€	
-	ı
~	1
$\mathbf{\circ}$	•
( 68760,	
-	1
00	
$\infty$	
9	
$\sim$	
$\circ$	
00	
ш	
0	3
$\mathbf{\circ}$	
О.	
46	
U)	
$\cap$	
_	
00	
RECORDS	
O	
()	
$\mathbf{C}$	
ш	
=	
ш.	
_	
Ø	
_	
VITAL	
>	
-	١
ш.	
OF	1
0	
7	
_	
	1
=	1
S	i
91	1
_	The second second second
DIVISIO	
	-
_	
	į

31. DATE FILED (Month, Day, Year)

TRAR'S SIGNATURE

HENTY RUMBER  4. SOCAL SECURITY NUMBER  212-76-9851   1	7106										
4. SOCIAL SECURITY MAMBER 212-76-9851 11/M 2   13 35 VRS.  SER 212-76-9851 11/M 2   13 35 VRS.  SER ACCLUTY NAME (IT ON INSTRUCTOR) (Pas state durshop) SINAI HOSPITAL SINAI HOSPITAL BALTO SINAI HOSPITAL BALTO  SINAI HOSPITAL BALTO  SCOUNTY OF DEATH SOCIAL STATE 100. STATE 100. COUNTY MD BALTO  BALTO  SINAI HOSPITAL BALTO  SCOUNTY OF DEATH SALTO  SCOUNTY OF DEATH SALTO  SOCIAL SECURITY NAME (IT ON INSTRUCTION) (Pas state and number) SINAI HOSPITAL BALTO  SOCIAL SECURITY NAME (IT ON INSTRUCTION) (SOCIAL STATE AND NUMBER 37-11 W. FOREST PARK AVE  101. ZIP CODE 11. MARTIAL STATUS 12. WAS DECEDENT FURNISHED 30. WINGWOOD (A DIVINION OF DEATH BALTO)  SOCIETY OF DEATH BALTO  13 WAS DECEMBER NAME (Fast Models, Last) FYES, GIVE WAR OR DATES  14 No. STREET AND NUMBER 37-11 W. FOREST PARK AVE  15 WAS DECEMBER NAME (Fast Models, Last) FYES, GIVE WAR OR DATES  15 WAS DECEMBER AND MUMBER 16 NOTHER'S NAME (Fast Models, Last) FYES, GIVE WAR OR DATES  16 NOTHER'S NAME (Fast Models, Last) FYES, GIVE WAR OR DATES FOR MALLING ADDRESS (State and Mumber or Past Route Number or Past Route Number (Fast Models, Massen Surrouter)  16 NOTHER'S NAME (Fast Models, Last) FYES, MODELS (State and Mumber or Past Route Number or Past Route Number (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Last) FYES INFORMANT'S NAME (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Surrouter) FYES MARKET (Fast Models, Massen Sur	ME OF DEATH										
SINAI HOSPITAL BALTO  TRESIDENCE OF DECEDENT  1996. STATE  1996. COUNTY  MD  1906. TITLE THOU NUMBER  3711 W. FOREST PARK AVE  11. MARITAL STATUS  1   No. STREET AND NUMBER  3711 W. FOREST PARK AVE  11. MARITAL STATUS  1   No. STREET AND NUMBER  3711 W. FOREST PARK AVE  11. MARITAL STATUS  1   No. STREET AND NUMBER  3711 W. FOREST PARK AVE  11. MARITAL STATUS  1   No. STREET AND NUMBER  3711 W. FOREST PARK AVE  11. MARITAL STATUS  1   No. STREET AND NUMBER  3711 W. FOREST PARK AVE  11. MARITAL STATUS  1   No. STREET AND NUMBER  11. MARITAL STATUS  1   No. STREET AND NUMBER  12. WAS DECEDENT VERINAL SAMED  14. S. DECEDENT'S EDUCATION  (Size Marital STATUS  1   YES XXX NO  Specify  1   YES XXX NO  Specify  1   YES XXX NO  Specify  1   Specify only inflined posts completed  1   YES XXX NO  Specify  1   Specify only inflined posts completed  1   YES XXX NO  Specify  1   YES XXX NO  Speci	E (State or Foreign										
The street and number and street and number and street and number and street and number and street and number and street											
The street and number and street and number and street and number and street and number and street and number and street	INSIDE CITY LIMITS? YES 2 ND										
Specify: B    Solid Disposition   Specify: B   Specify: B   Specify: B	COUNTRY?										
Elementery/Secondary (0-12)  Coilege (1-4 or 5 +)  Elementery/Secondary (0-12)  Coilege (1-4 or 5 +)  UNKNOWN  17. FATHER'S NAME (First, Middle, Lest)  HENRY H. REED SR.  199. IMFORMAN'S NAME (First, Middle, Lest)  LORRAINE MOORE  199. IMFORMAN'S NAME (First, Middle, Lest)  LORRAINE MOORE  200. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zip Code)  199. MAILING ADDRESS (Street and Number or Flural Poulse Number, City or Town, Stelle, Zi	ACE — American Indian, ack, White, etc.										
HENRY H. REED SR.  198. INFORMANT'S NAME (TyperPrint)  LORRAINE MOORE  209. METHOD OF DISPOSITION  **Spuriel 2   Cremation 3   Removal from State  4   Donation 6   Other (Specify)  21. SIGNATURE of Tuneral Service Licenses  22. NAME AND ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  ARCH F/H WEST 4300 WABASH  22. NAME AND ADDRESS OF FACILITY  MARCH F/H WEST 4300 WABASH  23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):											
196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  LORRAINE MOORE  206. METHOD OF DISPOSITION  Xiv Burlet 2 Cremetion 3 Removal from State  A Donation 6 Other (Specify)  21. SIGNATURE of UNERAL SERVICE LICENSES  22. NAME AND DATE OF DISPOSITION (Name of MEM. PK 31294 LAUREL, MD NATIONAL)  22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  A DATE 20c. LOCATION — City or Town, State, Zip Code, Zip											
Committed   Comm	215										
MARCH F/H_WEST 4300 WABASH  23. PART i. Enter the diseasea, pr complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ehock, pr heert fellure. List pnly pne ceuse pn eech line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (DR AS A CONSEDUENCE OF):  DUE TO (DR AS A CONSEDUENCE OF):  DUE TO (DR AS A CONSEDUENCE OF):	▼ Burlet 2 Cremation 3 Removal from State Completery cremation and the Completery cremation of the Completery Cre										
ehock, pr heert fellure. List only one ceuse on eech line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  DUE TO (DR AS A CONSEDUENCE OF):	21. SIGNATURE OF JUNERAL SERVICE LICENSER 22. NAME AND ADDRESS OF FACILITY  MARCH F/H_WEST 4300 WABASH AVE										
DART II Other steelfteest on distance and the steel st	Approximate Intervel Between Onset and Death										
DART II Other steelfteest on distance and the state of th	10days										
PART II. Other eignificent conditione contributing to death but not recuiting in the underlying ceuse given in Part I.  1 V drug + alcoho abuse 1 yes 2 Mo											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO											
2 Accident Investigation 286 PLACE DE IN ILIPY At home farm street feeders office.	Number,										
Success of Could not be determined building, atc. (Specify)  296. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(e) and manner ea stated.	menner ee stated.										
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month)  3/8/9  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)											

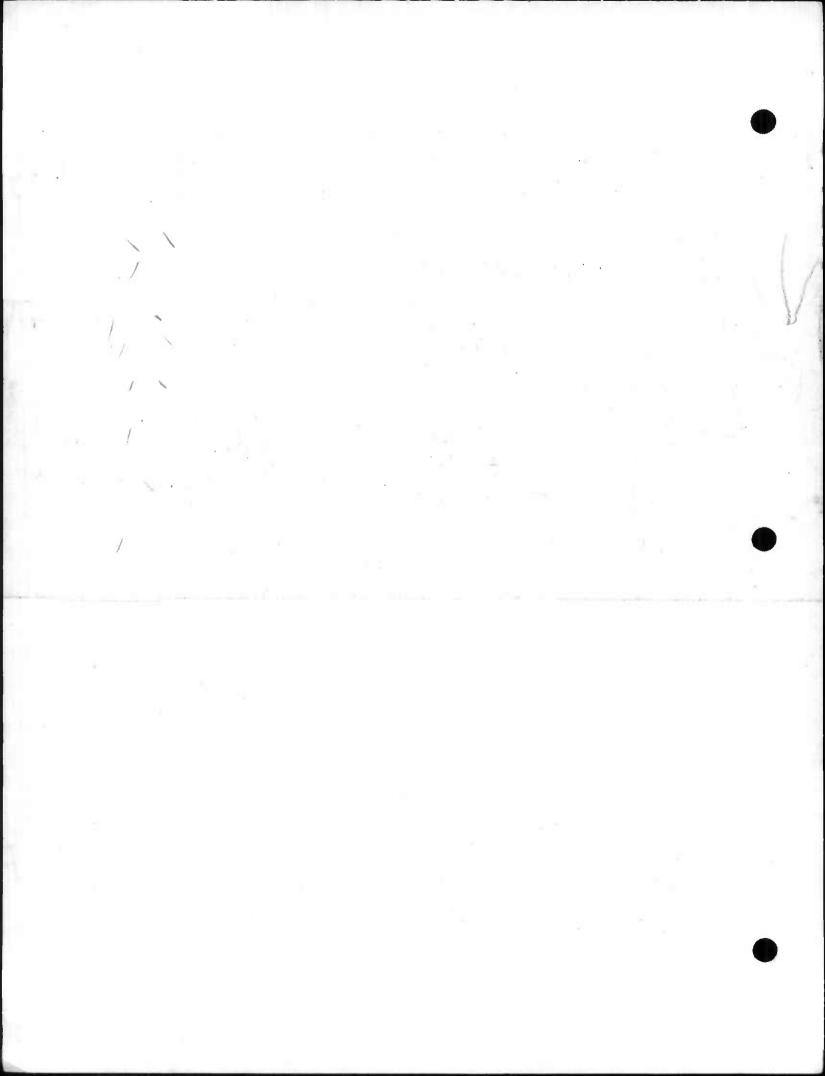


1			STA	ATE		Α
	1.	DE	CEI	EN	T'S	N

## Item23a,27,28a,b,c,d,e,f,Film709,lt.Per:ocme 3/24/94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Prince  Richardson  Fr. Bull Control  Robert Man  Prince  Richardson  Fr. Bull Control  Richardson  Fr. Bull Control  Richardson  Richards		REGISTRAR		CE	RHF	ICALE (	OF L	DEATH		REG. NO.			
BOOLS SECURITY NUMBER?  2.17-58-9142 X												AR .	TIME OF DEATH
TOTAL TABLE (FOR PLACED AND AND PLACE AND AND PLACE AND AND AND AND AND AND AND AND AND AND													
BROLES VISION DRIVE  REALIZED TO SECONDY  SECURITY  MED  SECONDY  MIN STREET AND NORMER  SECURITY  MIN STREET AND NORMER  MIN SECURITY									7. DATE OF	: виятн 16-5	3 8.8	inthela ountry) Md	CE (State or Foreign
TODAY  THE STATE OF CONTROL OF MAJOR MAJOR DATES  TO VES 2 (NO Specify 1 10, COCCEDENTS EDUCATION 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATION 1 140, DECEDENT 1 140, DECED		9e. FACILITY NAME (If not institution, give s	treet end number)			96. CITY, TO	WN OR	LOCATION OF DE	ATH		9c. COUNTY	OF DEAT	н
TODAY  THE STATE OF CONTROL OF MAJOR MAJOR DATES  TO VES 2 (NO Specify 1 10, COCCEDENTS EDUCATION 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATION 1 140, DECEDENT 1 140, DECED	TOR	3802 Sylvan I	)rive			R	eis	sterto	wn		Bal	tin	ore
TODAY  THE STATE OF CONTROL OF MAJOR MAJOR DATES  TO VES 2 (NO Specify 1 10, COCCEDENTS EDUCATION 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATION 1 140, DECEDENT 1 140, DECED	Ħ	10e. STATE 10b. COUNTY	1		10c. CITY	Y, TOWN OR L	OCATIO	N.				104	I. INSIDE CITY
TODAY  THE STATE OF CONTROL OF MAJOR MAJOR DATES  TO VES 2 (NO Specify 1 10, COCCEDENTS EDUCATION 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATION 1 140, DECEDENT 1 140, DECED					Ва	alto							YES 2 NO
TODAY  THE STATE OF CONTROL OF MAJOR MAJOR DATES  TO VES 2 (NO Specify 1 10, COCCEDENTS EDUCATION 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATIONS 1 140, DECEDENTS URLAND ACCURATION 1 140, DECEDENT 1 140, DECED	VERA	3802 SYLVAN	DRIVE										
PART II. Other algrifficent conditions of the co	BĄ	1 Never Married 2 Married	FORCES? 1	YES 2 NO	IED D	If yes	s, speci	fy Cuban, Mexico	n, Puerto Ric				
PART II. Other algrifficent conditions of the co	유	15. DECEDENT'S EDUC	CATION						16b, K	IND OF BUSI	NESS/INDUSTI	RY	
PART II. Other algrifficent conditions of the co	PLET	Elementary/Secondary (0-12)		life.	Do NOT us	e retired.)			SA	NITAT	TION		
PART II. Other algrifficent conditions of the co	N	17. FATHER'S NAME (First, Middle, Last)					1.	MOTHED'S NA	ME (Einst Min	fella Mairian C	lamama!		
SHARON RICHARDSON   SHORE (Specific Sharon Sharon)   SHARON RICHARDSON   CHARDSON   SHARON RICHARDSON		PRINCE RICHAR	DSON SR	•							umenej		
20. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  24. Weed Cade Personnel To MEDICAL  25. WAS CADE PREFERD TO MEDICAL  26. WAS A CONSCOURACE OF):  27. WAS CADE PREFERD TO MEDICAL  28. WAS CADE PREFERD TO MEDICAL  28. WAS CADE PREFERD TO MEDICAL  29. WAS CADE PREFERD TO MEDICAL  29. WAS CADE PREFERD TO MEDICAL  20. PLACE OF DEATH (Check only one)  21. PLACE OF DEATH (Check only one)  22. PLACE OF DEATH (Check only one)  23. PLACE OF DEATH (Check only one)  24. PLACE OF DEATH (Check only one)  25. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. MEDICAL EXAMENTS OF INJURY AT North Seat of available injuries to the state of place, and due to the cause(s) and manner as stated.  28. CHARLES FOR PRESIDENCE OF INJURY AT NORTH AND THE OF INJURY AT NORTH ONE)  29. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check		19e, INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (St	reet end	Number or Rural F	Route Number	City or Town,	Stete, Zip Code	9)	
Sequentially list conditions, last interest diseases, or complications that caused his death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest figure. List only one cause on ace hins. Interest diseases, or complications that caused his death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest Between Onset and Death Interest Between Onset and Death Interest Between Onset and Death Interest Between Onset and Death Interest Between Onset and Death Interest Between Onset and Death Interest Between Onset and Death Interest Between Onset and Death Interest Between Onset and Death Interest Between	۲	SHARON RICHAR	DSON	3	802	SYLV	AN	DR. B	ALTO	, MD	21207	,	
Approximate intervent to diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervent to the sease of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervent to the cause of aschillers.   Approximate intervent to the cause of aschillers.   Approximate intervent to the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause		1 Nation 2 □ Cremetion 3 □ Remi 4 □ Donation 6 □ Other (Specify)		20b.PLACE AL Campelery, Crem WOOL	ND DATE OF	of disposition in the property of the control of th	N (Name	ERY				-	
23. PART II ster the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, lock, or heart fellure. List only one cause on auch line.  IMMEDIATE CAUSE (Final disease of Location)  DUE TO (OR AS A CONSCOUENCE OF):  COCAINE (Disease or Injunity)  DUE TO (OR AS A CONSCOUENCE OF):  D		· Ch	H. Dh	munsa	m-					4300	WABAS	H A	VE
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PAS 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation		IMMEDIATE CAUSE (Final	e. Cocaine Ir	on aach Ilna. ntoxicati	ion			 N					Intarval Between
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PAS 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	IFICATION	If eny, leading to immediate couse. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	с										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PAS 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	ERT	resulting in death) LAST	d										
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1		PART II. Other significent condition	s contributing to da	ath but not re	sulting I	n tha undar	lying o	cause given in	Pert I. 2	PERFORM	MED?	AW	MILABLE PRIOR TO MPLETION OF CAUSE
The state of the	Σ			1					_	/			
The state of the	AN			28. PLACE OF DEATH /Check only one)									
The state of the	200			OTHER:									
The state of the	3HX	27. MANNER OF DEATH	28e. DATE OF INJ	JURY 28b. TIME OF 26c. INJURY AT			Y AT						
3 Suicide 4 Homicide 5 Could not be determined  286. PLACE OF HURRY At home, farm, street, factory, office building, etc. (Specify)  Unknown  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  29a. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  29a. LICENSE NUMBER  29b. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE BIGHED (Aforem, Des Mant)			1.1	l k		0.0			Unknow	wn			
29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  29a. LICENSE NUMBER 29d. DATE BIGNED (Allorin), Date March One) March One Mar		3 Suicide 4 Homicide  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Roc City or Town, State)								urel Routi	Number,		
Page Signatories and Title of Charles Mar 1 1994  O.C.M.E. Mar 06 1994  O.C.M.E. Mar 06 1994	9	29a. CERTIFIER 1 CERTIFYING PHYSI			th comme	el el the the	data as	4-1		-			
Page Signatories and Title of Charles Mar 1 1994  O.C.M.E. Mar 06 1994  O.C.M.E. Mar 06 1994	OMP											use(e) en	d menner ee stated.
O.C.M.E. Mar 06 1994  MARIO F. (SOLVE) TR. M. 111 Papp Street Paltimore Maryland 21201	ш	290. SIGNATIONE AND TITLE OF CONTIENE	1.(0)	1	1		12	9c. LICENSE NUN	ADER		29d. DATE SHO	NED (A)	orth, Day, Must)
MARIO + (30) WHO COMPLETED CAUSE OF DEATH TEM 27/4/PP. Print)	00	19mm	Holle	74				O.C.1	M.E.		▶ Ma	r O	6 1994
31. DATE FILED (Month, Day, Year)  MAR () 9 1904	F	MARIN = (30)	COMPLETED CAUSE OF	115	1	,	tra			nore			
		MAR () 9 1994	Peris Trans	SIGNATURE	-	Citi D	- to de C	DI	44.4.41	OI CI	TIGLY	<b>TO</b> 11	4 21201

BALTIMORE, MARYLAND 21215-0020

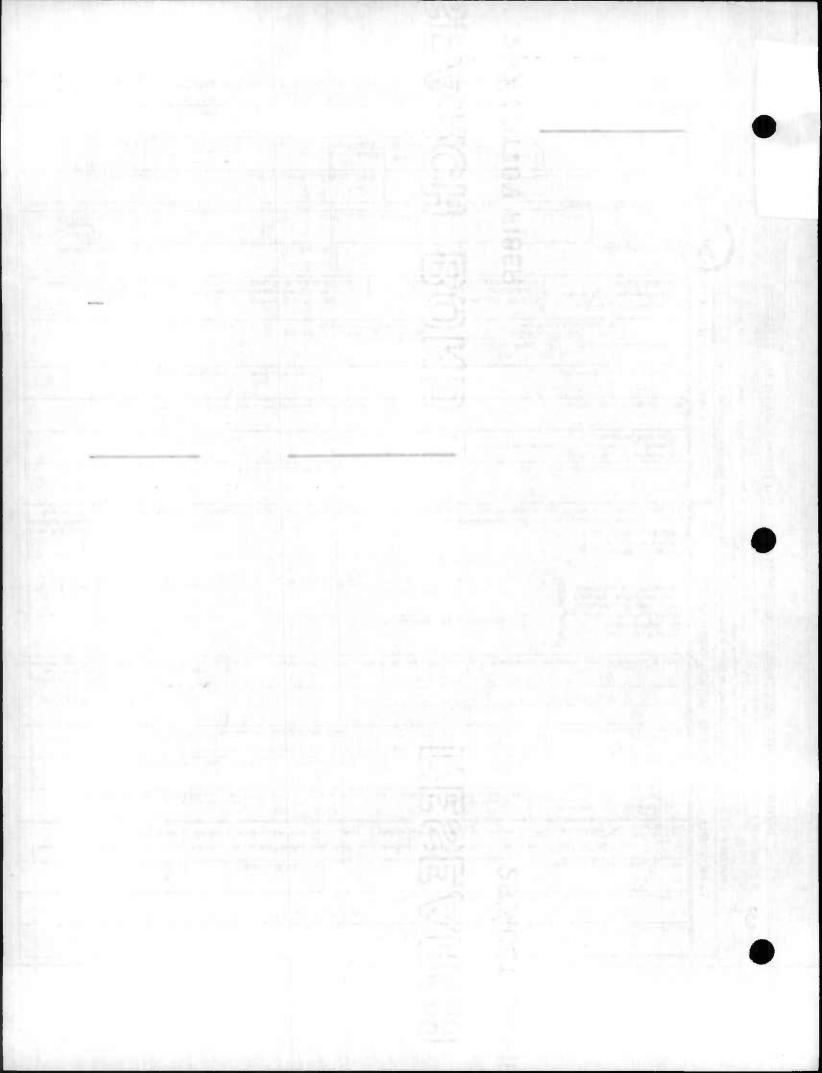


1 - FOR STATE REGISTRAR 96 17/18 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Edward Milton Stevenson MARCH 07 DWARD STEVENSON 1994 11:15 7. DATE OF BIRTH

(Month, Dev. Year)

10-03-4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 217- 68- 1083 1 K M 2 [ 35 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL RAE DIRECTOR BALTIMORE CITY n/a RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MARYL AND n/a BALTIMORE 1 YES 2 NO permit. . STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1649 detached for use as the burial-transit CLIFTVIEW **AVENUE** 21213 UNITED STATES Page 6 may be retained by the hospital or attending physician. FUN 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married Specify: DK Black IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 12 TH TRUCK DRIVER n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) **EDDIE** STEVENSON BE MARY STEED funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MARY STEVENSON 1649 CLIFTVIEW AVENUE, BALTIMORE, MD 21213 2 20c. LOCATION - Bundalk 20e, METHOD OF DISPOSITION
AND Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must CARAPAL VA 4 Donation 6 Other (Specify) CEMETERY -owings md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY urs after death. WM. C. MARCH FH. - 1101 AVENUE Teres and completely filled in by the oburlal, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or heart fellure. List only one cause on asch line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disesse or condition resulting in dasth) ENTEROCOCCAL SEPSIS
DUE TO (OR AS A CONSEQUENCE OF): event, death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760. COUISED IMMUNE DEFICIENCY SYNDROME traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING 2 attending physician prior CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 the after PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL signed by the ACUTE RENAL FAILURE shows any 1 YES 2 NO ENTEROCOCCAL PNEUMONIA 1 YES 2 NO t. of H PHYSICIAN: Dept. OR ATTENDING PHYSICIAN; The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate h the State 1 HOSPITAL:
1 Impetient 2 ER/Outpetient 3 DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 26a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED with t marked, 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) L DIRECTOR: A hours after di 6 Could not be determined COMPLETED 4 🔲 Homicide 28 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL DI
De filed within 72 ho
IMPORTANT: If Ite 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ▶ 3/8/94 are 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WARE JOHNS HOPKINS HOSPITAL DRRAINE 31. DATE FILED MORE, Day 32. REGISTRATS SIGNATURE

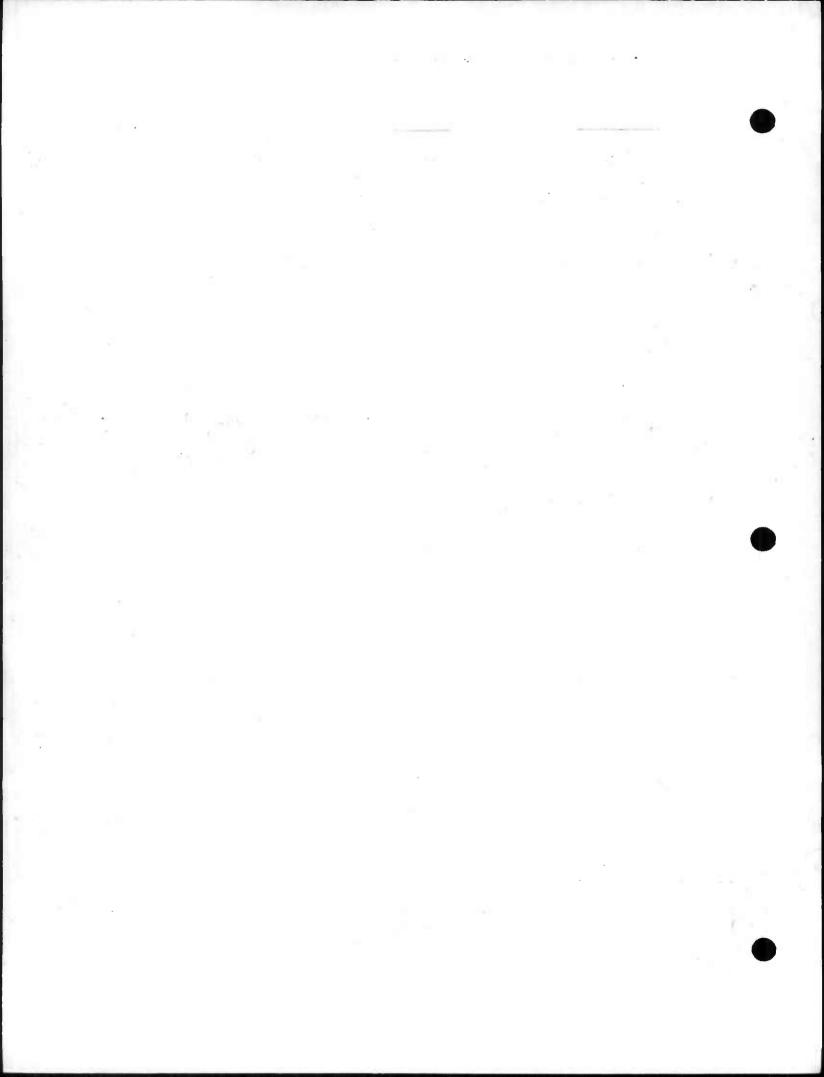


OUT

97994

31. DATE FILE MAR

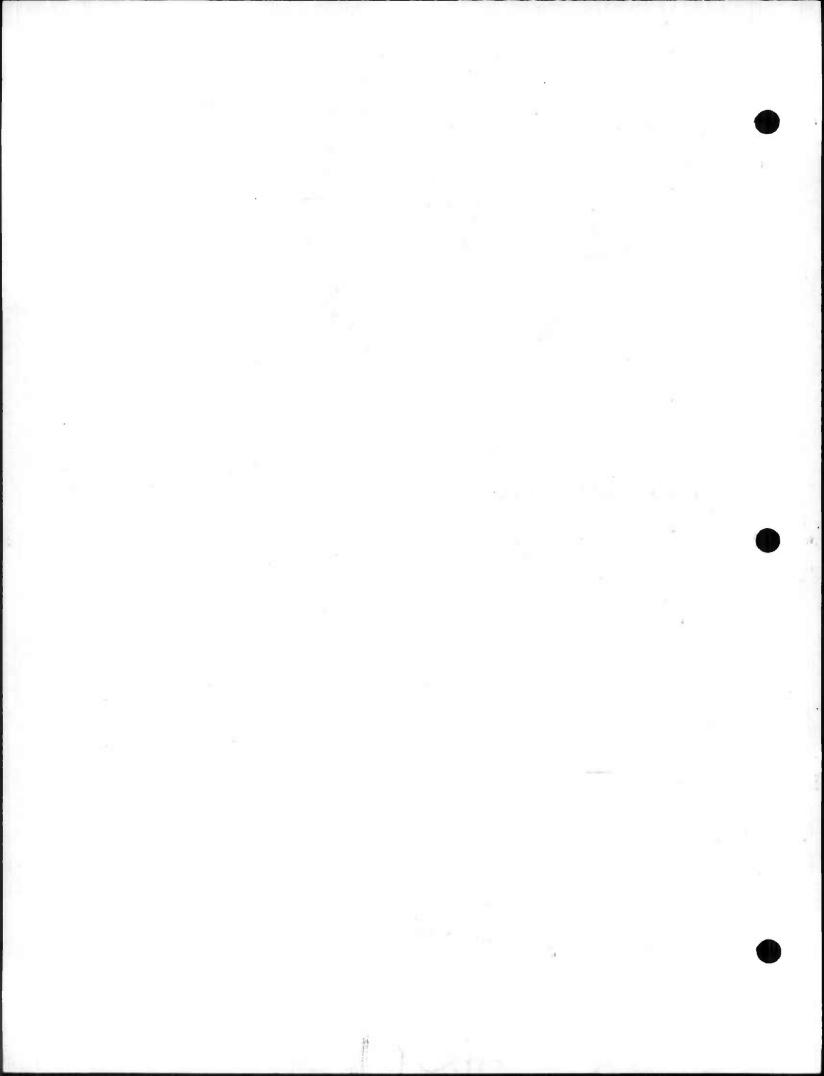
	Jin Itemi, g-709	,3-9-94, perr.H.	,dr							
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO		0710	9		
	1. DECEDENT'S NAME (First, Middle, Last)	<b>G</b> 1:3			101	AY YE				
	4. SOCIAL SECURITY NUMBER 5	i. SEX S. AGE (In yrs. last	Stee	R 1 YEAR   IF UNDER 24 HRS.	Mar 0			M.		
	214-76-6368	□ M 2 🗶 F 35	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 12–17–5	8 6	HRTHPLACE (State or Foreign country)  MARRYLAND	n		
TOR	90. FACILITY NAME (If not institution, give stree Shock Trauma Cer RESIDENCE OF DECEDENT			altimore	EATH	9c. COUNTY				
DIRECTOR	10e. STATE 10b. COUNTY	STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION								
FUNERAL	2798 W. NORTH AVEN	UE		101. ZIP CODE 21216			OF WHAT COUNTRY?			
	11. MARITAL STATUS  1	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 XN IF YES, GIVE WAR OR DATES	0	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specif	an, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: BLACK			
0	15. DECEDENT'S EDUCAT	TION 150 DEC	CEDENT'S USUAL O	COMPATION						
COMPLETED BY	(Specify only highest grade cor	mpleted) (Gh	ve kind of work done Do NOT use retired.)	during most of working	AMOCO G					
BE CO	17. FATHER'S NAME (First, Middle, Last)  JOHN M. JONES			1000	ME (First, Middle, Melden					
LORRAINE CUNNINGHAM  196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stelle, Zip Code)  1001 PENNSYLVANIA AVE. APT. 101/BALTO., MD 2120  20s. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from State  20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, crematory or other place)										
	Jeresa C	Rape	W	M.C.MARCH F.	H./1101 E.		AVENUE			
	23. PART I. Enter the diseasea, or con ahock, or haart failure. Lis iMMEDIATE CAUSE (Final	nplicetions that caused the dea at only one cause on each line.	nth. Do not enter	the mode of dying, suc	th as cardiac or reepi	iratory arreat,	Approximate interval Betwood	пеел		
	disease or condition resulting in death)	DUE TO (OR AS A CONSEO	UENCE OF):	RIES			)	- Carri		
MOIT	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSED								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A CONSEO	UENCE OF):							
2										
PHYSICIAN: MEDICAL	PART II, Other aignificent conditions of	contributing to deeth but not re	eulting in the u	nderlying cause given in	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
N: M					-		1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	1	28. PLACE OF DEATH (C)	eck only one)					
S		☐ Inpatient 2 ☐ ER/Outpatient 3	OTHE	R: sing Home 5 🗆 Raeldence	S Other (Specify)					
	27. MANNER OF DEATH  280. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED									
B√	1 Natural 5 Pending 2 Accident Investigation	Mar 05 1994	1445 <sup>™</sup>	1 YES 2 NO	Pedestr	ian st	ruck by a	ut		
	3 Suicide S Could not be	28e. PLACE OF INJURY — At hor building, atc. (Specify)	ne, ferm, street, fec	tory, office	Pedestrian struck by a  281. LOCATION (Street and Number or Rural Route Number, City or Town, Steete) W. North Avve.					
L.		on st	reet	<u> </u>	N. Dukel	land S		G		
COMPLETED		IN: To the best of my knowledge, dea On the best of examination end/or in					unc(s) and	al.		
8		A CALLINGTON OF THE PARTY OF TH						d.		
BE	296. SIGNATURE AND TITLE OF CENTURE	l. Shi		29c. LICENSE NU	141-24-21		med (Month, Day, Year)			
2	O.C.M.E. Mar 06 1994									



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

07110 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 4 REG. NO.

1. DECEDENT'S NAME (F	irst, Middle, Last)	197			- 7				2. DATE OF DEAT	н		3. TIME OF DEATH
EDWARD		SIMPSON							MONTH	DAY 190	YEAR	1640
4. SOCIAL SECURITY NU		5. SEX 6. AGE (In yrs. last birthday)		IF UNDER		IF UNDER		7. DATE OF BIRTH	1	6. BIRTI	IPLACE (State or Foreign	
The state of the s		1 XM 2 - F	41	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Ye	ur)	Count	ry)
9a. FACILITY NAME (# no		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					PEATH					
2511 Baro RESIDENCE OF D	lay Str	reet			Baltimore							
RESIDENCE OF D	10b. COUNT			10c, CI	c. CITY, TOWN OR LOCATION							10d. INSIDE CITY
												LIMITS?
	ER					10	of. ZIP COD	E		10g. CI1	TIZEN OF 1	WHAT COUNTRY?
11. MARITAL STATUS												
11. MARITAL STATUS		12. WAS DECEDEN							IIC ORIGIN? (Specif		14. RAC	E — American Indian, k, White, etc.
1 Never Married 2 3 Widowed 4 D		IF YES, GIVE W	YES 2 WAR OR DATES				S 2 NO		n, Puerto Rican, etc	.)	Spec	
		10471011	1 40		<u> </u>				111111111111			Bidck
(Specify	ecedent's Edu only highest grade	e completed)		(Give kind of life. Do NOT u	work done di	CUPATI uring m	ION lost of workin	ng	16b. KIND OI	BUSINESS/IN	DUSTRY	
Elementary/Secondary	y (0-12)	College (1-4 or 5 -	+)		100 1011100.)							
15. D (Specify Elementary/Secondary 17. FATHER'S NAME (First,	, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Me	iden Sumame)		
	·											
10- INCODMANT'S NAME	(Type/Print)		Т	196. MAILING	G ADDRESS	(Street	and Number	r or Rurai	Route Number, City o	Town, State, Z	ip Code)	
ocme												
20e. METHOD OF DISPOS		novel tone Panta		CE AND DATE		TION/N	lame of		OATE 20	LOCATION -	- City or To	own, State
1   Burlet 2   Cremetion 3   Removal from State   Camelary, cremetary, cremetary or other places												
21, SIGNATURE OF FUNE	HAL SERVICE LK	CENSEE Rona	ld Wad	de, Di	r 22. N	AME A	NO AOORE	SS OF FA	CILITY Stat	e Ana	tom	y Board
Vinne	11/1/	1/1000				551	W.Ba	lti	moreSt,	Balto	, MD	21201
27. PART i. Enter the	diaeasea or	complications the	t caused the	death Do	not enter t	he m	ada ad du	lan aus			10.040	Approximate
Sequentially list condif any, leading to immodule Cause. Enter UNDER! CAUSE (Disease or int that initiated events												
resulting in death) L	AST	d										
	icant condition	ns contributing to	ot resulting	in the unc	tertyin	ng cause	given in	Part i. 24a. WA	S AN AUTOPSY	248	. WERE AUTOPSY FIND	
MEDICA MEDICA	PART ii. Other significant conditions contributing to death but not rest								PEI	REFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF D	EATH (Ch	eck only one)			
25. WAS CASE REFERRED EXAMINER?  1% YES 2 ON NO.  27. MANNER OF DEATH		HOSPITAL:	ER/Outpatient	3 DOA	OTHER	:			8 X Other (Specify,	vacan	nt dw	elling
27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. Til		28c. IN.	JURY AT		28d. DESCRIBE H			
1)() Natural 3-	Pending Investigation	(,MORITE D	-31 10407		M		YES 2	] NO				
3 Sulcide 8	Could not be	28e. PLACE O building,	of INJURY — At	home, term,	street, facto	ry, offic	Ca		281. LOCATION (SI City or Town, S		er or Rural	Route Number,
4 Homicide	determined											
29e. CERTIFIER (Check only	ERTIFYING PHYS	ICIAN: To the best of	my knowledge,	death occur	red at the tir	ne, date	e end place	, end due	to the cause(e) end	l menner ee str	sted.	
	EOICAL EXAMINE	ER: On the basis of a	xamination and/	or investigati	on, in my op	inion,	death occur	red at the	time, date end plac	e, and due to t	the ceuse(	e) and menner ee state
29b. SIGNATURE AND TIT	LE OF CERTIFIE	R	1,				29c. LICI	ENSE NUI	MBER	29d. DA	TE SIGNED	(Month, Day, Yeer)
n / / /	nm	5 1.1	Cresto	wo				.C.M	E	<b>.</b>		5 1994
30. NAME AND ADDRESS			SE OF DEATH (I	TEM 27) (Type	e, Print)		1 0	۰ ۲۰۱۷	. C.	<u> </u>	eb 2	J 1994
Dennis C	hute M	D	1	111 Da	nn C+	· <b>**</b> ***	2+ P	a1+4	more. Ma	ene lyes	1 212	01
31. DATE FILEO (Month, De			A PONATURE	Fare	aut 31	113	17 سيات	all.	more. Ma	TATGUO	كلك	W.L.
MAR 0 9 1	004	MARIA DELANDO	- Markin									



_	affe
_	hours
	27
20	within
120	executed
5	8
7.C.	certificate
ກົ	death
	the
7	that
MECOND	requires
AL	WE
₹	The
2	PHYSICIAN:
DIVISION OF	ATTENDING
5	DR
	HOSPITAL

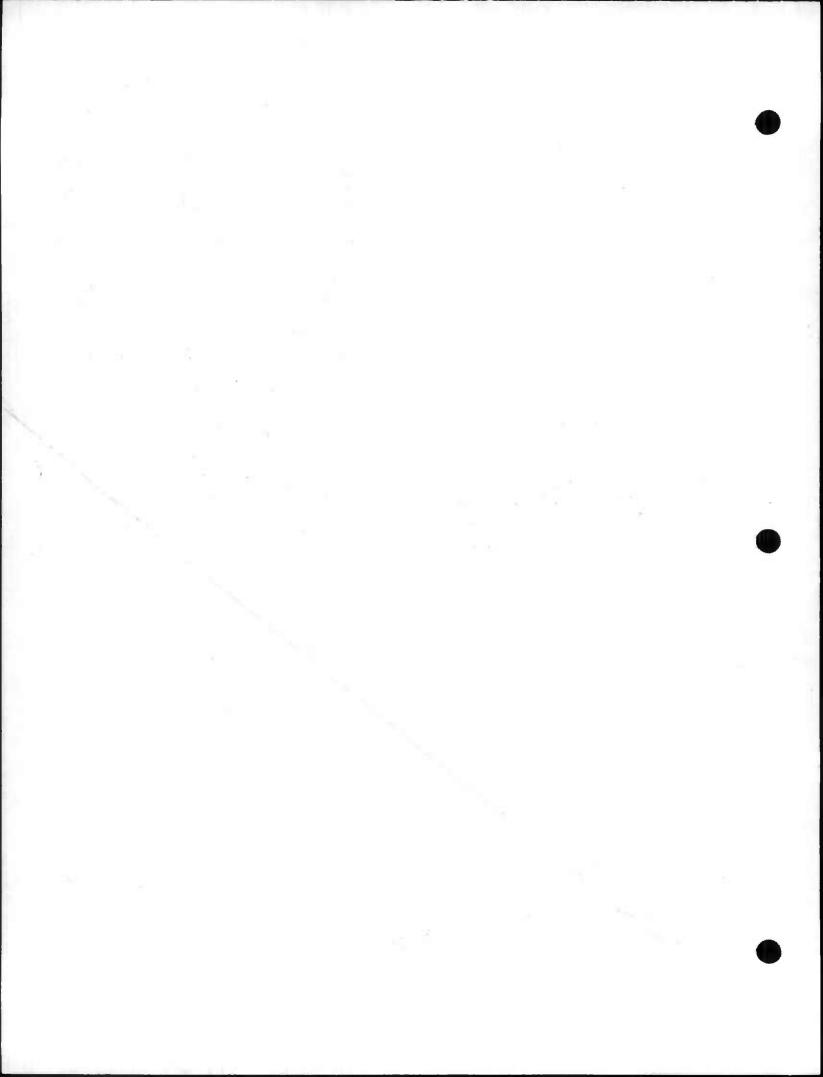
1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH THOMAS STANLEY SNYDER 1994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) forth, Day, Year) 10-3-1922 1 X M 2 - F DAYS HOURS 215-16-2329 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 8422 SPRING ROAD **PASADENA** ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYI AND ANNE ARUNDEL PASADENA 1 TES 2 NO permit. FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8422 SPRING ROAD 21122 funeral director, page 5 should be detached for use as the burial-transit USA retained by the hospital or attending physician. 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 \( \times\) YES 2 \( \times\) NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: WHITE Specify: BY 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 TOOL & die maker WESTERN ELECTRIC 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) PETER SNYDER LORETTA HOUCK BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 9 ELAINE SNYDER 8422 SPRING ROAD, PASADENA, MD er death. Page 6 may be Pe 209 METHOD OF DISPOSITION
1 A Burlel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must 4 Donatton 5 DOtter (Specify) CRESTLAWN CEMETERY 3-10 MARRIOTTSVILLE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
STALLINGS FUNERAL HOME, P.A. 3111 MOUNTAIN ROAD, PASADENA, MD in by the t 21122 removal medicai 23. PART I. Enter the di tions that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory errest, shock, or heart failure. List o one cause on Interval Between ō filled Onset and Death IMMEDIATE CAUSE (Final cremation, the disease or condition malignant in and completely f to burial, cremation monohs resulting in death) traumatic event, DUE TO (OR AS CONSEQUENCE OF): CERTIFICATION Sequentisly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate physician and the prior to cause. Enter UNDERLYING CAUSE (Disesse or Injury the attending phy. Mental Hygiene p injury, or other DUE TO (OR AS A CONSEQUENCE OF): thet initieted events reaulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and of AVAILABLE PRIOR TO 23 shows any COMPLETION OF CAUSE signed Health a 1 YES 2 NO OF DEATH? 1 YES 2 NO 6 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL: OTHER 1 TES 2 NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY marked, 28c, INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED this c 1 Natural 1 YES 2 NO В After 2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28 is 1 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED DIRECTOR: Nours after of TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT; If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the nd/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se stated. 29b. SIGNATURE OF CERTIFIER 29c. LICENSE NUMBER BE D19512 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Crain SANG C Do H. 1600 21061 31. DATE FILED (Month, Day, Year)

32 REGISTRAR'S SIGNATURE Julie Kevids

09 1994

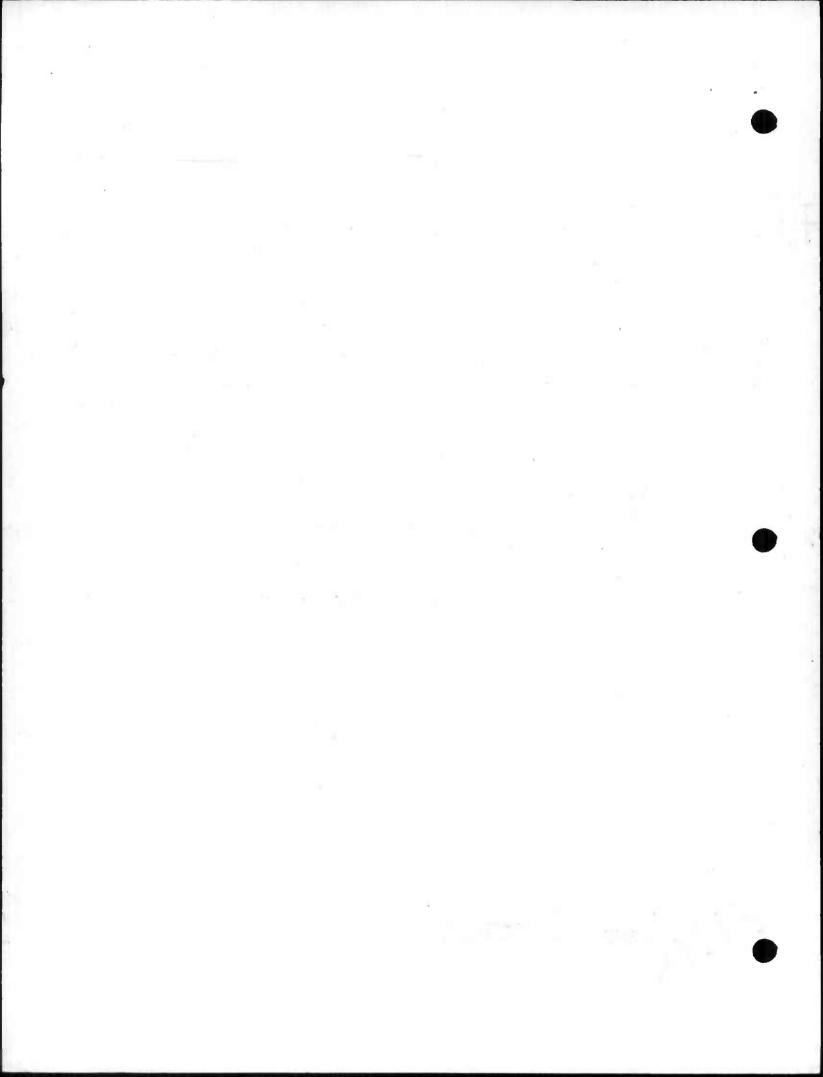
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR MAR 7-94 4:45 P SHIMER Marvin JR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTNPLACE (State or Foreign 213 26 0428 15 M 2 F 63 62 YRS. 09/24 MARYLAND Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANKLIN SQUARE HOSPITAL ROSSVILLE Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY CM BALTIMORE BALTIMORE 1 TES 2 VNO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 821 MARTIN ROAD 21221 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO 3 € Widowed 4 □ Divorced Specify ВҰ Specify. WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig College (1-4 or 5+) Elementary/Secondary (0-12) mill wright SPARROWS PT 10 once. 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 76 MARVIN L. SHIMER SR. KATHERINE BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BRIAN SHIMER 511 MYRTH AVENUE BALIMORE, MD 21221 9 20a. METHOD OF DISPOSITION

1 Durial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must GARDENS OF FAITH 3/10 BALTIMORE, MD 22. NAME AND ADDRESS OF FACILITY
(21) CHECK HAVE
(21) CHECK HAVE examiner 21. SIGNATURE OF FUNERAL PERVICE LICENSEE 21237 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, sock, or heart failure. List only one cause on each line. medical Approximate intarvai Between IMMEDIATE CAUSE (Final Onaet and Death disease or condition cremation. the a. Asystole reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): and com a Cardiogenic shock traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to Acute anterior myocardial infarction CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS and a AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE signed Health a 1 YES 2X NO OF DEATH? 1 YES 2 NO t. of PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h **EXAMINER?** HOSPITAL: OTHER 1 TYES 2 NO 1 Sympstient 2 - ER/Outpatient 3 - DOA 4 - Nursing Nome 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATN 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED this ( marked, 1 🔯 Netural 1 YES 2 ND BY After 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED 6 Could not be Cours after 28 4 Homicide 29s. CERTIFIER
(Chack only t CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. × 2 
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA TO THE FUNERA The filed within 7 IMPORTANT: I 29b. SIGNATURE AND TITLE OF 29d. DATE SIGNED (Month, 29c. LICENSE NUMBER ay, Year) BE marc 84 9L D36538 2 Dr. Marc Leffer 9000 Franklin Square Dr. Baltimore, Maryland 21237 ENGTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) MAR 09 1994



النق		
FIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to	INFCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	
-	3	
28	9	
3	2	
E	0,0	
9	5	
30	ë	
۵.	70	
€.	ē	
ê	2	
63	the state	Sa.
a	8	Đ.
53	-	9
00	P	ö
-	9	ď
9	>	the second
Ē	ie.	Ë
Ē	음	e c
P	E	-
훙	0	를
8	B	2
8	=	2
2	Cia.	6
e	S	P
20	듄	9
ē.	9	ē
3	ě	Ŧ
岳	Je .	70
e	19	E
9	5	Ž
	B	B
tha	P	E a
92	Jue Jue	를
Ē	S	운
60	en en	0
2	8	H.
60	98	9
9	-	9
-	TE.	tal
¥	ij,	63
ᅙ	93	5
₹.	60	ŧ
亡	5	3
9	her	att
Ö	A	õ
ū	98	tter
A.	5	60
œ	器	N.
3	n	z
3	ø	in 72 lears after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ac.	DA.	-

		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND /	DEPAR	TMENT	OF H	IEALTH AND DEATH	MENTAL HYGIEN		0	7113
		1. DECEDENT'S NAME (First, Middle, Last)	CHARL		M			TH	2. DATE OF DEATH MONTH D		YEAR	3. TIME OF OEATH
		4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (In yrs. last birthday)			IF UNDER	t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			IPLACE (State or Foreign y)
				60	YRS.				2/10/19	7		yland
	DIMECTOR	90. FACILITY NAME (If not institution, give stree  St. Agnes Hospita:  RESIDENCE OF DECEDENT										
	JINE	MD Baltimo	ore	e Baltimore Highlands								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	AL.										ZEN OF Y	VHAT COUNTRY?
[	: I	3607 Annapolis Roa	ad				1	21227		11112	.S.A	
70	Br ru	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN FORCES? 1 X YES 946 1947	2 N	MED O		If yes, spe	ENDENT OF HISPA ecify Cuban, Mexic 2 XNO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No—	14. RACE Black Speci	E — American Indian, k, White, etc.
				(Gi life.	Do NOT us	rork done ( e retired.)	during mo	st of working	16b. KIND OF BUS	SINESS/IND	USTRY	
Once.	Z Z	8		F	orkli	ft M	lecha	anic	Manufa	cturi	ng	
5 8	3	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First, Middle, Meiden	Surname)		
P   0		Henry Smith						Anna				
TO DE COM		196. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Evelyn Smithson Smith  3607 Annapolis Road, Baltimore Highlands, MD 2122										
De n	ŀ											
20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — Commetery, grematory, or other place) 4   Donation 5   Other (Specify)   MeadOwridge Memorial Park 3/10 Dorsey, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22c. LOCATION — Commetery, grematory, or other place)   MeadOwridge Memorial Park 3/10 Dorsey, 22. NAME AND ADDRESS OF FACILITY Ambrose Fune 1328 Sulphur Spring Rd., Arbi								3/10 Dor	sev.	Mar	vland	
								eral	Home, Inc.			
		1000		~	Z.							, MD 21227
the medical		23. PART I. Enter the diseeses, or con shock, or heert fellure. Lis	aplications that caused t only one cause on e	the des	ath. Do n	ot enter	the mo	de of dying, sur	ch se cerdiac or respi	ratory arr	est,	Approximate Interval Between
he m		IMMEDIATE CAUSE (Finel disesse or condition	0			,						Onset and Death
at.	-	resulting in death)	DUE TO (OR AS A	/N	Х	Car	na	v				6 months
eve						_						1
r other traumatic	5	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEC	LIENCE OF	220	nen	7 ml	ery Div	سيرس		4 years
In the	₹	If any, leading to immediate cause. Enter UNDERLYING	Diol	1		,		1				j /
in the		CAUSE (Disease or injury that initiated events	DUE TO (OR AS A			7:						
0 1		resulting in death) LAST								_		
juny, o	. 11	PART II. Other significant conditions of	contributing to deeth h	ut not n	sulting i	n the un	derlying	Couse alven in	Part I. 24e. WAS AN	ALITOREY	245	WERE AUTOROX ENIONIOS
shows any Inj	3						idonyin,	g couse given in	PERFOR		240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
20 20	5								1 _ YES 2	NO		OF DEATH?
show												1 YES 2 NO
		25. WAS CASE REFERRED TO MEDICAL		_								
Item 23	2	EXAMINER?	IOSPITAL:	10.5		OTHER	<b>a</b> :	ACE OF DEATH (C				
0 >		1 YES 2 NO 1,	28e, DATE OF INJURY	etlent 3	28b, TIM	7	28c. INJ		6 Other (Specify)			
marked,		1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJ		WO	PRK?	28d. DEŞCRIBE HOW I	NJURY OC	CURED	
28 is	3	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At hor	me, ferm, a	treet, fact	ory, office	•	281. LOCATION (Street City or Town, State)	end Number	or Rural F	Route Number,
MPORTANT; If Item	CINE LE		N: To the bast of my knowl									end menner ee stated.
MIN	)	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NU				(Month, Day, Year)
MPOR		Roy Hebit	6 MD		Res:	dent	-	- PO. BIOENGE NU	TOTAL TELEVISION OF THE PERSON	- 50		184

MOSPITAL

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ROY MAB IB B SAINT AGNES WO

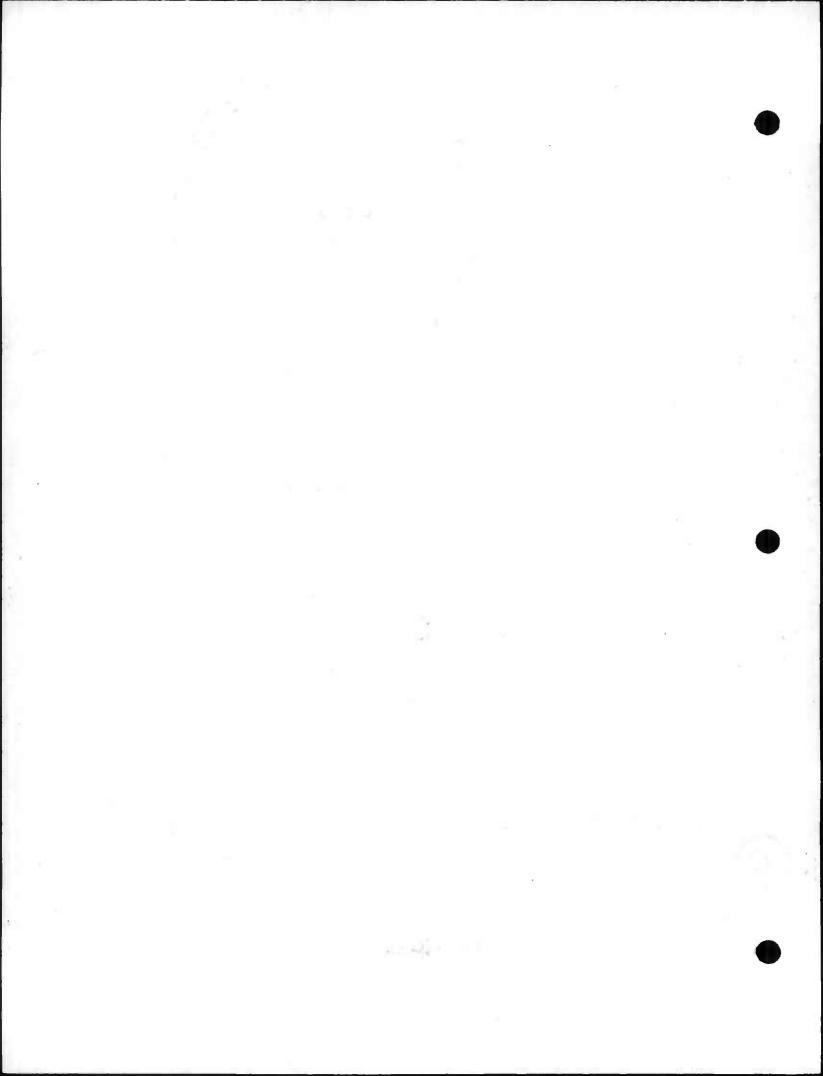
31. DATE FILED (Month, Day, Year)

MAR 0 9 1994

Julia Builden Pandon

900 CATON AVE BALT MD 21223

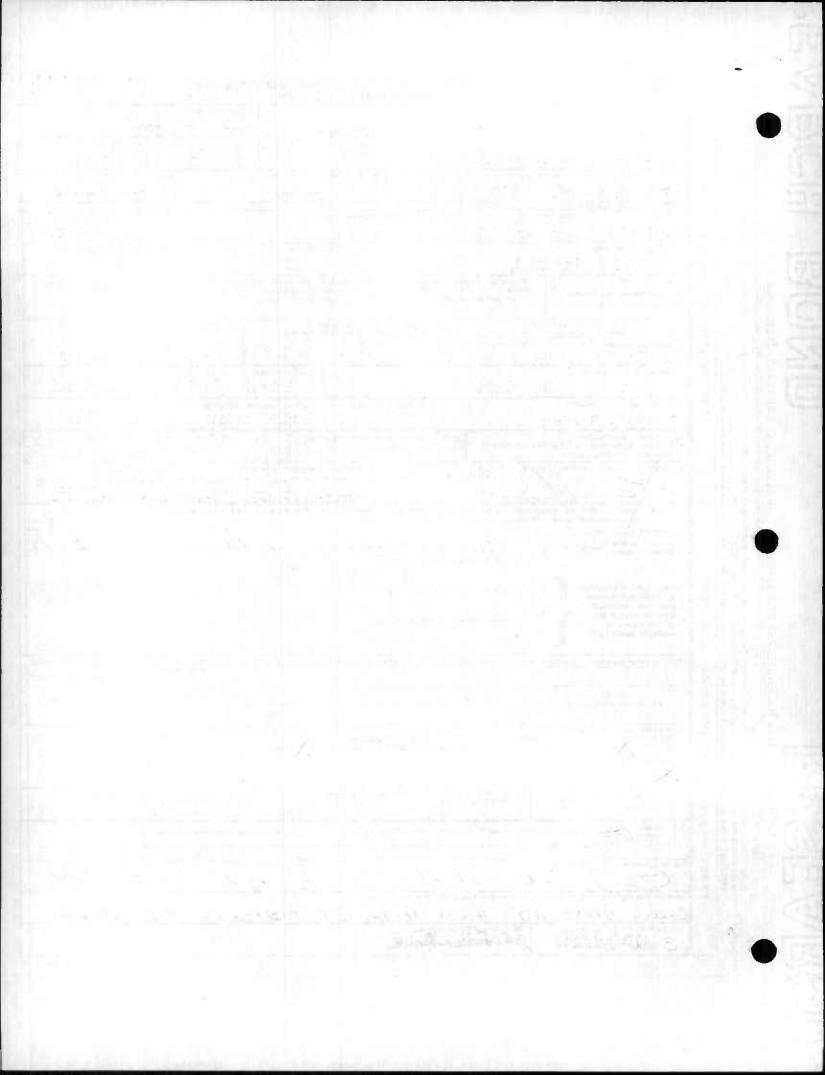
DHMH-16 Rev 1/89



•	ı
0	1
2	
_	,
~	
-	
9	
-	
9	•
m	
-	3
0	
٠.	•
S	•
0	
œ	
0	
$\sim$	
O.	
11	
_	
-	
9	
-	ľ
Q.	H
_	ı
>	1
	ľ
$\circ$	
_	1
7	ĺ,
=	1
	i
-	1
n	1
	ı
-	ľ.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	1
_	
	The same of the same of the same

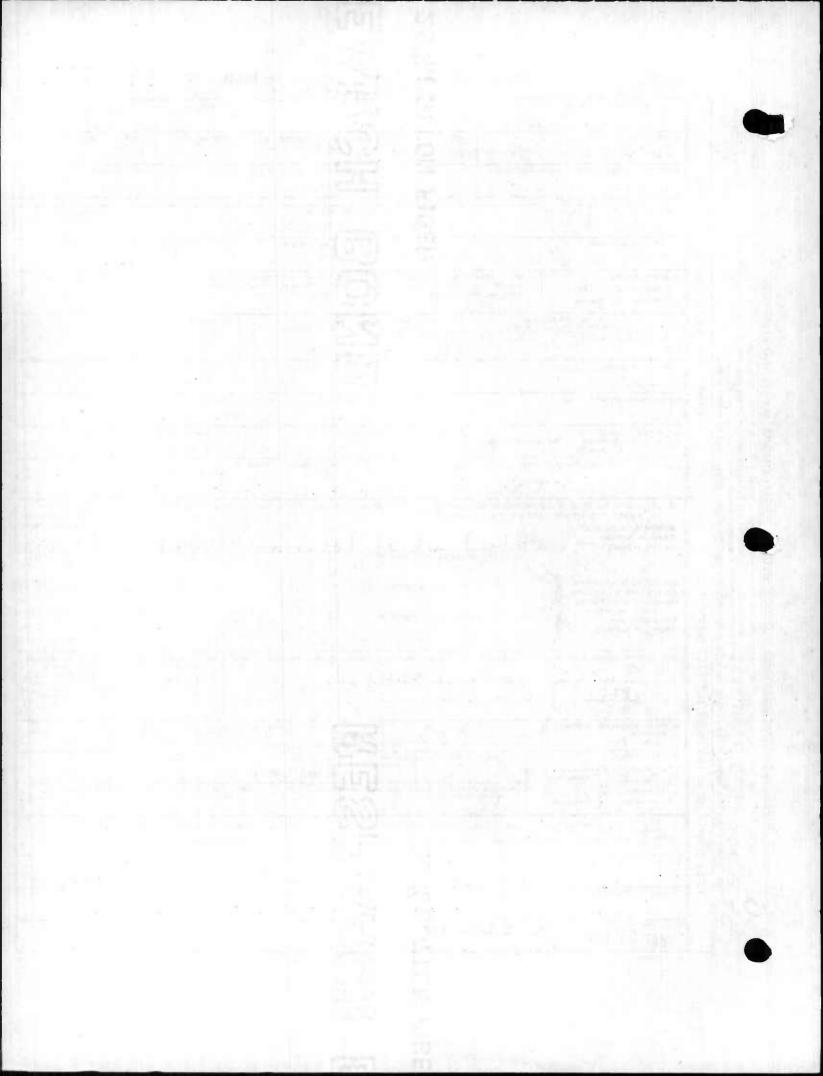
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a formation of the four safer death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1 - STATE REGISTRAR	111111	SINIE OI MIN	RYLAND / DEI CERT	IFICATE O		D MENTA	REG. NO.	9	4 0/1	
1. DECEDENT'S NAME (I		Barb		SOKOL Soltol	25-	Marc	ch 3	1994		
214-74-53	43	1 - M 2 X F	AGE (In yrs. last birth	RS. MONTHS DAY	B HOURS MI	M. (Mor	of BIRTH (h, Day, Year) 1/28/190	8	BIRTHPLACE (State or Fo Country) Poland	
90. FACILITY NAME (# 7783 NOT.) RESIDENCE OF D. 100. STATE	ley Rd.	21122			n on Location o Pasadena		9c. COUNTY OF DEATH  Anne Arundel			
Maryland				Pasadena			10d. INSIDE CITY LIMITS? 1 \( \subseteq \text{ YES 2\lambda \lambda} \text{NOO}			
7783	7783 Notley Road,				101. ZIP CODE 2112	22		10g. CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS  1 Never Married 2  3 Wildowed 4 1		12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	If yes,	DECENDENT OF HE apacify Cuban, Marces 2 X NO S	xicen, Puerto	GIN? (Specify Yes or No— 14. RACE — Americ Black, White, et Specify: Wh 1 t				
(Specify Elementary/Secondar	(Specify only highest grade completed)  (Give kind of life. Do NOT to the complete of the comp									
	17. FATHER'S NAME (First, Middle, Last)					NAME (First,	Middle, Maiden St	irname)	and Mother Golembieski	
Joseph P.		A ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Winston Road, Pasadena, Maryland 21122								
20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Removal from State  4 Donation 6 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of campaign, cremetory or other place)  HOLY Cross Cemetery 3/7/94  Baltimore, Mary							or Town, State			
21. SIGNATURE OF FUNE	ERAL SERVICE LICE	Kevin	E. Ecker	McCt	and address of	eral I	lome of	Brook	1vn	
IMMEDIATE CAUSE	or heart fellure. L (Finel	List only one ceuse	on each line.	Do not enter the	mode of dying,	such as ce	disc or respire		Approxim interval B	
immediate cause disease or condition resulting in death)  Sequentisity list con if any, isading to im cause. Enter UNDER CAUSE (Disease or it that initieted events resulting in death) L	(Fine)  anditions, imediate strying injury	DUE TO (OI	on each line.	Do not enter the	mode of dying,	such as ce			interval B	
iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list con if any, isading to imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L  PART II. Other signif	(Finel ) s anditions, mediate RLYING injury d	DUE TO (OI	R AS A CONSEQUENCE	Do not enter the CC OF):  CE OF):  CE OF):	mode of dying,	such as ce	disc or respire	UTOPSY ED?	interval B	
immediate Cause disease or condition resulting in death)  Sequentially list con if any, leading to immediate. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L  PART II. Other significance of the condition of the cause of the ca	or heart fellure. L (Finel  Additions, mediate strying injury  AST  ficent conditions	DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE	Do not enter the  CE OF):  CE OF):  CE OF):  CE OF):  OTHER:	ving cause giver	in Part i.	24a. WAS AN AI PERFORM 1 YES 2	UTOPSY ED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO DF DEATH?	
immediate Cause disease or condition resulting in death)  Sequentisity list con if sny, isading to im cause. Enter UNDER CAUSE (Disease or that initieted events resulting in death) L  PART ii. Other signification of the cause of the cause of the initieted events resulting in death) L  PART ii. Other signification of the cause of	rheart fellure. L (Fine)  holditions, mediate RLYING injury  LAST  ficent conditions  To medical  Pending	DUE TO (OI	R AS A CONSEQUENCE  R AS A	Do not enter the  CE OF):  TIME OF INJURY  28c.	ving cause giver	in Part i.	24a. WAS AN AI PERFORM 1 YES 2	UTOPSY ED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO DF DEATH?  1 YES 2   1	
IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list con if any, isading to immease. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L  PART II. Other significations of the condition of the conditi	rheart fellure. L (Finel  Anditions, immediate StryING injury AST  ficent conditions	DUE TO (OI  DUE TO	R AS A CONSEQUENCE R AS A CONSEQ	Do not enter the  CE OF):  INJURY  M 1 [	PLACE OF DEATH	in Part i.	24e. WAS AN AN PERFORM 1 YES 2	UTOPSY EE? NO	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO DF DEATH?  1 YES 2   1	
immediate Cause disease or condition resulting in death)  Sequentially list con if any, isading to imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L  PART II. Other signification of the condition of the cause of the cau	Pending Investigation  Descripting Physic	DUE TO (OI  DUE TO	R AS A CONSEQUENCE R AS A CONSEQ	Do not enter the  CE OF):  CE	ring cause giver  PLACE OF DEATH  IOME 5 Residen  INJURY AT  YES 2 NO	in Part i.	24a. WAS AN AI PERFORM 1 YES 2 TO TOWN, State)	UTOPSY ED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO DF DEATH? 1 YES 2 1	
IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L  PART II. Other significations of the condition of the cause of the c	Pending Investigation  Descripting Physical Examiner  Descripting Physical Examiner  Descripting Physical Examiner	DUE TO (OI  DUE TO	R AS A CONSEQUENCE R AS A CONSEQ	Do not enter the  CE OF):  CE	ring cause giver  PLACE OF DEATH  IOME 5 Residen  INJURY AT  YES 2 NO	I (Check only of the City of the time, date	24a. WAS AN AN PERFORM  1 YES 2 TO TOWN, State)  CATION (Street and or Town, State)  RUSS(a) and manner and place, and	UTOPSY EE?  NO   24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO DF DEATH?  1 YES 2 1		

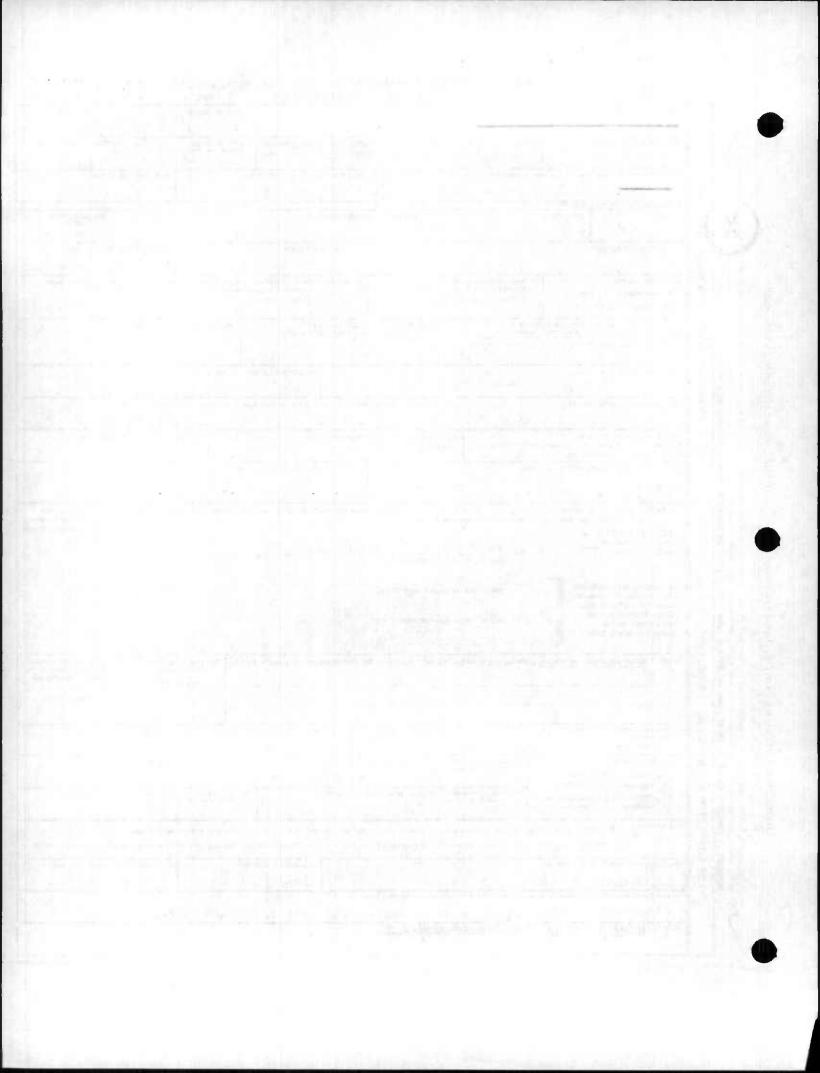


DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; g	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
	-	1	1	- 1

			LAND / DEPART CERTIFIC	CATE OF DEATH	REG. N	Ю.					
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM J. SCH		2. DATE OF DEATH MONTH MARCH	7. 199	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 24 H	s. 7. DATE OF BIRTH	8,1	BIRTHPLACE (State or Foreign				
	216-03-4841  99. FACILITY NAME (If not institution, give	1 ⊠ M 2 □ F 8	/ YRS.	ONTHS DAYS HOURS M	Sept 05	1906 Maryland					
CTOR	2882 Artersmill			Westminster	F DEATH	9c. COUNTY OF DEATH  Carroll					
DIREC	10e. STATE 10b. COUNT	ту	10c. CITY,	TOWN OR LOCATION		10d. INSIDE					
	Maryland  100. STREET AND NUMBER			Baltimor	e City		12 YES 2 NO				
ERAL	1210 Cleveland S	Street		21230		U. S.A					
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2  IF YES, GIVE WAR OR DATES				SPANIC ORIGIN? (Specify vixican, Puerto Rican, etc.) pecify:		RACE — American Indian, Black, White, atc. Specify: White				
3	15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDENT'S U (Give kind of wo	rk done during most of working	16b, KIND OF E	USINESS/INDUST					
PLET	Elementary/Secondary (0-12)	College (1-4 or 8+)	Refrig.	mechanic	Coke	Co.					
COMPL	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Meid						
	Bernard SCHAFER	}		Flo	rence WHAL	EN					
2	19. INFORMANT'S NAME (Type/Print)  Margaret Gallagh	ner		DDRESS (Street and Number or F							
	200. METHOD OF DISPOSITION 200 PLACE AND DATE OF DISPOSITION (Name of										
	1 ⊠ Burial 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donetion 5 ☐ Other (Specify)	moval from State	emetery cremetory or other leadowridge	e Memorial Pa	rk 3/10 E1	kridge,					
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE 10		22. NAME AND ADDRESS O	F FACILITY						
	- Warriel	A V		HUBBARD FUN 4107 WILKEN			E.MD. 21229				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Huge basel Cell Concurrence Rt 1990  Diffe to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDING.										
WEDICAL		ibrillat	A		AN AUTOPSY ORMED? 2) ( NO	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only one)						
: 11	1 TES 2 NO	1 Inpatient 2 ER/Os	stpatient 3 DOA	THER: Nursing Home 5 X Reelde	nce 8 Other (Specify)						
2	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1										
- 48	Natural 5 Pending Investigation		2 Accident 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — A1 home, farm, stree1, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — A1 home, farm, stree1, factory, office City or Town, State)								
ā	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUI	RY — A1 home, ferm, str pecify)	ee1, fectory, office	281. LOCATION (Street, City or Town, Sta	et end Number or F ite)	Rural Route Number,				
MPEETED BY PHISICI	2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER Check only	28e. PLACE OF INJUI building, etc. (Sp SICIAN: To the best of my kno	owledge, death occurred	at the time, data end place, end	City or Town, Sta	nanner as stated.					
DE COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER Check only	28e. PLACE OF INJUI building, etc. (Sc SICIAN: To the best of my kno	owledge, death occurred		due to the cause(a) and n	nanner as stated.					
PLEIEU BY	2 Accident 3 Sulcide 4 Homicide 6 Could not be determined 29e. CERTIFIER Check only 2 MEDICAL EXAMINATION 20 NAME A D ADD IESS OF PERSON W	SICIAN: To the best of my known in the state of examinate the completed cause of the cause of	owledge, death occurred iton end/or investigation.  DEATH (ITEM 27) (7/20, F	at the time, data end place, end in my opinion, death occured a	due to the cause(a) and not the time, date and place,	nanner as stated.	euse(e) and manner as stated				



		1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	STATE OF I		/ DEPAR					REG. NO.	9	L,	07116
		GERTRUDZ P	TRUSTY							MONTH DAY	94	EAR 3	3.40 A.M.
		4. SOCIAL SECURITY NUMBER 218-36-1575	5. SEX	6. AGE (In yrs. I	yrs.	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 07 - 04 - 4(		BIRTHPLA Country) ARYL	ACE (State or Foreign
3 should	CTOR	523 N. Church		oital				I MORE			9c. COUNTY	of DEAT	Н
(n	r \\iii	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN (							d. INSIDE CITY
(3)	馬	MARYLAND	n/a			E	BALTI	MORE				1 (	LIMITS?
4	BAL	10e. STREET AND NUMBER	CTREET				100	. ZIP CODE			10g. CITIZEN		STATES
020 physician bunial-tra	FUNER	523 N. MADERIA  11. MARITAL STATUS  1 Never Merried 2 Merried		YES 2	S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGINAL (No. 1) Yes, apacity Cuban, Maxican, Puerto					, Puerto Rican, etc.)	IGIN? (Specify Yes or No- 14, RACE - Amer		
5-0 anding	D BY	3XX Widowed 4 Divorced	IF YES, GIVE V									BLACK	
21 al or for u	PLETE	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5		a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  DOMESTIC  n/a						INESS/INDUSTRY		
RYLAND ed by the hospit uid be detached	COM	17. FATHER'S NAME (First, Middle, Last)			DOTTE			16. MOTH	IER'S NAN	NE (First, Middle, Meiden S	Surname)		
RYL ed by	THE BY	SILAS NORRIS  190. INFORMANT'S NAME (Type/Print)  1910. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip Code)											
	be notified TO BI	199. INFORMANT'S NAME (Type/Print)  JUNE ANDERSON	X X =		227	S.	SPRI	ING	COUR	T, BALTIMO			231
BALTIMORE, for death. Page 6 may be the funeral director, page wal.	must b	20a, METHOD OF DISPOSITION  1XX Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE cemetery. c	MNSV	of Dispos ther place)		METER			WNSVI		
ALTIM death. Page funeral dire	examiner	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			22.	NAME AN	ND ADDRES	99 OF FAC	ILITY			
		WM. C. AMRCH FH 1101 E. NORTH AVENUE  23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										AVENUE	
in 25 hours after the filled in by remote the medical	event, the medical	ehock, Dr heert fellure. List only one cause on each line.										interval Between Onset and Death	
S, P.O. BOX 68760, death certificate be executed with a standling physician and completental Hygiene prior to burial, cremental Hygiene prior to burial Hygiene	or other traumatic	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	c	OR AS A CONS				i i					
RECORDS  v requires that the d been signed by the t, of Health and Mei	shows any inju	PART ii. Other significant condition	death but not	regulting	PERFORMED?  1 YES 2 NO					AM CO OF	REE AUTOPSY FINDINGS BAILABLE PRIOR TO MPLETION OF CAUSE DEATH? SEE 2 NO		
N: The law ficate has State Dep	item 2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)			
OF V HYSICIA his certif	PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF		26b. TIN		28c. INJ WO			8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUP	ED	
DIVISION OR ATTENDING P DIRECTOR: After t hours after death	28 is TED	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE ( building,	OF INJURY — At I , etc. (Specify)	nome, farm,	street, fac	tory, offic	•		281. LOCATION (Street e. City or Town, State)	nd Number or	Rural Rout	» Number,
DIV DSPITAL OR A INERAL DIREC Ithin 72 hours	9	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS								to the cause(e) end man		ause(s) er	nd manner ee stated.
TO THE HOSPITAL. TO THE FUNERAL OF Be filed within 72 h	O BE COM	296. SIGNATURE AND TITLE OF CENTIFIE	t more .					29c. LICE Dy	NSE NUM	BER 8	29d. DATE S	GNED (M	orith, Day, Year)
5	/   -	30. NAME AND ADDRESS OF PERSON WITH	10 COMPLETED CAU				OR.	AVE	NEI	N3 03	7.01		
		31. DATE FILED AND IN. (Pay. Gran 1994	N THEORY	ARIP (REMANDER	Soydall.	9							



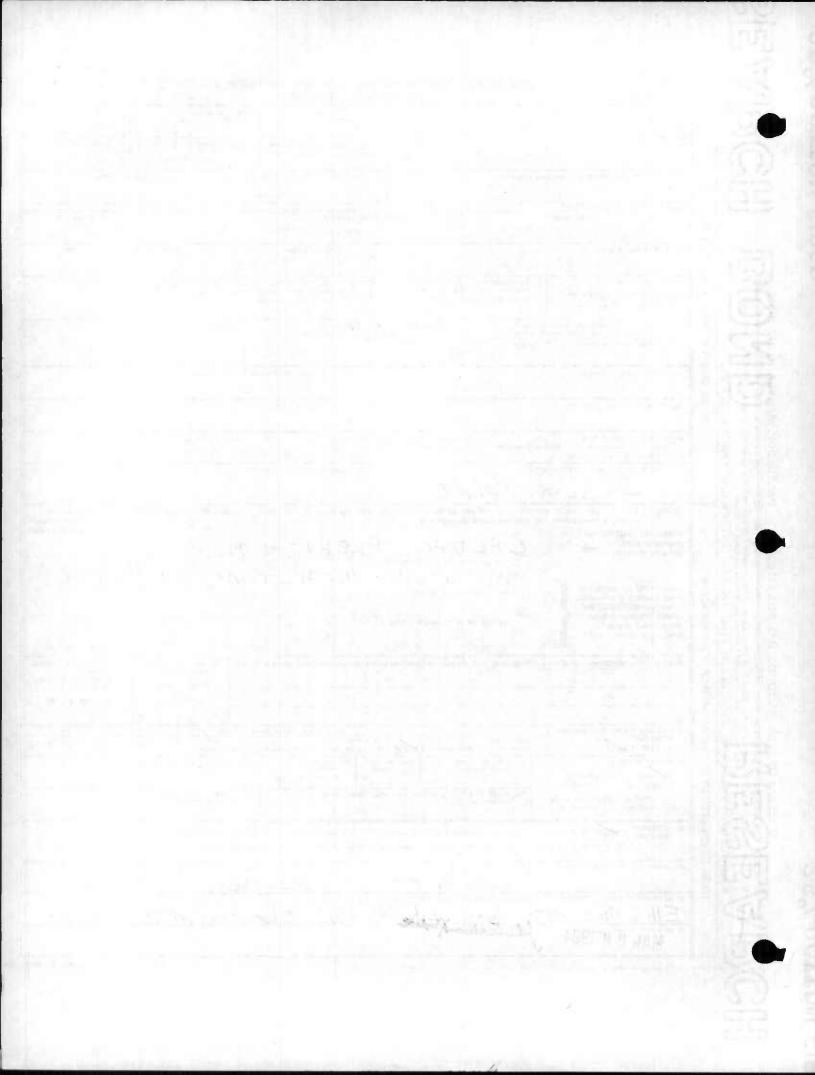
Ellis Mez 1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Ellis Mez MD 1645 Liberty

	mit. Pages 1, 2, 3 should		
or attending physician.	or use as the burial-transit p		
ay be retained by the hospita	page 5 should be detached it		be notified at once.
VSICIAN: The law requires that the death certificate be executed within shours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
icate be executed within	physician and completely fill	am with the state bept, of hearth and mental hyghere phor to bunta, cremation, or removal.	er traumatic event, the
equires that the death certif	en signed by the attending	or Hearth and Memai Hygier	hows any Injury, or oth
DING PHYSICIAN: The law n		₹	s marked, or item 23 s
TO THE HOSPITAL OR AFTENDING PHY	THE FUNERAL DIRECTOR; After	be filed within 72 hours after death	IMPORTANT: If Item 28 is marked

	FOR 1 - STATE - REGISTRAR	STATE O	F MARYL	AND / DEPAI	RTMEN	T OF HE	ALTH A	ND MEN	ITAL HYGIENI	94	07117
	1. DECEDENT'S NAME (First, MICK)	No, Last)	i' K	CERTIF	T	EOFI	DEATH	2.1	PATE OF DEATH DATE OF DEATH DATE		YEAR SSS AM M
	4. SOCIAL SECURITY HUMBER	5. SEX	6. AGE	(In yrs. last birthday)	IF UNDE	R t YEAR	IF UNDER 24 I		ATE OF BIRTH		I. BIRTHPLACE (State or Foreign
	219-58-2518	1 M 2 G	}F	82 YRS.	MONTHS	DAYS	HOURS N		Month, Day, Year)	211	Maryland
	9a. FACILITY HAME (If not instituti			<u> </u>	9b. CIT	Y, TOWN OR	LOCATION		JV . j 2.1 j 1.		Y OF DEATH
DIRECTOR	Northwest Hos		ter			Rand	dallst	cown		В	altimore
E	Maryland 106	Baltimore	Count			or Locatio	on Lstown	1			10d. INSIDE CITY LIMITS?
1 - 1	10e. STREET AND HUMBER	- Iditediore		2			ZIP CODE	1			1 TYES 2 NO
FUNERAL	4511 Church	riew Avenu				101.	ZIP CODE	2113	2		.S.A.
3	11. MARITAL STATUS	12 WAS DEC	FORMT EVED II	H U.S. ARMED	T 13	. WAS DECE	NDENT OF H		RIGIH? (Specify Yes		
ВУ	1 Never Married 2 Marr 3 Midowed 4 Divorced	FORCES?	1 TYES	2 X HO		If yes, spec	olfy Cuban, N	lexican, Pu	erto Rican, etc.)		4. RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED		IT'S EDUCATION est grade completed)		16a. DECEDENT'S	S USUAL (	OCCUPATION during most	d unding		16b. KIHD OF BUS	INESS/IHDUS	BTRY
9	Elementary/Secondary (0-12)	College (1-4	or 5+)	Illa. Do NOT i	rse retired.,	)	or worning	F. L.			
MP	6			F	Iomen	naker				Domes	tic
	17. FATHER'S HAME (First, Middle,	Last)	* A				18. MOTHER	'S HAME (F	irst, Middle, Melden S		
BE	? 19a. IHFORMANT'S HAME (Type/P)	rint)	Mart		0 400000	DB (Own of a co		0	Unkno Number, City or Town		
임	Mr. Charles R		nlett								, MD 21133
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3	☐ Removal from State	200	PLACE AND DATE	OF DISPO	SITION (Nam	ne of		DATE 20c, LOC	ATION - CH	ly or Town, State
	4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Set	**	L	ake Viev			L Park		9-94 Syl	kesvi.	lle, MD
	> Brian	0	aigh	t	22	H	AIGHT	FUNE	RAL HOME		Box 195) 0)-795-1400
ERTIFICATION	23. PART I. Enter the disease ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	PR TO OR AS A E TO OR AS A	d the death. Do nech line.  A CONSEQUENCE OF A CONSEQUENC	AK DE): DE):					atory srres	st, Approximats Interval Between Onset and Death
CE		d									
: MEDICAL	PART II. Other algolificant of	onditiona contributing	g to death b	out not resulting	In the u	inderlying	ceuse give	en in Part	PERFORI		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
AN	25. WAS CASE REFERRED TO ME	DICAL				26. PLA	CE OF DEAT	H (Check or	nly one)	_	
Sic	EXAMIHER?	HOSPITAL  1 Inpatient		patient 3 2 DOA	OTHE		5 🗆 Reside	ence 6 🗆	Other (Specify)		
PHYSICIAN:	27. MANHER OF DEATH  1 Netural 5 Pend	28e. DAT (Mo	E OF IHJURY	26b, TII		28c, IHJU WOR	RY AT	28d	. DESCRIBE HOW IN	JURY OCCU	RED
red BY	3 Suicide 8 Could	1 not be built	CE OF INJURY ding, stc. (Spec	f — At home, term, cify)	street, fa	ctory, office		281.	LOCATION (Street a City or Town, State)	nd Number of	Rural Route Number,
COMPLET	1	IG PHYSICIAH: To the best									i. cause(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF (	Ul	20 M	by h			29c. LICENS	E HUMBER	.0	29d. DATE :	SIGNED (Month, Day, Year) 3/6/94

Roac

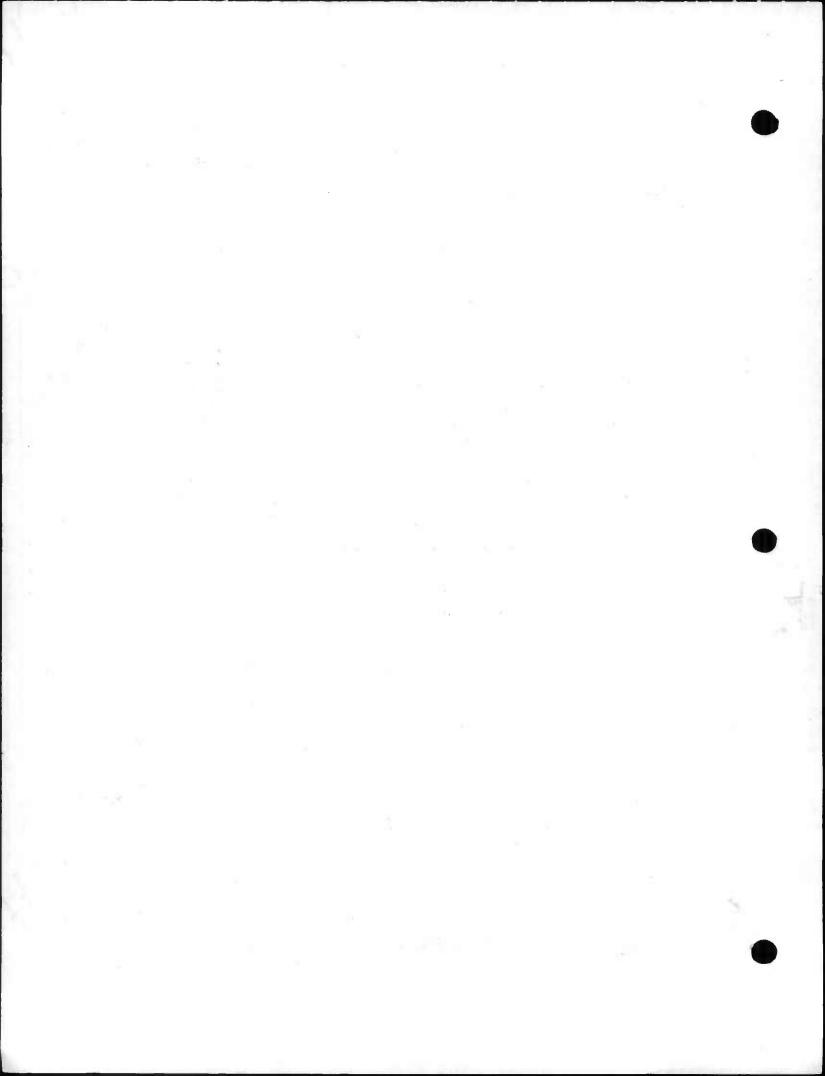


L.R.B.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 07118

	REGISTRAR		OLITTI	ICATE O	PEAIN		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) ROBERT			W	ILSON	2. DATE MONT	OF DEATH	1994	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR		+	OF BIRTH	- 7	6:07A  BIRTNPLACE (State or Foreign
	216-36-2027	1 M 2 DF 5	3 YRS.	MONTHS DAYS			n, Day, Year)	40	Country)
_	9a. FACILITY NAME (If not institution, give stre				N OR LOCATION OF D	EATN		9c. COUNTY	OF DEATH
10H	1013 McDONOGH	ST.		Balt	imore C	ity.			
DIRECTOR	10a. STATE 10b. COUNTY			TY, TOWN OR LOC	CATION				10d. INSIDE CITY
	Mai		5	alto					LIMITS?
FUNERAL	100. STREET AND NUMBER	Donound	-+		10f. ZIP CODE	1-		10g. CITIZEN	OF WHAT COUNTRY?
NS I	-	12. WAS DECEDENT EVER II		13. WAS O	ECENDENT OF HISPA	NIC ORIGIN	17 (Specify Yes	or No.— 14.	RACE — American Indian.
6	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 MO	It yes,	specify Cuban, Maxic ES 2 NO Speci	an, Pusrto	Rican, etc.)		Specify:
ETED	15. DECEOENT'S EDUCA (Specify only highest grade of		(Give kind of	work done during i	TION most of working	168	. KIND OF BUS	BINESS/INDUS	TRY
LE L	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT u	ORCT					
COMPL	17. FATNER'S NAME (First, Middle, Last)			2115	IL MOTNER'S N	AME (First,	Middle, Maiden	Sumame)	
BE	IRVIN WIL	SON			Cyn	This	P	ode	9
0	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	AODRESS (Stree	t and Number or Rural	/ /	. 7	n, State, Zip Co	de)
	20. METHOD OF DISPOSITION	BUNGETS	PLACEANDDATE	OF DISPOSITION	more	A Pro		CATION CON	md 2/2/3
	1 Buriel 2 Cremation 3 Removed		netery aramatery or o		m 1 -	DA	200.00	house	Lio mo
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE/	4 ()	22. NAME	ANO ADDRESS OF F	CILITY	6/	(	4
- 1					0 00'				
	1 orest	1 doch	50	Lock	& Funar	J H	mp /3	0411.	Central 9
-	23. PANT L Enter the diseases, or co	B & Bell	d the desth. Do	not enter the n	STLMON mode of dying, suc	ch as con	disc or respir	ratory srrest	
	IMMEDIATE CAUSE (Final	mplications that ceuse on e	d the desth. Do	not enter the n	STATION NODE OF DIVING, SUC	ch as cere	disc or raepi	ratory srrest	Interval Batwee
	IMMEDIATE CAUSE (Final	NARCOTIC AND	SCH line.	NICASIKOTI		ch as con	disc or raspi	ratory srrest	Interval Batwee
Z	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	NARCOTIC AND	sch line.	NICASIKOTI		ch ss con	the 13	ratory srrest	Interval Batwee
ATION	shock, or neert tellure. L  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate	NARCOTIC AND OUE TO (OR AS A	SCH line.	NTOXICATI(		ch ss cere	Since 15	ratory srreat	Approximate Interval Batwee Onset and Deat
FICATION	shock, or neert tellure. L  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	NARCOTIC AND OUE TO (OR AS A	COCAINE IN CONSEQUENCE C	NTOXICATI( PP: PP:		ch ss core	Prec 13	ratory srrest	Interval Batwee
ERTIFICATION	snock, or neert tellure. L  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisity list conditions, if any, landing to immediate cause. Enter UNDERLYING	NARCOTIC AND OUE TO (OR AS A	COCAINE IN	NTOXICATI( PP: PP:		ch as core	ance 15.	204N s	Interval Batwee
L CERTIFICATION	shock, or neert tellure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	NARCOTIC AND OUE TO (OR AS A DUE TO (OR AS A	COCAINE IN CONSEQUENCE C	NTOXICATIONE): PP: PP:	ON				Interval Batwee Onset and Dea
ပ၂	SHOCK, of heeft feiture. L.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	NARCOTIC AND OUE TO (OR AS A DUE TO (OR AS A	COCAINE IN CONSEQUENCE C	NTOXICATIO	ON		24a. WAS AN PERFOR	AUTOPSY MEO?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE
DICAL C	shock, or neert tellure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	NARCOTIC AND OUE TO (OR AS A DUE TO (OR AS A	COCAINE IN CONSEQUENCE C	NTOXICATIO	ON		24a. WAS AN.	AUTOPSY MEO?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
: MEDICAL C	Shock, or neert tellure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant conditions	NARCOTIC AND OUE TO (OR AS A DUE TO (OR AS A	COCAINE IN CONSEQUENCE C	NTOXICATIO	ON		24a. WAS AN PERFOR	AUTOPSY MEO?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDICAL C	SHOCK, of heeft fellure. L  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisity list conditions, if smy, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NARCOTIC AND OUE TO (OR AS A DUE TO (OR AS A	COCAINE IN CONSEQUENCE C	NTOXICATIONE):  DEP:  In the underlying the second	ON	Part I.	24a. WAS AN PERFOR 1 VES 2	AUTOPSY MEO?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
SICIAN: MEDICAL C	SHOCK, of neert tellure. L  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisity list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	COCAINE IN CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE COURSEQUENCE CONSEQUENCE CONSEQ	NTOXICATIONED:  OF):  In the underlying the second of the	Ing ceuse given in	Part I.	24a. WAS AN. PERFOR 1 TYPES 2	AUTOPSY MEO?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL C	SHOCK, of heeft fellure. L  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisity list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  2	COCAINE IN A CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE COURT TO THE CONSEQUENCE COURT TO THE CONSEQUENCE COURT TO THE  OTHER: 4E OF JURY  ANIOXICATIO  26.  OTHER: 4E OF 28c. II	Ing ceuse given in	Part I.	244. WAS AN PERFOR	AUTOPSY MEO?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO	
D BY PHYSICIAN: MEDICAL C	SHOCK, of neert tellure. L  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitted events resulting in deeth) LAST  PART II. Other significant conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending investigation  3 Suicide 6 X Could not be	DUE TO (OR AS A  DUE TO	COCAINE IN CONSEQUENCE CONSEQU	OTHER: 4   Nursing Notes of Jury DWN M 1	Ing ceuse given in  PLACE OF DEATH (C)  OPEN 5 Residence  NJURY AT  NORK?  YES 2 XNO	heck only or	24a. WAS AN. PERFOR 1 Ves 2  100 1 (Specify) CRIBE HOW IN 10WN ATION (Street a	AUTOPSY MEO?  NO  NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL C	SHOCK, of heeft fellure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  2 Accidem Investigation  3 Suicide 6 Could not be determined	DUE TO (OR AS A  DUE TO	COCAINE IN CONSEQUENCE CONSEQU	OTHER: 4   Nursing Notes of Jury DWN M 1	Ing ceuse given in  PLACE OF DEATH (C)  OPEN 5 Residence  NJURY AT  NORK?  YES 2 XNO	heck only or	24a. WAS AN PERFOR  THEYES 2  IT (Specify)  SCRIBE HOW IN  ATION (Street a or Town, State)	AUTOPSY MEO?  NO  NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL C	SHOCK, of heeft fellure. L  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisity list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events resulting in death) LAST  PART II. Other significant conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  298. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (OR AS A  DUE TO	COCAINE IN CONSEQUENCE CONSEQU	OF):  OF):  In the underlyi  OTHER:  4   Nursing Note of JURY  DWN M 1   attreet, factory, offered at the time, desired.	Ing ceuse given in  PLACE OF DEATH (C) oma 5 X Realdence NJURY AT WORK?  YES 2 X NO rice	Part I.  6 Othe 28d. DE: UNKN 28t. LOC City UNKN	24a. WAS AN PERFOR  1 Ves 2  or (Specify)  CRIBE HOW IN  10 WN  ATION (Street a or Town, State)  10 WN  use(s) end men	AUTOPSY MEO?  NO  NJURY OCCUR	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
TED BY PHYSICIAN: MEDICAL C	SHOCK, of heeft fellure. L  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other significant conditione  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR AS A  DUE TO	COCAINE IN CONSEQUENCE CONSEQU	OF):  OF):  In the underlyi  OTHER:  4   Nursing Note of JURY  DWN M 1   attreet, factory, offered at the time, desired.	Ing ceuse given in  PLACE OF DEATH (C ome 5 X Realdence NJURY AT WORK?  YES 2 NO rice  Ite end piece, and du , death occured at the	beck only or  6 Othe 28d. DE: UNKN 28t. Cor UNKN a to the car a time, data	24a. WAS AN PERFOR  1 Ves 2  or (Specify)  CRIBE HOW IN  10 WN  ATION (Street a or Town, State)  10 WN  use(s) end men	AUTOPSY MEO?  NO  NJURY OCCUR and Number or more as stated. d due to the c	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL C	SHOCK, of heeft fellure. L  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisity list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events resulting in death) LAST  PART II. Other significant conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  298. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (OR AS A  DUE TO	COCAINE IN CONSEQUENCE CONSEQU	OF):  OF):  In the underlyi  OTHER:  4   Nursing Note of JURY  DWN M 1   attreet, factory, offered at the time, desired.	Ing ceuse given in  PLACE OF DEATH (C) oma 5 X Realdence NJURY AT WORK?  YES 2 X NO rice	a Part I.  6 ☐ Othe  28d. DE:  UNKN 28t. LOC City UNKN a 10 the car a time, dete	24a. WAS AN PERFOR  1 Syecity)  SCRIBE HOW IN  ATION (Street a or Town, State)  IOWN  JUNE (8) end men and place, end	AUTOPSY MEO?  NO  NJURY OCCUR  and Number or  oner as stated.  d due to the c	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

OHMH-16 Rev 1/89

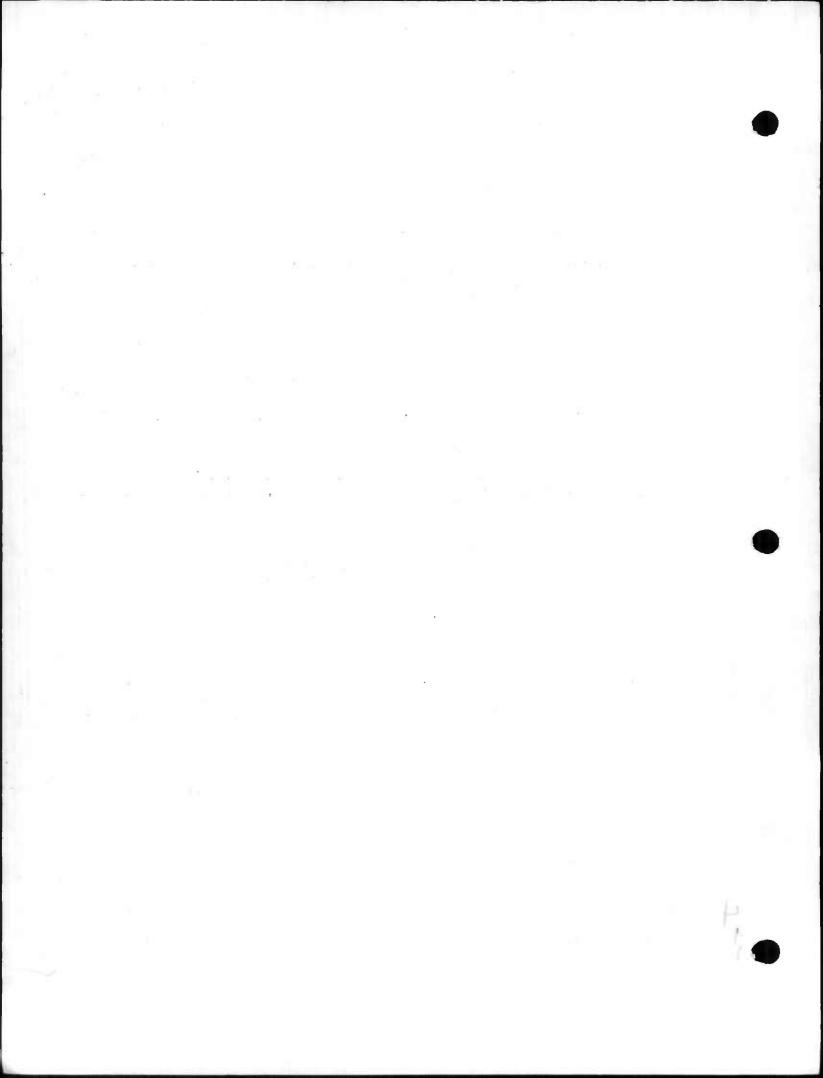


	CONTROLLED TO CO
al examiner must be notified at once.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
the funeral director, page 5 should be detached for use as the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
ter death. Page 6 may be retained by the hospital or attending	TO THE OCCURACY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR		STATE OF	MARYLAND	/ DEPAI	RTMENT	OF H	IEALTH DEA	AND I	MEN.	TAL HYGIEN REG. NO		<b>;</b> (	7119
	1. DECEDENT'S NAME (First	, Middle, Last)					_				ATE OF DEATH			3. TIME OF DEATH
		GEOF	RGE W.	WILLIA	MS						arch 8,	199	YEAR	11:00 A M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birtnday)	IF UNDER			24 HRS.	7. DA	TE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	215-09-0772	2	1 ← M 2 □ F	100	YRS.	MONTHS	DAYS	HOURS	Min.	arc	onth, Day, Year) h 20, 1	893	Count	
	9a. FACILITY NAME (If not in					9b. CITY	, TOWN C	OR LOCATI					NTY OF D	
DIRECTOR	Union		rial Hosp	ital		Bal	Ltim	ore,	Md.			_	-	
SE	10a. STATE	10b. COUNTY	,		10c. CI	ry, town (	OR LOCAT	TION						tod. INSIDE CITY
ā	Maryland		_		Bal	timo	ce							LIMITS?
FUNERAL	10e. STREET AND NUMBER						101	ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
EB	6202 Mai	lora	Road					2123	9			U.	S.A	
5	tt. MARITAL STATUS	9	12. WAS DECEDEN	T EVER IN U.S.	ARMED						GIN? (Specify Yes	or No —	14. RACE	- American Indian,
BY F	t Never Married 2		IF YES, GIVE V	YES 2				2 NO			to Rican, etc.)		Speci	k, White, etc.
	3 Widowed 4 Divo			W	WI			Λ						White
Ë	t5. DEC (Specify onl	EDENT'S EDUC y highest grade	CATION completed)		OECEDENT'S (Give kind of	work done	CCUPATIO	ON st of workl	ng		16b. KIND OF BU	SINESS/INC	DUSTRY	
ا ت	Elementary/Secondary (0	)-t2)	College (t-4 or 5	+)	iiio. Do NOT L RET]									
COMPLETED	3rd	Valetta di a sali				TALLED								
	EDWARD W		S						HER'S NA IMMA	ME (Fir	st, Middle, Maiden	Surname)		
BE	19s. INFORMANT'S NAME (	(ma/Print)		- Т	IDS MAIL IN	ADDRES	(0)	_		Davida 4	umber, City or Tow		0.41	
임	LINDA K. J										ALTIMORI			ND 21211
	20e. METNOD OF DISPOSIT			20b. PLAC	E AND DATE					-		CATION -		
	1 ∑Burial 2 ☐ Cremetic 4 ☐ Donetion 5 ☐ Other		oval from State	cemetery	cremetory or	other place!			V 3/	1 -				MARYLAND
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		WIIII	22.	NAME AT	ND ADDRE	SS OF FA	CILITY	JR. FUN	JI IIIC	ILL's	PIAINT LAIND
	1 /1	101.	10-t	- (4										
	23. PART I. Enter the d	eases or o	amplications the	170	death De		3818	KOL	AND	AVI	ENUE, BA	TLT.TW	ORE,	MD. 21211
	shock, or h	esrt fsilure.	List only one car	ise on each li	ne.	not enter	tne mo	de or dy	ıng, suc	n 33 c	eraisc or respi	ratory an	rest,	Approximate Intervei Between
	IMMEDIATE CAUSE (Fir disease or condition	nel	1.0			0		4	4					Onset and Death
ŀ	resulting in death)	<b>→</b>	b. /15///	OR AS A CONS	N EQUENCE C	VNE	UMO	NI	<u>#</u>					
-				1	- /	)	1 (	21/						
CERTIFICATION	Sequentially list condit If any, leading to imme		DUE TO	OR AS A CONS	SEOUENCE C	F):	1	ace	me					
S	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	A	t	clark	C	and	in 14	ma	la	r dise	ne		į.
E	thet initiated events		<b>DUE</b> to	YOR AS A CONS	SEQUENCE C	F):								
ER	resulting in death) LAS		ś											
	PART II. Other eignifice	nt condition	e contributing to	deeth but no	t resulting	In the un	derivino	g ceuse	given in	Part I	24e, WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
2	4 - 11	nina	1			erili					PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	27 W IN MAN	101				nu.		100			t TYES 2	□ NO		OF DEATN?
Σ										_	1			t YES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL					26 PI	ACE OF D	EATH /Ch	ack onl	( one)			
PHYSICIAN: MEDICAL	EXAMINER?	0.000	HOSPITAL:	ER/Outnetlant	2 □ 004	OTHER	₹:							
H	27. MANNER OF DEATN		28a. DATE OF	INJURY	26b. TI	AE OF	28c. INJ		esiderice		ther (Specify) DESCRIBE NOW I	NJURY OC	CURED	
		Pending Investigation	(Month, D	ay, Year)	IN	JURY M		PRK?	NO					
В Д	2 Culable	Could not be	28e. PLACE C	F INJURY At	home, farm,	street, fact	ory, offic	•		281. L	OCATION (Street I	nd Number	or Rural F	Route Number,
COMPLETED		determined	building,	etc. (Specify)						(	City or Town, State)			
٦	29e. CERTIFIER 1 CERT	IFYING PNYSI	CIAN: To the best of	my knowledge.	death occur	red at the t	ime date	and place	and due	to the	cause(a) and mar	oner on ele	lad	
N N														a) and manner se stated.
	29b. SIGNATURE AND TITLE	_	0 /	}					ENSE NUM					
BE		75	-/ 7					DI	75	37		DAT	3 -	(Month, Day, Year) 8 -94
유	DARSH AN		COMPLETED CAU	SE OF DEATH (I	TEM 27) (Type	10UA	17 6	LoyA	L F	The	Ral	tim	ne l	4021217
	31. DATE FILED (Month, Day,	Ybar)		R'S SIGNATURE		10010		/.,		1	1			
	MAR 091	994	filles Dans	4m Rand	all									

DHMH-16 Rev 1/89



		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF H	IEALTH AND DEATH	MENTAL HYGIENE REG. NO.	94	07120
		1. DECEDENT'S NAME (First, Middle, Last)	M. AsH	-			2. DATE OF DEATH DAY	YEAR	TIME OF DEATH
P		4. SOCIAL SECURITY NUMBER 216-03-7378	1 M 2 F 8	yrs. lest birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 11 14 10		ACE (State or Foreign
2. 3 should	TOR	90. FACILITY NAME (# not institution, give st Union Memorial F RESIDENCE OF DECEDENT				nore Cit	***	COUNTY OF DEA	TN
permit. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ore Cit	V		od, inside city Limits?
Sit	FUNERAL	100. STREET AND NUMBER 11 W. 20th Str	eet Apt. 2	G	7	21201	10g	USA	AT COUNTRY?
21215-0020 all or attending physician. for use as the burlal-transit	ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Midowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	It yes, sp		NIC ORIGIN? (Specify Yea or No an, Puarto Rican, etc.) ly	0— 14. RACE — Black, V Specify:	- American Indian, White, atc. Black
Por u	LETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)		USUAL OCCUPATION work done during mose retired.)		16b. KIND OF BUSINES	S/INDUSTRY	
the hospital detached for	COMPL	12 17. FATNER'S NAME (First, Middle, Last)		Car	iteen W		Morgan  Me (First, Middle, Maiden Surna		Univer.
MARYL retained by 5 5 should be notified at	O BE	Zebb Coles  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		y Coles Route Number, City or Town, State	fe, Zip Code)	
ORE, No may be re for page 5 ust be no		Kenneth W. Co	20b. P	LACE AND DATE	OF DISPOSITION (Ne	me of		ON — City or Town	, State
BALTIMORE, MARYLAND after death. Page 6 may be retained by the hospit by the funeral director, page 5 should be detached noval. cal examiner must be notifiled at once.		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	etro C	remato:	D ADDRESS OF FA	Balt CHAL HOME	imore,	MD
ica of at		23. PART i. Enter the diseases, or o	omplications that caused t	he deeth. Do i	108	W. Nor	th Ave. Ba	1toM	D 21201 Approximate
in mount in the m		IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	DUE TO (OR AS A C		Sepsis			1 111 122	Interval Between Onsat and Daath
68 ecute and co	ION	Sequantistily list conditions, if any, lasding to immediate	DUE TO (OR AS A C						
P.O. B h certificat anding phy Hygiene p or other	ERTIFICATION	csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C		neltil	ũ,			Years
CORD ires that the signed by th tealth and h we any Inj	MEDICAL C	PART II. Other significent condition	contributing to death but	A	in the underlying	ceuse given in	Pert I. 24s. WAS AN AUTO PERFORMEDT	io Di	ERE AUTOPSY FINDINGS MILLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
13 eg s e	AN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	neck only one)		
F VIT/ SICIAN: The certificate the State t, or item	PHYSICI	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN	HOSPITAL: 1 Inpetient 2 ER/Outpet	lent 3 DOA			8 Other (Specify)		
ATENDING PHYSICIAN: The THOR. After this certificate the after death with the State C 28 is marked, or item	BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	M 1 1	PRK?	28d. DESCRIBE HOW INJUR	r OCCURED	
DINISIC ATTEND DIRECTOR: A hours after d item 28 is	ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify	- At homa, farm, :	atreat, factory, offic		28f. LOCATION (Street and No City or Town, State)	imber of Rural Roul	te Number,
	COMPL	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the besis of examination a						nd manner as stated.
TO THE BUREAU TO THE BUREAU De filed within 72 IMPORTANT: If	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	mil,	M.C	) ,	AT 243	MBER 8946-F6 ►	March	6,94
8		10. NAME AND ADDRESS OF PERSON WHO	I Union !	Temin	1 11 - 1	tal 20	I E. Universit	y PKloy	
		MAR I 0 1994	32. REGISTEAN S.SIGNAT	URE		Bal	Junix, MD	212	8

DHMH-18 Ray 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the countries that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.
--

CERTIFICATION

MEDICAL

PHYSICIAN:

В

COMPLETED

BE

9

Item8 3-10-94 FilmG709 W.H. Per F/H 07121 9 is 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH George William Albright 1037 February 1994 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthda 5. SEX IF UNDER 1 YEAR | IF UNDER 34 HRS 7. DATE OF BIRTH, (Morati, Day, Will 178-05.7991 83 DAVE 1) M 2 - F March 15 9a. FACILITY NAME (If not institution, give street and number 8b. CITY, YOWN OR LOCATION OF DEATH Memoria DIRECTOR Union Hospital BAltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? W 37 Th 1101 Street 21211 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—If yea, specify Cuban, Maxican, Puario Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 X XES 2 IF YES, GIVE WAR OR OATES 2 NO 1 Never Married 2 Married ВҰ Specify 3 Widowed 4 Divorced WWIT White COMPLETED 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 Construction Work Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname William Albright Sarah Searing BE 19a. tNFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 16506 Albright Eugene 3557 W 22nd Stroot 20a. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Removal from State Crestlawn Memorial □ Donation 5 □ Other (Specify) 2/25 Sykesville, Maryland 21. SIGNATURE OF FUNDINAL MERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 21211 3631 Falls Road, Baltimore Maryland 23. PART I. Enter the diseasea, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. intervel Between Onset and Death **IMMEDIATE CAUSE (Fine)** disease or condition Kespiratory DUE TO GOR AS A CONSEQUENCE OF: 1 m medialo resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) est-Ive Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART ii. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO BP 25. WAS CASE REFERRED TO MEDICAL H 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: NO patient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28a. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1. Natural 1 YES 2 NO 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, strast, factory, offica buttding, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicida 8 Could not be determined 4 Homicide CERTIFIER (Check only one)

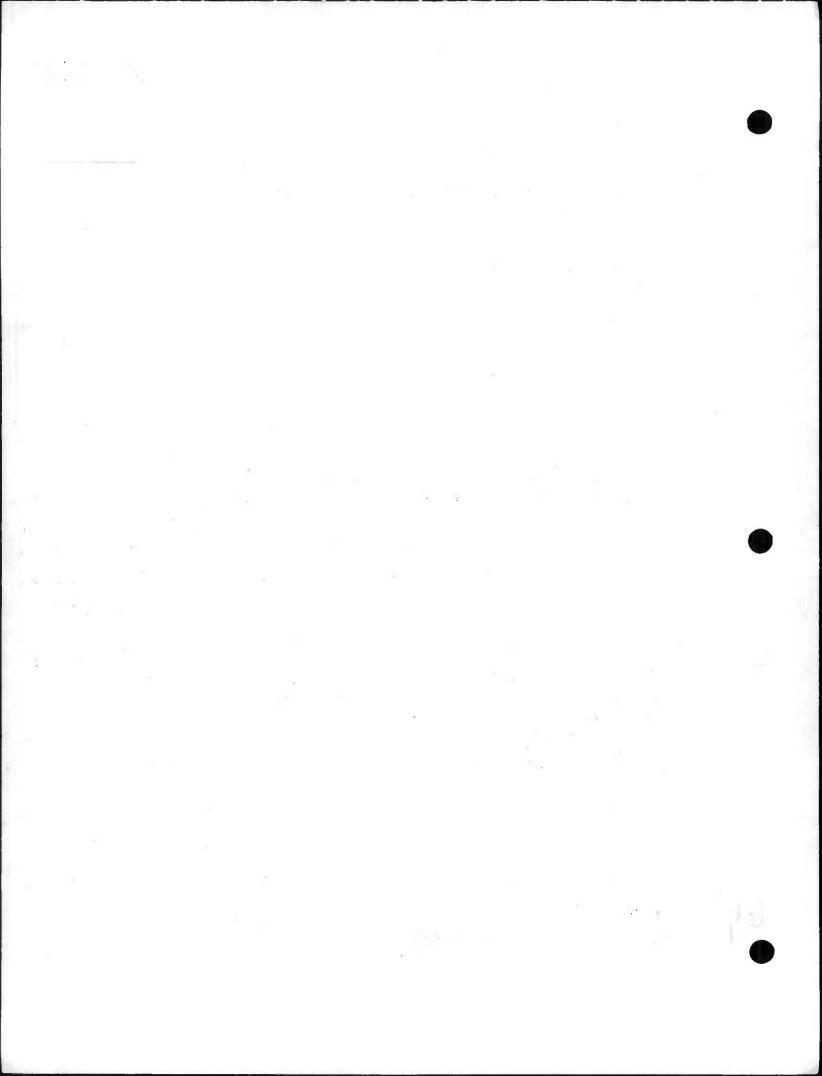
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place; and due to the cause(a) and manner as stated, one) 29a. CERTIFIER

2 MEDICAL EXAMINER: On investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATUR TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 30 121194

SE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

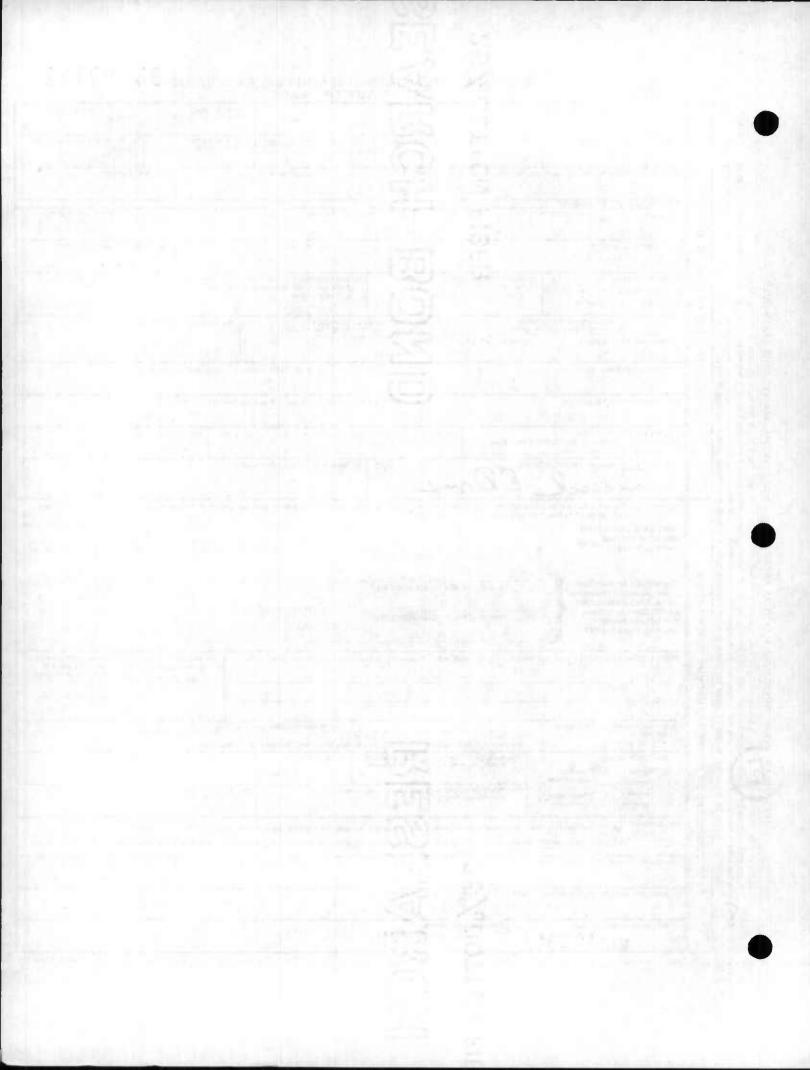
DHMH-16 Rev 1/89



1 - STATE REGISTRAR

07122 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	Charles	Willia	am Bo	oyer			2. DATE OF DEA MONTH	DAY	YEAR 1994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212 07 3161	1 💯 M 2 🗆 F	AGE (In yrs. led		IF UNDER 1 TO NOTHS	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye 05/18/	H ear)	8. BIRTI	IPLACE (State or Foreign ry) Cyland
TOR	94. FACILITY NAME (If not inetitation, give 7621 Beaver R						r LOCATION OF DE	HTA		ne Ai	cundel
DIRECTOR	10a. STATE 10b. COUNT	ne Arundel			rown on en Bu						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	7621 Beaver Roa	ad				101.	21060			U.S.Z	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FQRCES? 1 I IF YES, GIVE WAR	YES 2 X	RMED NO	If y	es, spe	ENDENT OF HISPAN city Cuben, Mexican 2 NO Specify	n, Puerto Ricen, et		14. RACI Blac Spec	E — American indian, k, White, atc. //y: White
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 5th Grade		- (G	ecepent's using blood was not been blood used	rk done dur retired.)	UPATIQI ing mos	N t of working		tern Bo		
E COMPL	17. FATHER'S NAME (First, Middle, Last)	Charles 1	Boyer				18. MOTHER'S NAI			on co	жиренту
TO BE	19e. INFORMANT'S NAME (Type/Print) Adele Hendersho	FIGURE 1	19	625 B			od Number or Rural F				nd 21060
	20s. METHOD OF DISPOSITION 1.03 Burial 2 Cremation 3 Ren 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		cemetery, cre	AND DATE OF ematory or other Haven	Mem 22. NA Geo	ori	al Park  D ADDRESS OF FACE  J. Gono	3/7 ce Funer	cal Hom	e P.	Marylan
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	R AS A CONSE		00	J F	gers				Irong
MEDICAL CE	PART II. Other aignificant condition	dna contributing to de	eth but not	reaulting in	the unde	riying	cause given in	PE	AS AN AUTOPSY ERFORMED? 'ES 2 NO	241	WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Outpetient 1		OTHER:		ACE OF DEATH (Che		nd.		
ву РНУ	27. MANNER OF DEATH  Natural 6 Pending 2 Accident Investigation	28a. DATE QF IN. (Month, Day,	JURY	26b. TIME INJU	OF 2	e. INJU	JRY AT	28d. DESCRIBE		CURED	
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF it building, atc	NJURY At he c. (Specify)	ome, farm, sti	eet, factor	, office		261. LOCATION (S City or Town,	Street and Numbe State)	er or Rurel	Route Number,
COMPLETED	10	BICIAN: To the best of my ER: On the besis of exam									s) and manner as state
TO BE C	39L SIGNATURE AND TITLE OF CENTIFIE	Glen	2				DO LICENSE NUM	387	29d. DA	TE BIGNET	(Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	-DHLS	OP DEATH (ITE	M 27) (Type, 1	41)	.4	710 8	DNKING	HON A	ly ?	July 1/22
	MAR 1 0 199		SSIGNATURE	سليل							



ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

R. Ricketts

31. DATE FILED (MOTE NAR

ECISTRADIS SIGNATURE

PERSON WHO COMPLETED CAUSE OF DEATH (UTEM 27) (Type, Print)

S M D CC 6 H Westmins Key

MD

	Item1 3-10-94 FilmG7	709 W.H. Per F/H					0	1 /	27122
	REGISTRAR	STATE OF MARYLANI			HEALTH AND F DEATH		GIENE G. NO.	4 (	07123
	1. DECEDENT'S NAME (First, Middle, Last)  OPONG M.	Baumgardner	Back	nga	rdener	2. DATE OF DE MONTH	ATH CAN	94	3. TIME OF DEATH 1145 P M
	215-44-2096	-XM2□F 92	yrs.	IF UNDER 1 YEA MONTHS DAY	B HOURS MIN.		13,1901	Country	arvland
TOR	90. FACILITY NAME (If not institution, give street  Carroll Luth. Villa  RESIDENCE OF DECEDENT		e Ctr.	Higher Control	N OR LOCATION OF D		1991	rrol	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Carr	roll	10c. CITY	TOWN DR LO	CATION ESTMINSTE	r			10d. INSIDE CITY LIMITS? 1  YES 2 ND
FUNERAL	100. STREET AND NUMBER 200 St. Luke Circle	3			101. ZIP CODE 21158		1	USA	HAT COUNTRY?
B⊀	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FDRCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X NO	If yes,	ECENDENT DF HISPA specify Cuban, Maxic (ES 2 X NO Specif	en, Puerto Ricen, a	cify Yes or No-	14. RACE Black Specif	- American Indian, ; White, atc. fy: White
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)  C		Give kind of we life. Do NOT use	ork done during retired.)	ATION most of working		of Business/ini		
BE CON	17. FATHER'S NAME (First, Middle, Last)  John M. Baumgardner	r				ME (First, Middle, CE E. Ma			
TO B	190. INFORMANT'S NAME (Type/Print)  John M. Baumgardner	r			et and Number or Rural OST AVE.				8
	20e. METHOD OF DISPOSITION 1XT Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I Irom State   cemetery	CEANDDATED	Cemet	ery 3-	10-94	Baltimo		
		evel Home		Las	and address of F sahn Fune: 1 Relair	ral Home	DM O	212	36
	23. PART I. Entar tha diseases, or com shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on each	line.	ot entar the	moda of dying, aud	ch as cardiac o	r respiratory ar	reat,	Approximete interval Between Onset and Death 5 min
NOI	Sequantially list conditions,	Respira			eart 1	Failu	re		24 Hrs
RTIFICATION	if any, laeding to immedieta cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CON	NSEQUENCE DF)	):				*	
BY PHYSICIAN: MEDICAL CER	PART II. Other eignificant conditions of Hypernatre				ring cause given in		MAS AN AUTOPSY PERFORMED? YES 2 WHO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
SICIAN:		OSFITAL: Inpetient 2 - ER/Oulpetien		OTHER:	PLACE OF DEATH (C)		ify)		
- 11	27. MANNER OF DEATH  1 Hetural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. DATE DF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — A	28b. TIME INJU	M 1 [	INJURY AT WORK?  YES 2 NO		HOW INJURY OC		ioute Number.
COMPLETED	4 Homicide determined	N: To the best of my knowledge	e, death occurred	d at the time, o	ata and place, and du	City or Town	i, State)		
BE COMF	anal	On the basis of axamination end			n, death occured at the 29c. LICENSE NU	Hime, date and pi	laca, and due to ti		
0	20 NAME AND ADDRESS DE BERGON WHO O				D392	-76		0/6	177

DHMH-16 Rav 1/89

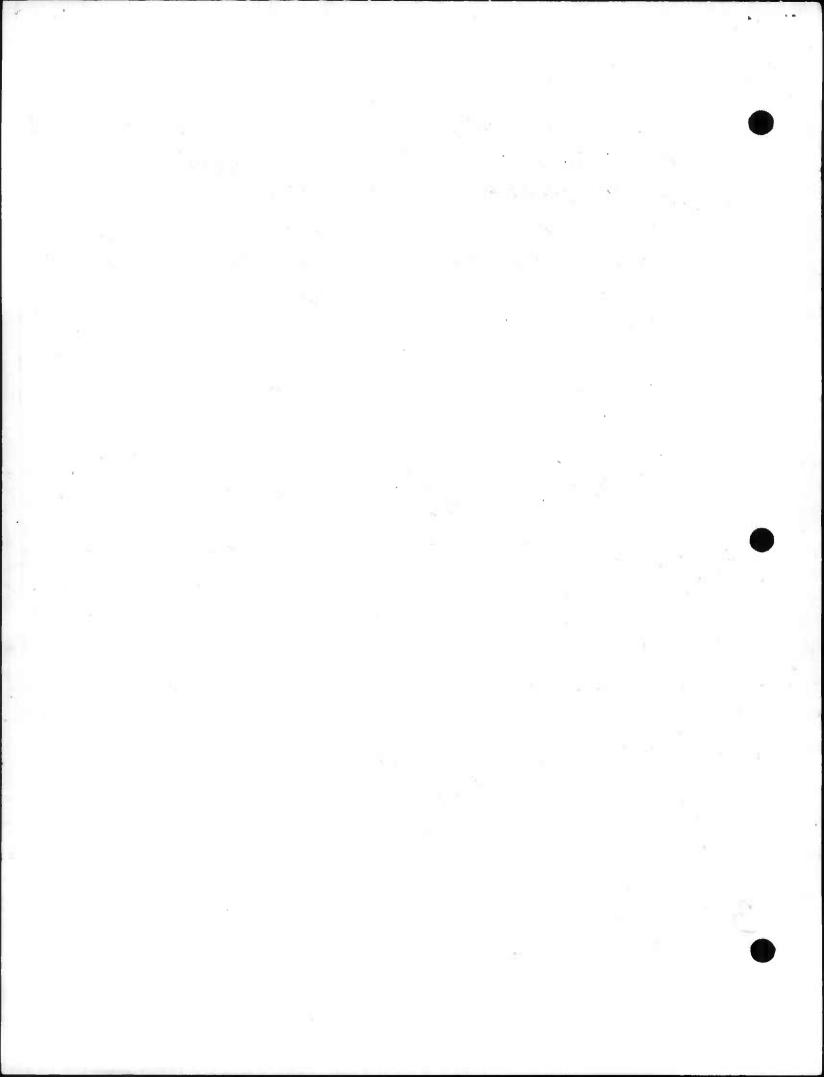
shows any injury, or other traumatic event, the medical examiner must be notified at once.

AAL	A	Stat has be		Nom 23 s
NOF	ID PHYSICIA	ar this centil	ath with the	narked, or
UNISIO	OR ATTENDIS	INSECTOR AS	ours after de	em 28 is s
_	HOGPITAL	FUNERAL L	within 72 h	ITANT: II II
	TO THE HO	TO THE FUNI	be filed	IMPORTA

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

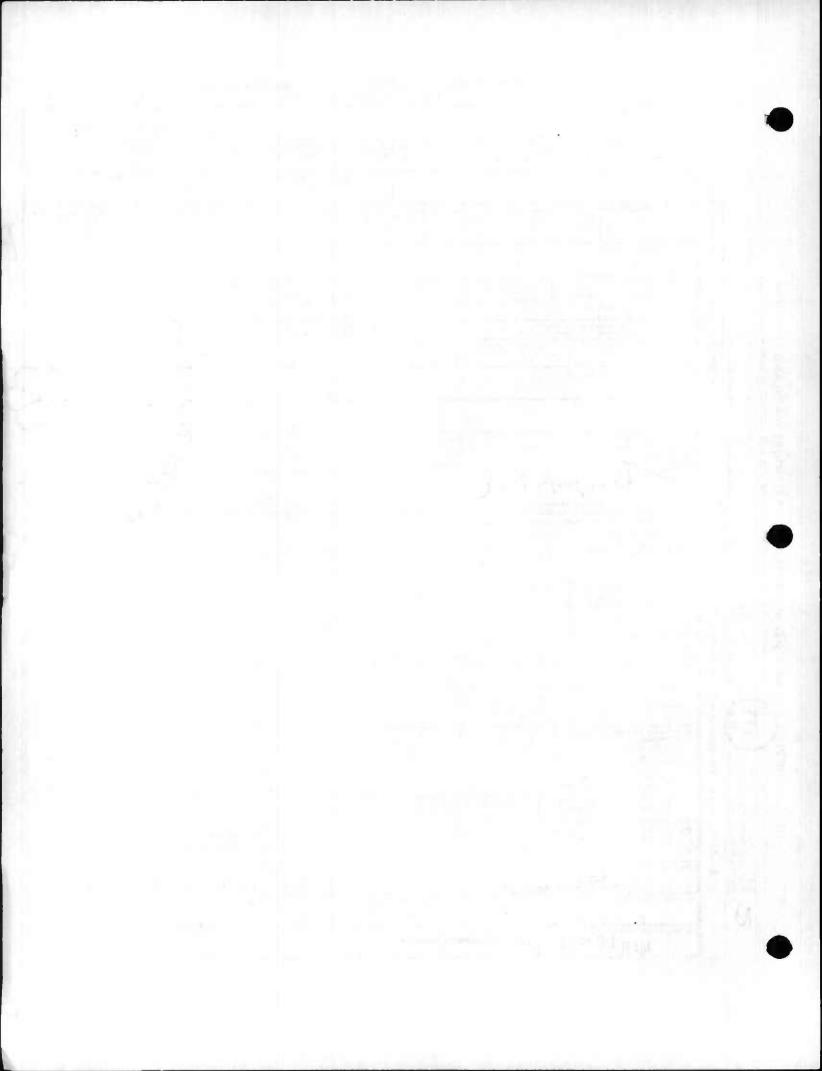
07124 94

	1. DECEOENT'S NAME (First, Middle, Last)  CATIBLINE  L	BURL				2. DATE O	F DEATH DAY	94	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2		YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	3/	P BIRTH	8. BIR Cou	THPLACE (State or Foreign nitry) PITT.
TOR	99. FACILITY NAME (If not institution, give street and num  MERCY HOSP 1 TA				MORE			c. COUNTY OF	DEATH
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOY	JIM	MARC	<del>-</del> -			10d. INSIDE CITY LIMITS? YES 2 \( \square\) NO
FUNERAL	1304 TOUSON	ST		101	2/2	30	1	US	WHAT COUNTRY?
BY	1 Never Married Married FORCE	ECEDENT EVER IN U.S. ARI S? 1  YES 2 N GIVE WAR OR DATES		If yes, spe	ENDENT OF HISP/ cify Cuben, Mexic NO Spec	en, Puerlo Ri		Ble	CE — American Indien, lock, White, stc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  10th  College (1-12)	(Gi life.	CEDENT'S USUA we kind of work do Do NOT use retin	one during mo: ed.)	N st of working	16b. F	IND OF BUSING	ESS/INDUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) LESTER BRAUN				18. MOTHER'S N		ddle, Maiden Sur	neme)	
5	190. INFORMANT'S NAME (Type/Print)  EDWARD G. BURL				STREE				1230
	20s_METHOD OF DISPOSITION XXBurisi 2 Cremetion 3 Removal from S 4 Donetion 5 Other (Specify)		ND DATE OF DIS			3/8		ON — City or RYLAND	
į	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	bala	_	CHAR		STEV			HOME, INC MD 21230
		one that cause the one cause on each line	FAIL						Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A CONSECUTIVE TO							
	resulting in death) LAST								
MEDICAL	PART II. Other significant conditions contribu	ting to death but not re	eaulting in the	underlying	cause given l		PERFORME  YES 2	D?	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT	AL:	OT	26. PL	ACE OF DEATH (C	heck only one)			
PHYSICIAN:	1 YES 2 NO 1 Nonpatt  27. MANNER OF DEATH 288. I	ant 2 ER/Outpatient 3 DATE OF INJURY Wonth, Day, Year)	28b. TIME OF	Nursing Hom 28c. INJ WO	RK?	7	Specify) RIBE HOW INJU	IRY OCCURED	
red BY	2 Accident Investigation	PLACE OF INJURY — At hor uliding, stc. (Specify)	ne, farm, street,		ES 2 NO	28f. LOCAT	ION (Street and Town, State)	Number or Rura	l Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the December 2 MEDICAL EXAMINER: On the be								r(s) end menner as stated.
TO BE C	San Signature and Ford Of Charlines				29c LICENSE NO	MBER 545	/ 2	DATE SIGNE	D (Month, Day, Hear)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLET	Internal Control of the Control of t	127) (Typu, Print) 12	6 5	G GRE	CNE	57	BAIN	194 more MS 21251
		GETARTS SIGNATURE							



2	2000		
dso	chec		
2	deta		000
3	2		t
9	pino		Sad
1000	50		H
8	901		9
Ě	C D		100
e e	ecto		Ē
2	E G		TOP
E.	neu		THE REAL PROPERTY.
90 4	ne fu	- ·	
ST.	9	MOM	Cal
OURS	=	or re	peu
*	filled	ЭШ,	9
S S	ely	natio	=
A	nple	era o	Ven
200	9	rial,	8 3
2000	and	200	nati
8	clan	0r tb	3115
calle	hysi	e po	17
	D D	plen	othe
5	pue	£	10
Dead	at a	ernta	2
3	y the	NP	in
E	P	A a	200
23	S.	Bah	1
Lec	U	5	1
ŧ	2	ept.	23
9	ie e	Ē	-
-	22	-	-
200	cert	黄	0
-	this	W	900
ş	fler	eath	ma
3	R: A	p se	.00
2	8	s aft	28
5	OIRE	MOUNT	Fet
₹	M	2	H
2	NER	thin	H
IO INE MUNITAL UN ALL'ENDINYO PRINCINAL INDIAN REPORTE SINAL UND DEBUT CHURCARE DE EXECUTEU WITHIN 24 ROUTS BIRE DEBUT. PAGE 6 MBY DE FEBRAGE DY THE DOSDIT	TO THE FUNERAL DIRECTOR: After this certificate has room agned by the attending physician and completely filled in by the funeral director, page 5 should be detached	d wi	INPORTANT If item 28 is marked, or item 23 states any injury or other traumatic event, the medical examiner must be notified at once
	王	file	P
5	2	8	3

1. DECEDENT'S NAME (First, Middle, Last	nt)								OF DEATH			3. TIME OF DEATH
Agnes	. Coffay							MONT	Mar 2	199	YEAR	7:05
4. SOCIAL SECURITY NUMBER 216-66-7659	5. SEX	6. AGE (In yrs. 93	last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE (Mont	of BIRTH In, Day, Year Inber 26,	1900	Balt	PLACE (State or Fore) Imore, Mary
9a. FACILITY NAME (If not institution, gh Stella Maris	re street and number)			1	WSOI		ON OF DEA	-		9c. COUN	TY OF DE	EATH
RESIDENCE OF DECEDENT	NTY		100 00	TY, TOWN C	DR LOCAT	NON.						
177.	timore			wson		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	7.7				101	. ZIP CODI	•			_	ZEN OF W	HAT COUNTRY?
2300 Dulaney Va						2120					S.A.	
1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	1 1	If yes, sp	ecity,Cube	F HISPANI n, Maxican Specify:	, Puerto	N? (Specify Yes Rican, etc.)	or No—	14. RACE Black Specif	- American Indian, , white, etc. y:white
15. OECEDENT'S E (Specify only highest gro			OECEDENT'S	work done i	CCUPATIO	ON st of working	g	168	. KIND OF BUS	SINESS/IND		
10 years	College (1-4 or 5 +	•)	Home	emake:	r				Own Ho	me		
17. FATHER'S NAME (First, Middle, Last)						18. MOTI	IER'S NAM		Middle, Maiden			
Richard O'Neill									Conna1			
Molly Coffay									ore, M			
80e_METHOD OF DISPOSITION  T ABuriel 2 Cremation 3   R  4   Donation 5 (a Other (Specify)	Dillez-Mura Mari		EAND DATE				dens	Marc	h 5 Time	cation – c mium,	Mary!	vn, Stata Land
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE ROLAL			22 M	NAME AN	D ADDRE	S OF FAC	LITY 1	d Home	Tnc		
23. PART I. Enter the diseeses, c shock, or heart faller	or complications that re. List only one cau	t ceused the	death. Do	6.	500	York	Rd.	Bal	timore	. MD	2121	Approximate interval Bety
23. PART I. Enter the diseases, cahock, or heart failur iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a, Ar	t coused the se on each il 'terios (OR AS A CONS	clero	not enter	the mo	York	Rd.	Bal ea cen	timore	. MD	2121	Approximate interval Bets
23. PART I. Enter the diseases, canock, or heart failur immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a. Ar  DUE TO  OUE TO	terios or as a cons	CTETO SEQUENCE O	not enter	the mo	York	Rd.	Bal ea cen	timore	. MD	2121	Approximate interval Bett Onset and D
23. PART I. Enter the diseases, canock, or heart failur immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Ar  DUE TO  C. OUE TO  d	TEPIOS (OR AS A CONS (OR AS A CONS	CTETO SEQUENCE O	6   not enter	the mo	York de of dyl	Rd.	Bal es con	timore	autopsy	2121 pat,	Approximate interval Bett Onset and E Onse
23. PART I. Enter the diseases, on shock, or heart failur immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions.	a. AY DUE TO  C. OUE TO  d. HOSPITAL:	Terios (OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but no	CTETO SEQUENCE O SEQUENCE O SEQUENCE O	6. not enter tic	the moderlying	York de of dyl t D	Rd. ng. auch i S ea S	Ball sa cent	timore diec or reapi  24a. WAS AN PERFOR 1  YES 2	autopsy	2121 pat,	Approximate interval Bett Onset and E Onse
23. PART I. Enter the diseases, a shock, or heart failur immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are conditionally in death. LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO NO 27. MANNER OF DEATH	a. AY DUE TO  b. OUE TO  c. OUE TO  d. HOSPITAL: 1   Inpetiant 2    28e. DATE OF	Terios (OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but no	CTEYO SEQUENCE O SEQUENCE O REQUENCE O	6. not enter  tic	the moderlying	York de of dyl t D	Rd.  ng. auch  S eas	Ballsa cent	timore diec or reapi  24a. WAS AN PERFOR 1  YES 2	AUTOPSY MEO?	2121	Approximate interval Bette Onset and D
23. PART I. Enter the diseases, on shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditions	a. Ay DUE TO DUE TO C. OUE TO d. HOSPITAL: 1   Inpatiant 2    28s. DATE OF (Month), DO 1006 1006 1007 1007 1008 1008 1008 1008 1008 1008	Terios (OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but no	CTETO SEQUENCE O SEQUENCE O SEQUENCE O At resulting	6. not enter  tic   PF):  In the un  OTHEF 4 □ Num  EF OF  JURY  M	the moderlying  26. PL  2: sing Hom.  28. INJ	York de of dyl t D	Rd. ng, such Seas	Ballsa certifice of the control of t	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	2121 eat,	Approximate Interval Bett Onset and E Onse
23. PART I. Enter the diseases, a shock, or heart failur immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions are conditions. In the conditions of t	a. Ay DUE TO b. OUE TO c. OUE TO d. HOSPITAL: 1 Inpetient 2  28s. PLACE Of building, over the post of the best of the post of the best of the post of the best of the post of the best of the post of the best of	Terios (OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but no	CTEYO SEQUENCE O SEQUENCE O SEQUENCE O At resulting  2 DOA 28b. Till IN. borne, farm,	OTHER JURY M	the moderlying  28. PL  3: sing Hom  28c. INJi  yory, office	York de of dyl t D  ACE OF DI	Rd. ng. such I S ea S	Balles centre i. Chy or che call.	24a. WAS AN PERFORM 1 YES 2 ATION (Street a or Yown, State)	AUTOPSY MED?  XI NO	2121 24b.  URED  Or Rural Ro	Approximate Interval Bets Onset and E Onse
23. PART I. Enter the diseases, a shock, or heart failur immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions are conditions. In the conditions of t	a. Ay  DUE TO  b. OUE TO  c. OUE TO  d. OUE TO  d. OUE TO  28a. DATE OF (Month, De Duilding, out of the best of INER: On the best of IN	Terios (OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but no	CTEYO SEQUENCE O SEQUENCE O SEQUENCE O At resulting  2 DOA 28b. Till IN. borne, farm,	OTHER JURY M	the moderlying  28. PL  3: sing Hom  28c. INJi  yory, office	York de of dyl  t D-  a 5 Re  URY AT  RK?  and place, eeth occur	Rd. ng. such I S ea S	Ballsa certification of the ce	24a. WAS AN PERFORM 1 YES 2 ATION (Street a or Yown, State)	AUTOPSY MED?  X NO  NUMBER of the did due to the	2121 pat,  24b.  URED  or Rural Ro	Approximate Interval Bety Onset and D  WERE AUTOPSY FIND AMILLABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, a shock, or heart failur immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions in the condition of the condit	a. AY DUE TO b. OUE TO c. OUE TO d. OUE TO d. OUE TO 28a. DATE OF (Month), De 10a 28a. DATE OF (Month), De 28a. DATE OF (Month), De 28a. DATE OF (Month), De 28a. DATE OF (Month), De 28a. DATE OF (Month), De 28a. DATE OF (Month), De 28a. PLACE Of building, STATE OF (MONTH), DE 38a. STATE OF (MO	Terios (OR AS A CONS (OR AS A	CTEYO SEQUENCE O SEQUENCE O SEQUENCE O Requiring Tresulting  J DOA  28b. Till IN.  death occurr or investigation	or Herical Street, factor at the ti	the moderlying  28. PL  3: sing Hom  28c. INJi  yory, office	York de of dyl  t D-  g ceuse g  ACE OF DI  a 5 Ra  URY AT  RK7  rES 2   and place, seth occur  29c. LICE	Rd.  ng, such  S eas  S eas  No  No  and due to and due	Ballsa centre i	24a. WAS AN PERFOR 1 USES 2	AUTOPSY IMED?  NJURY OCCURRED NUMBER of the state of due to the 29d. DATE	2121  24b.  24b.  URED  or Rural Ric  d.  cause(s)	Approximate interval Betwoen and D  WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)												
James		Cromwell						2. DATE OF DEATH MONTH MAR 7 1994			5:50 am	
4. SOCIAL SECURITY NUMBER 446-42-7628	5. SEX 1 X M 2   F	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN,	7. DATE 0 (Month, 10/	F BIRTH Day, Year) 06/4	Country)		IPLACE (State or Foreign y)
Sa. FACILITY NAME (If not institution, give Saint Joseph Hosp				9b. CITY	9b. CITY, TOWN OR LOCATION OF DE			EATN		Sc. COUNTY OF DEATH Baltimore		EATH
RESIDENCE OF DECEDENT												
Maryland  10e. STREET AND NUMBER			10c. Cl	TY, TOWN		]		imor	е	10d. INSIDE CI LIMITS? 1 X YES 2		
807 E. Belvede			m	Ŀ.	10	H. ZIP COD		212		10g. CITI	US US	A
11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced		T EVER IN U.S. A I YES 2 T			If yes, sp	CENDENT ( pecify Cube 3 2 N NO	m, Mexica	n, Puerto Ri	(Specify Yes can, etc.)	or No-	14. RACI Black Spec	- American Indian, c, White, atc.
15. DECEDENT'S EDI (Specify only highest grad		Give kind of te. Do NOT a	work done	during me	ON ost of world	ng	11.000	KIND OF BUS				
Elementary/Secondary (0-12)	College (1-4 or 5	+}	les			tativ	ve.		eaffei n Mani		nc. turing Compan	
17. FATNER'S NAME (First, Middle, Last)							-	ME (First, Mi	ddle, Meiden	Surname)		
Clarence	John	Cromwe	_						a Ma			on
19e. INFORMANT'S NAME (Type/Print)									c, City or Town			MD 21212
Gregory L. Pal	LM						ce A	venu	_	alto		MD 21212
20e. METHOD OF DISPOSITION 1 ☐ Burlal 2 ▼ Cremation 3 ☐ Ren 4 ☐ Donation 8 ☐ Other (Specify)		20b. PLACI cemetery, c Metr	rematory or O C1	of Disposon other place)	tor	y,In	c.	3/9		alti		e, MD
George E.	5. 1100	a The		C	rem		on S	ocie	ty o			
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final	complications the	at caused the c	desth. Do						c or respi			Approximate interval Between
shock, or heart failure.	s. Hypotens  b. Sepsis	at caused tha c use on each life BION O (OR AS A CONS	EOUENCE	npt anter								Approximate interval Between
shock, or hasrt feiture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Hypotens  b. Sepsis  DUE TO  Aids	at caused the cuse on each ile	EOUENCE (	OF):								Approximate interval Betwee Onset and De
shock, or hasn't feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. Hypotenia b. Sepais DUE TO c. Aids DUE TO d	at caused the cuse on each life  BION  O (OR AS A CONS	EOUENCE (	not anter	r the mo	oda of dy	ing, suc	h ss cardl		AUTOPSY IMED?	est,	Approximate Interval Between Onset and De Hours  Days  Vears  Were autopsy Findin Amilable Prior to
shock, or hasrt feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Mycobacterium Ay  Cytomegalovirus in	s. Hypotens Due to b. Sepsis Due to c. Aids Due to d	at caused the cuse on each life  BION  O (OR AS A CONS	EOUENCE (	npt anter	r the mo	oda of dy	given in	h ss cardl	24a. WAS AN PERFOR	AUTOPSY IMED?	est,	Approximate Interval Betwee Onset and Del Hours  Pays  Years  Were Autopsy Findin AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or hasn't feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition Mycobacterium Av Cytomegalovirus in the condition of the cond	s. Hypotens s. Hypotens Due to b. Sepais Due to c. Aids d. Due to d. Inscripting to	at caused the cuse on each life  BION  O (OR AS A CONS	EQUENCE OF	OF): OF): OF): OF): OTHE	nderlyin	oda of dy	given in	Part I.	24e. WAS AN PERFOR	AUTOPSY IMED?	est,	Approximate Interval Betwee Onset and Det Hours  Hours  Pays  Years  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or hasn't feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition Mycobacterium Average Cytomegalovirus in United States of the Condition of the Cytomegalovirus in United States of the Cy	s. Hypotens s. Hypotens Due to b. Sepais Due to c. Aids d. Due to d. Inscripting to	et caused the cuse on each list  BION  (OR AS A CONS	EOUENCE C	OF):  OF):  OF):  OTHE 4 □ Nu	r the mo	oda of dy	given in	Part I.	24e. WAS AN PERFOR	AUTOPSY	24b	Approximate Interval Betwee Onset and Del Hours  Pays  Years  Were Autopsy Findin AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or hast feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  Mycobacterium Av  Cytomegalovirus in 10 yes 2 No  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No  27. MANNER OF DEATN  Netural 5 Pending	s. Hypotens Due to b. Sepsis Due to c. Aids Due to d. Thospital: Place of Month, L.  28e. DATE Of Month, L.  28e. PLACE Of Month, L.	et caused the cuse on each list  BION  (OR AS A CONS	EQUENCE C	OF):  OF):  OF):  OTHE 4   Num M	26. PR: reling Nor 28c. IN	LACE OF C	given in	Part I. :	24e. WAS AN PERFOR 1 TYPES (Specify)	AUTOPSY MED? NO NJURY OCC	24b	Approximate Interval Betwee Onset and Del Hours  Pays  Years  Were Autopsy Findin AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or hasrt feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART III. Other significant condition  Mycobacterium Av.  Cytomegalovirus in  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   2   NO  27. MANNER OF DEATN    Netural   5   Pending investigation   1   Netural   5   Could not be determined	e. Hypotenia  B. Sepais  DUE TO  C. Aids  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  Aids  DUE TO  Aids  DUE TO  C. Aids  DUE TO  DUE TO  C. Aids  DUE TO   BION  (OR AS A CONS	EQUENCE C EQUENCE C EQUENCE C  TOURNEE C	OF):  OF):  OF):  OF):  OTHE 4   Num ME OF JURY M . street, fac	26. PR: rsing Nor 28c. IN. 1 □	eg cause  LACE OF E  THE 5 □ R  JURY AT  JURY AT  JURY AT  JURY AT  ORK?  YES 2 [  ce	given in	Part I	24e. WAS AN PERFOR 1 VES (Specify) RIBE NOW II	AUTOPSY BMED? NO NJURY OCC	24b CURED or Rural i	Approximate Interval Betwee Onset and Del Hours  Hours  Years  WERE AUTOPSY FINDIN AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH  1 Yes 2 No	
shock, or hasrt feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART III. Other significant condition  Mycobacterium Av.  Cytomegalovirus in  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation 3 Suicide 5 Could not be determined  29e. CERTIFIER Check only	e. Hypotens Due to b. Sepais Due to c. Aids Due to d. Du	BION  (OR AS A CONS	EQUENCE C EQUENCE C EQUENCE C  TOURNEE C	OF):  OF):  OF):  OF):  OTHE 4   Num ME OF JURY M . street, fac	26. PR: rsing Nor 28c. IN. 1 □	DIACE OF C	given in	Part I.  eck only one  Other  281. LOCA City of	24e. WAS AN PERFOR 1 VES (Specify) RIBE NOW II	AUTOPSY MED? NO NJURY Oct and Number	24b CURED or Rural i	Approximate Interval Betwee Onset and Del Hours  Hours  Years  WERE AUTOPSY FINDIN AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH  1 Yes 2 No
shock, or hasn't feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  Mycobacterium Av.  Cytomegalovirus in the condition of the cause of th	s. Hypotens Due to b. Sepais Due to c. Aids Due to d	at caused the cause of the caus	EOUENCE C EOUENCE C TOUENCE C	OF):  OF):  OF):  OF):  OTHE 4 □ Num ME OF JURY M street, fac	26. PR: rsing Nor 28c. IN. 1 □	LACE OF Come 5 TR JURY AT ORK? YES 2 Come end place death occur	given in	Part I.  eck only one  Other  281. LOCA City of	24e. WAS AN PERFOR 1 VES (Specify) RIBE NOW II	AUTOPSY MED? NO NJURY Oct and Number	24b CURED or Rural i	Approximate interval Betwee Onset and Del Hours  Hours  Years  Were autopsy findin Amailable Prior to completion of cause of Death?  1 Yes 2 No



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Sant Joseph Hospitel

Sant Joseph Hospitel

Services

Hypotension

Serse

Mybobacterium Avium Intracelulare infection . Cytomegalovirus Infection

SDIA .

BARRY F

Netlyided Deteor, M.D., 7829 Jork Road, Tokeon, Mr. 21204

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

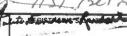
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

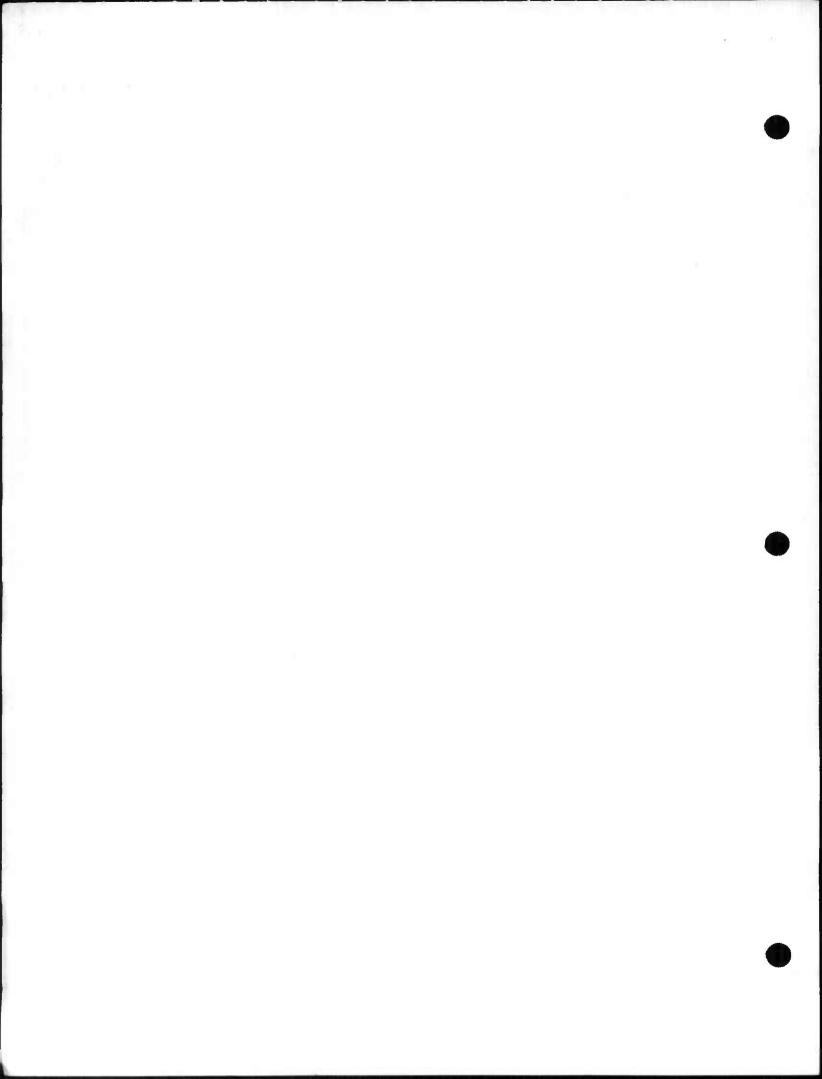
	FOR	STATE OF B	ADVI AND	DEDAG	YTRACA!	• 0E I	PAITU	**ID 1		·Wolfn	_	01	07107	
	1 - STATE REGISTRAR	SIAIE UF N	MARYLAND /	ERTIF	ICAT	E OF	DEA	TH I	MENIAL	REG. NO		94	07127	
	1. DECEDENT'S NAME (First, Middle, Last) GENEVIEVE	CLIMB	CUMBERLAND							F DEATH D	AY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. 9EX	6. AGE (In yrs. la:	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF	6 BIRTH		9 4	M HPLACE (State or Foreign	
	213-01-6417	1 🗆 M 2XXF	73	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month,	Day, Year)	1920	Bal	timore, Md.	
~	9a. FACILITY NAME (If not institution, give s						OR LOCATI	ON OF DE				NTY OF E		
DT.	11813 Cedar Lane	9	Kingsville Balto.Co									ounty,Md.		
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O								10d. INSIDE CITY	
	Maryland Balt	timore			KTH								1 YES 2 NO	
ERA	11813 Cedar Lane	3				101	zip cod	1087				S.A.	WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN' FORCES? 1	T EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN?	(Specify Yes		14. RACI	E — American Indian.	
ВУ	1 Never Married 2 XX Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	NO		1 Yes, sp	2XXNO	Specify	n, Puerto Ric	an, etc.)		Spec	k, White, etc.	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON .		16b. K	IND OF BUS	SINESS/INC		white	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	)	ive kind of a Do NOT us		during mo	st of worldi	99						
M M	12 17. FATHER'S NAME (First, Middle, Last)		H	ouse	NITE			·		ome				
BE C	Thomas Jenkins	18. MOTHER'S NAME (First, Middle, Malden Surname) Helen Liemekahler												
10 B	19a. INFORMANT'S NAME (Type/Print)	rland  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  11813 Cedar Lane Kingsville, Md. 21087										0.7		
-	George E. Cumber	riand						K.						
	1 Surial 2 Cremation 3 Remo	oval from State	val from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE PARTY CONTROL OF TOWN, HIGH CONTROL OF TOWN, HAT PARTY CONTROL OF										wn, sum arvland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSPE	1	1			D ADDRE	_					Funeral Hm.	
	16.4.	Lassa	kn	/	1	1750	Bela	air ƙ						
	23. PART I. Enter the diseased, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory srrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between													
ļ	IMMEDIATE CAUSE (Final disease or condition				CAI	VCF	1						Onset and Death	
	resulting in death)	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):											
Z	Sequentially list conditions.													
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	DUENCE O	F):									
TIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE OF	F):									
CERT	resulting in death) LAST	d												
	PART II. Other significant condition	s contributing to	death but not r	resulting	In the un	dariying	cause ç	lven in i	Part I. 2	ta. WAS AN		24b.	. WERE AUTOPSY FINDINGS	
DIC.									_	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME									_				1 TES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL				_	28 DI	ACE OF D	EATH (Cha	ick only one)					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	₹:		,	8 🗆 Other (	Specify)				
E	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, Da	INJURY ly, Ybar)	28b. TIM		28c. INJ			28d. DESCR		JURY OCC	URED		
À	2 Accident Investigation	28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f						204 4 2 2 4 7	201 (0)					
回	4 Homicide 8 Could not be determined	286. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)  281. LOCATION (Street and Number or Rural Re City or Town, State)									loute Number,			
FE	29a. CERTIFIER (Check only (Check only (Check only)													
COMPLET	One)  2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, data and place, end due to the ceuse(e) and manner as stated.													
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	1) An	1				29c. LICE	NSE NUM	BER 785		29d. DATE	E SIGNED	(Month, Day, Year)	

b. SIGNATURE AND TITLE OF CERTIFIER  A  A  A  A  A  A  A  A  A  A  A  A  A	29c. LICENSE	NUMBER 5885
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  ALFIRD SPANG 1131 Bel A-N. ROAD	Rel	PIRMO

31. DATE FILED 700 7994

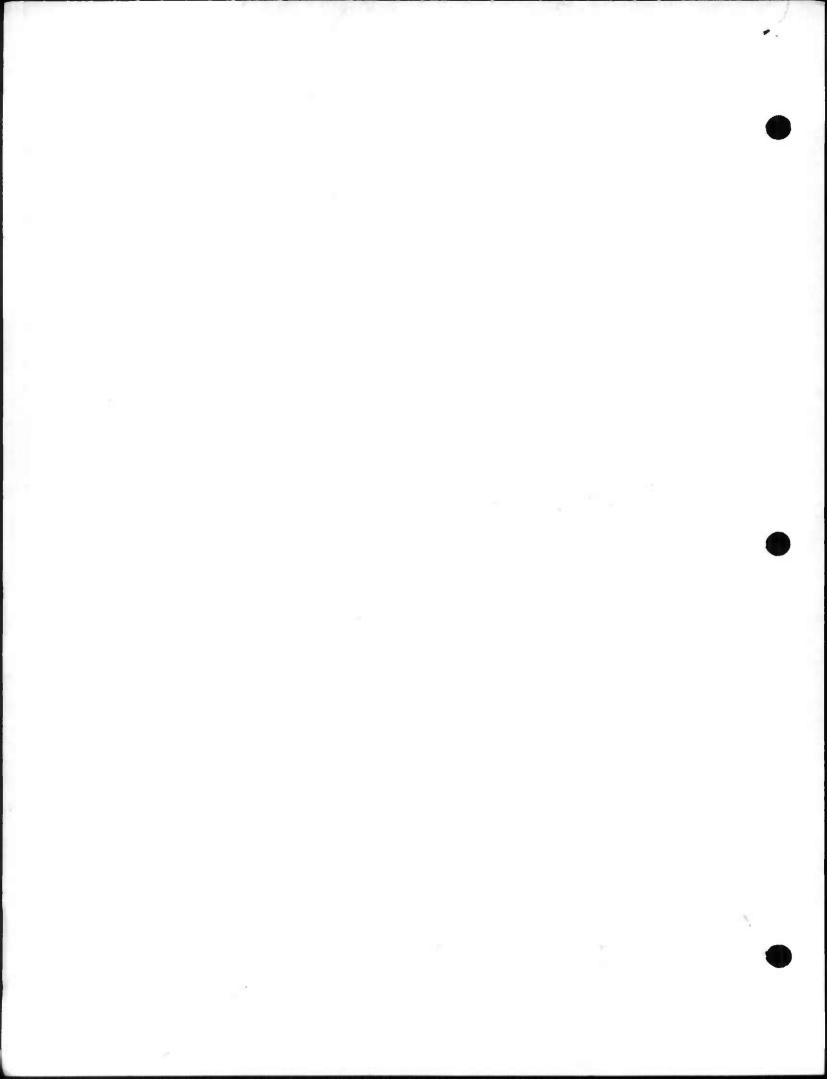
2





DIVISION DE VITAL RECORDS, P.O. BOX 68760,

		REGISTRAR			CERTIF					REG. NO			
		1. DECEDENT'S NAME (First, Middle,									AY Y	EAR 3.	TIME OF DEATH
		LAVERNE G.  4. SOCIAL SECURITY NUMBER	S. SEX	2 20F (h		1				3 7		94	4:25a. м
		217-34-4761	1 M 2 F	6. AGE (In yrs.	VDC	MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	MD
3 should		9a. FACILITY NAME (If not institution,	X		55 ms.	9b. CITY	TOWN C	OR LOCATIO	ON OF DEAT	6-1238	9c. COUNTY		ltimore
2	DIRECTOR	St. Agnes Ho				100			, Md		-		
ges 1,	) HE		OUNTY	10c. CI1	Y, TOWN	OR LOCAT	TION	_	-		100	d. INSIDE CITY	
permit. Pages		MD			BA	LTI	MORE	E CI	ΓY			LIMITS?	
t perm	3AL	100. STREET AND NUMBER 1641 CUBA ST	DEEM				101.	ZIP CODE					T COUNTRY?
physician. burial-transit	FUNERAL	1041 CUBA ST					$\perp$			230		J.S.	Α.
the	B	1 Never Merried 2 Married 3 Wildowed 4 Divorced		1 YES 2 WAR OR DATES	ARMED X NO	13.	WAS DEC	ENDENT O	F HISPANIC n, Maxican, Specify:	ORIGIN? (Specify Yes Puerto Ricen, etc.)	n or No 14	Black, WI	American Indian, hita, atc.
	ED.	15. DECEDENT'S (Specify only highest	15. DECEDENT'S EDUCATION (Specify only highest grade completed)					ON st of working	a	16b, KIND OF BU	SINESS/INDUS	TRY	
0 -	)LE	Elementary/Secondary (0-12) 8th	College (1-4 or 5		life. Do NOT u	se retired.)							
the hospital detached fo	COMPLET	17. FATHER'S NAME (First, Middle, La.	st)		HOUSE	KEEL	ER	10 140771	EDIC NAME	CATHO	LIC C	CHAR	ITIES
B & &	Ü	DANIEL S.	,							IGERMAN	Surname)		
retained 1 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)		T	19b. MAILING	ADDRESS	S (Street a			ite Number, City or Tow	n, State, Zip Co	ode)	
be n	F	WILLIAM L.	COVAHEY		1641	CUBA	A SI	REE	Г, В	ALTIMORE	, MD,	212	230
e 6 may ector, pa must b		20s. METHOD OF DISPOSITION 130 Murtal 2 Cremation 3		cemetery.	CE AND DATE	ther place)					CATION — City		State
		4 ☐ Donation 5 ☐ Other (Specify, 21. SIGNATURE OF FUNERAL SERVI		- IGLE	N HAV	EN C	CEMETERY 3/1 MARYLAND  22. NAME AND ADDRESS OF FACILITY						
eath.		* )! A-	Del.	X	•	CF	IARL	ES I	S'	TEVENS F	UNERA	L HO	OME, INC.
after by the cal		23. PART I. Enter the diseases	, or complications th	ist caused tha	daath, Do	not antar	the mor	E . L	ORT	AVE., E	BALTO.	, MI	D 21230 Approximata
DO NO		shock, or heert fall IMMEDIATE CAUSE (Final	lure. List only one ca	use Dn aech l	lna.						and y arrow	"	Interval Between Onset and Death
~ 23 60		disease or condition resulting in death)	Prob	pable d:	iffuse	alv	eola	r da	mage	(ARDS)		į	
8 2 - 9		DUE TO (OR AS A CONSEQUENCE OF):											
and and pur	ON	Sequentially list conditions,  Meany leading to immediate  DUE TO (OR AS A CONSCOUENCE OF):											
or t or	CAT	cause. Enter UNDERLYING											
nding phy Hygiene p	Ë	CAUSE (Disesse or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):											
th cend	CERTIFICATION	resulting in death) LAST											
the the	7	PART II. Other algnificant cond	ditions contributing to	D death but no	t reaulting	In the un	derlying	cause g	iven in Pa	irt I. 24a. WAS AN	AUTOPSY	24b. WEF	RE AUTOPSY FINDINGS
	DICAL	Atheroscleroti	.c cardiova	scular	disea	se				PERFOR		CON	RABLE PRIOR TO MPLETION OF CAUSE
requires of Health	ME	Asthmatic bron	chitis								- 110		YES 2 NO
t: The law requires cate has been signate Dept. of Hea tem 23 shows													
Cate h State	Sici	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:			OTHER	t:		ATH (Check				
0 2 5	PHYSICIAN:	27. MANNER OF DEATH	1 Oxinpetient 2 28a. DATE O	F INJURY	3 L DOA	-	28c. INJU			Other (Specify)  8d. DESCRIBE HOW II	NURY OCCUR	ED	
Marked, o	ВУ Р	1 Natural 5 Pending 2 Accident Investige		Day, Year)		URY M	WOR		_	va. DEGOMBE HOW I		LU	
4 8 m	ED B	3 Suicide 6 Could no	28e. PLACE (	OF INJURY At I, etc. (Specify)	home, term,	street, fact	ory, office		2	St. LOCATION (Street a City or Town, State)	and Number or i	Rural Route	Number,
OR ATTER DIRECTOR Nours after Item 28	E	4 Homicide determin	ed	41									
보 되었는	COMPLET	(Check only one)	PHYSICIAN: To the beat o	of my knowledge,	death occurr	ed at the ti	me, data	and place,	and due to	the cause(s) and man	iner as stated.		
HOSPITAL FUNERAL WITH 72 I	S I	2 MEDICAL EXA	AMINER: On the basis of a	axamination and/	or investigation	on, in my o	pinion, de	eath occurs	d at the tim	ne, dete and place, an	d dua to the c	ause(a) and	I manner as stated.
TO THE HOSPIT TO THE FUNEPA De filed within ? IMPORTANT: I	H	296. SIGNATURE AND TITLE OF CER	TIGHER QV 4	b (	mo				NSE NUMBE	R			nth, Day, Year)
E E S M	2	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAL	USE OF DEATH #	TEM 271 /5	Print1		D049	164		Ma	rch	8, 1994
6		William J. Hic	ken, M.D.	- St. A	Agnes	Hosp	ital	- 90	00 Ca	ton Ave.	- Balt	i. M	d. 21229
		31. DATE FILED (Month, Day, Year)	32. BEGISTR										

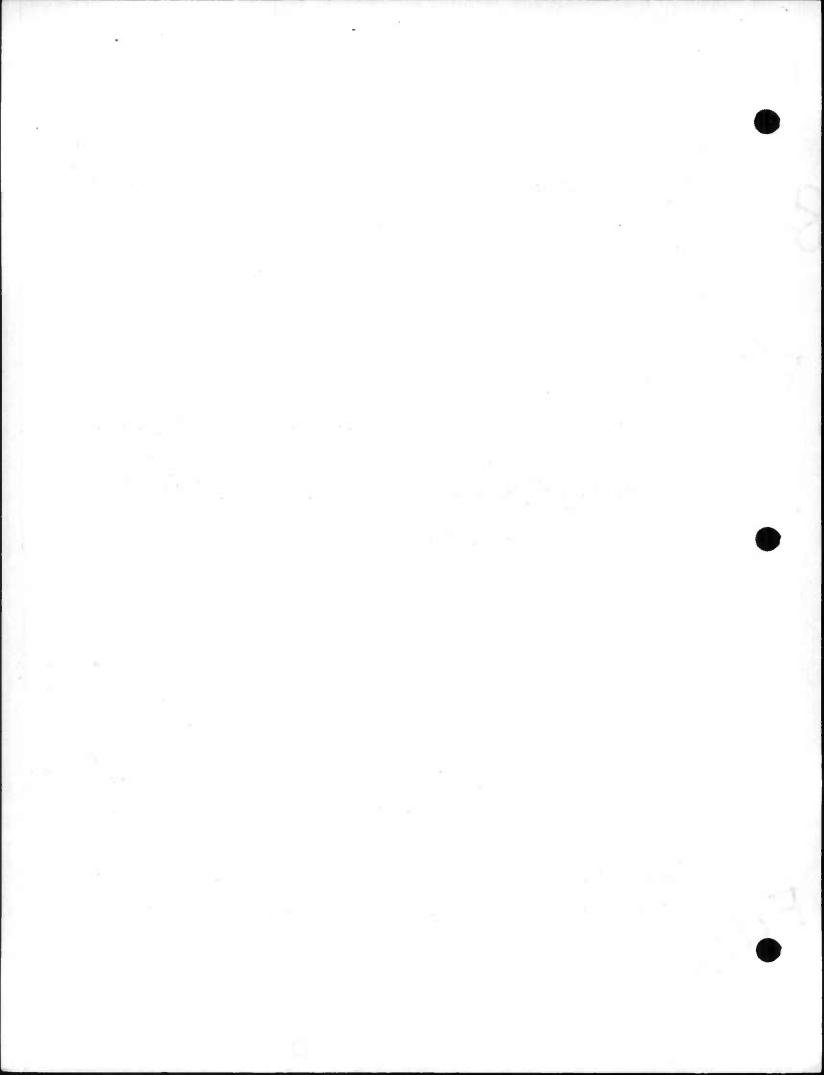


9	l,	0	7	2	(
_		400		1	00

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL	HYGIENE REG. NO.	94	0712		
	1. DECEDENT'S NAME (First, Middle, Last)	D		DOL	OCTA	2. DATE	OF DEATH DAY	YE	3. TIME OF DEATH		
	PIERRE  4. SOCIAL SECURITY NUMBER	D.  5. SEX 6. AGE (In	yrs. leat birthday)	IF UNDER 1 YEAR	RSEY	FEB		199			
	219 84 2971  9a. FACILITY NAME (If not institution, give s	1 Ø M 2 □ F 27	YRS.	IONTHS DAYS	HOURS MIN.	3/1	5/1966		BIRTHPLACE (State or Fore		
OR	2035 HOLLINS S	ST.		BALTI		EATH		CIT			
DIRECTOR	10a. STATE Md. 10b. COUNTY	1	10c. CITY,	TOWN OR LOCAT	CON				10d. INSIDE CITY LIMITS? 1 YES 2 N		
FUNERAL	100-STREET AND NUMBER HOTTINS			101	ZIP CODE	/			OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS  1 \( \sum \) Never Merried  2 \( \sum \) Merried  3 \( \sum \) Widowed  4 \( \sum \) Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 NO	It yes, sp	endent of HISPAI ecity Cuban, Mexica 2 NO Specti	en, Puerto R	? (Specify Yea or lican, etc.)		RACE — American Indian Black, Whita, atc. Specify: Black		
LETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina mo	ON st of working	16b.	KIND OF BUSIN	ESS/INDUST			
COMPL	17. FATHER'S NAME (First, Middle, Last)		fieat	cutter							
E CC	Charles Dorse	V			16. MOTHER'S NA			mame)			
O BE	19a. INFORMANT'S NAME (Type/Print)	<del></del>	19b. MAILING A	DDRESS (Street a	Brenda nd Number or Rural		CKSON er, City or Town,	State, Zip Cod	ia)		
۲	Brenda J. Dorsey			Argyle					Md. 21217		
	20a. METHOD OF DISPOSITION  1) Buriat 2 Cremation 3 Rame	20b. P	LACEANDDATEOF	DISPOSITION (Ne	me of	DATE	20c. LOCA	TION — City	or Town, Stata		
	4 Donation 5 Other (Specify)		ery, cremeter or oth		ID ADDRESS OF FA	3/5	Bal	to.,	Md.		
Į,	· Bartan)	1.6-		1206	W. North	Wi Ave	. Ba	lto	wn Communi Md.		
	23. PART I. Enter the diseases, or cahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	SMOKE INHAL	ATION		de of dyring, add	ii as colui	isc or respiral	Lory arrest,	Approximat interval Bet Onset and		
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  b.  DUE TO (OR AS A CONSEQUENCE OF):  d.										
EDICAL C	PART II. Other algnificant condition	s contributing to deeth but	not reaulting in	the underlying	g ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?		
Σ						-	DNSP	buh	1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ¬YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpati		OTHER:	ACE OF DEATH (Ch						
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 26c. INJ				URY OCCURE	:0		
D BY	1 Naturat 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	02-26-1994 28a. PLACE OF INJURY – building, etc. (Specify	- At home, term, str	JRY M 1							
ETE	4 Homicide determined		AT HO	Æ			r Town, State) 35 HOLL	INS ST	Γ		
COMPLET		CtAN: To the best of my knowled R: On the basis of examination s							use(s) and manner ee ate		
H	ALL BIGNATURE AND TITLE OF CERTIFIES	Will		atigation, in my opinion, death occured at the time, data end p $ 29c. \ \ \text{LICENSE NUMBER} $ $ O \cdot C \cdot M \cdot E \cdot $				9d. DATE SIG	GNED (Month, Day, Year) EB 27,1994		
5	ID HAME AND ADDRESS OF PERSON WHO	1/20 0					farvlan				
	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE										
	MAR 10 1994	Ked Sanden fra	deldy								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



1 - STATE REGISTRAR

•	
ď.	
9	
_	
-	
8	
( 687(	
_	
0	
-	
_	
<u>.</u>	
0	
_	
_	
100	
S	
0	
<b>=</b>	
1	
~	
_	
T.	
Part .	
_	
7	
Ā	
-	
_	
-	
1	
0	
_	
<	
5	
10101	
-	
-	

1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH M ESCAVAGE 1:30 P MINNIE 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday, 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 213-22-1920 1 X M 2 - F 82 Dec. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University Hospital use as the bunal-transit permit, Pages 1, 2, 3 Baltimore ton. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Carroll 1 YES XX NO Svkesville FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5901 Gracelee Avenue 21784 **USA** Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexicsn, Puerlo Rican, atc.) 11, MARITAL STATUS t4. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Naver Married 2 Married B∀ t YES 2 NO Specify: Specify 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION tea. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) funeral director, page 5 should be detached for Elamentary/Secondary (0-t2) College (t-4 or 5 +) 8 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, 10 Otto Bussey Eva Skowronski BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Joseph A. Schultz 5901 Gracelee Ave., Sykesville, Md. pe 20a. METHOD OF DISPOSITION

1 M Burlal 2 Cremation 3 1 1

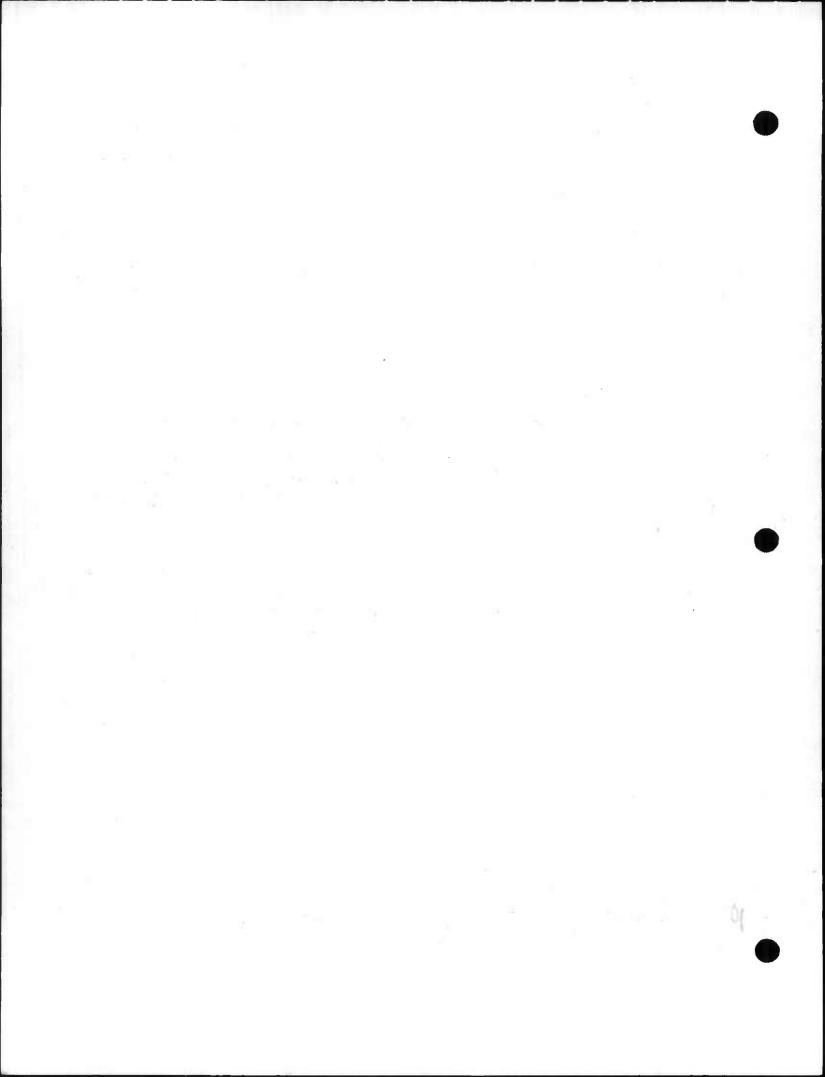
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must 3/10 Glen Haven Memorial Park Glen Burnie, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY
Gary L. Kaufman Funeral Homes n by the fu meny 5695 Main St., Elkridge, Md. 21227 23. PART I. Enter the dieeeses, or complicatione that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert fallure. List only one cause on each line. medical in by Approximate intervel Batween and completely filled bunal, cremation, or IMMEDIATE CAUSE (Final Onset and Death the disease or condition Septic sho shock resulting in death) event. One Mentonenia
DUE TO (OR AS A CONSEQUENCE OF): Iraumatic CERTIFICATION Sequentially liet conditione, prior to if any, leading to immediate cause. Enter UNDERLYING A cute lendema other t CAUSE (Diseese or Injury thet initiated events reaulting in death) LAST 0 in signed by the attend if Health and Mental H PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any I YES 2 shows 1 YES 2 NO been s ICIAN: has be 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item certificate h HOSPITAL: PHYSI 1 YES 2 NO OR ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCUREO this c marked. 1 Natural 5 Pending 1 YES 2 NO BY After 1 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 50 ETED. 8 Could not be DIRECTOR: A 4 Homicide 28 datermined Item 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 \_ MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 194 0 M.6 Uninverta of MO Cancer Center 4 32 PATISTRAR'S SUCATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

REG NO



	8
0	.0
$\tilde{\sim}$	8
0	6
0	9
. 1	- 6
47	6
N	E
=	or attending
à	0
-	23
	SD
Z	2
d	0
	5
E, MARYLAND 21215-0020	3
œ	О
	retained
$\simeq$	E
2	9
10%	8
Ш	>
œ	E L
TIMORE,	age 6 may be r
ĭ	93
2	P
Ξ	α,
-	5
7	ea
BALT	0
ы	E e
	9

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: ************************************	Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
OX 68760,	be executed within	cian and completely lor to burfal, crema
At moords, P.O. BOX 68760,	the death certificate	s certification completely filled in by the attending physician and completely filled in by the fith the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
OB	w require that to	f. of Health and
Z A	IAN: K	tificant e State
IVISION OF	JOING PHYSIC	death with the
DIVISI	TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with th
		6
		The

	FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND	MENTAL HYGIEI		07101					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	) tş	EAR S. TIME OF DEATH					
	Anita Clautice Far			V	March 5, 19	194	3:25 Р. м					
	212-36-4476	□ M 2 🛣 F 96	YRS. MONTH	3 COM JETCH AND	December 29		BIRTHPLACE (State or Foreign Country) Maryland					
стов	98. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH											
JEC	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
AL DIRE	Maryland 100. STREET AND NUMBER											
FUNERAL	5702 The Alameda Apt. A. 21212 U.S.A.											
	1 Never Merried 2 Merried	P. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		3. WAS OECENDENT OF HISE It yea, specify Cuben, Max 1 YES 2 NO Spe	Ican, Puerto Rican, etc.)	a or No— 14.	RACE — American Indian, Black, White, atc.					
ED BY	3 X Widowed 4 Divorced  15. DECEDENT'S EDUCAT	ION Jee- 5			1		White					
	(Specify only highest grade con		DECEOENT'S USUAL Give kind of work do fe. Do NOT use retired	ne during most of working d.)	16b. KIND OF BU	SINESS/INDUS	TRY					
once.			memaker		Own	Home						
S   S	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Maider	Surname)						
led a	William Sweeny Cla		ON MAILING ADDRESS	Eleat  S\$ (Street and Number or Rur								
TO BE COM	Joseph C. Farrell			way, Baltim			/					
nst pe	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal	20b. PLACE	E AND DATE OF DISP	OSITION (Name of	OATE 20c. L	DATE 20c. LOCATION — City or Town, State						
E	4 Donation 5 Other (Specify)	St. M		ns Cenetery		ltimore	e, Maryland					
medical examiner must	John G. Reitz	10h 28	aff	Mitchell-Wi	ledefeld Ho		cyland 21212					
edica	23. PART I. Enter the diseeses or comehock, or heart fellure. Lie	plicetions that caused the dit only one cause on each in	leath. Do not ent	er the mode of dying, e	uch es cerdiec or resp	lratory errest	, Approximate intervei Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	A50	C 04	<u>ک</u>	2		Onset and Deeth					
or other traumatic event, the	THE TO (OR AS A CONSEQUENCE OF):											
ry, or other traumatic	Sequentielly list conditions, if any, leading to immediate Due to the As a consequence of):											
er tra	CAUSE (Disease or injury	DUE TO OR AS A CONS										
HT H	that initiated evente DUE TO (OR AS A CONSEQUENCE OF):											
5 0	PART II Other elgoiffcant conditions o	antributton to do the but not										
	PART II. Other eignificant conditions c	ontributing to death but not	reculting in the	underlying ceuse given	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE					
shows any : MEDIC					1 TYES	<sup>5</sup> X <sub>NO</sub>	OF DEATH?					
S Sh												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL: V	отн	26. PLACE OF OEATH (	Check only one)							
HYS	1 YES 2 X NO 1	Inpatient 2 XER/Outpatient  28a. DATE OF INJURY		luraing Home 5 - Residence	e 6 Other (Specify)	IN ILIBY OCCUR	EO.					
marked BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M	WORK?	ESG. DESCRIBE HOW	INSONY OCCUR.						
ED S	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, term, street, t	ectory, office	28t. LOCATION (Street City or Town, State	end Number or F	Rural Route Number,					
	29a. CERTIFIER 1 V CERTIFYING PHYSICIAL	N: To the best of my knowledge, d	feath occurred at th	a time data and place, and d	us to the squarte) and me	man on stated						
MPORTANT: If item O BE COMPLE	Amel .	On the basis of examination and/or					suse(a) and manner ea stated.					
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29e. LICENSE N	UMBER	29d. DATE SI	ONED (Month, Day, Huar)					
TO B	Carlos E. Aranaga			D-0	382	► M	arch 7, 1994					
-	30. NAME AND AGORESS OF PERSON WHO C			rvland2121/	1061	nu	A.A.					
	31, DATE FILED (Month, Day, Year)	32 AEGISTRAB'S SIGNATURE			LIEB	4	MA					
	MAR 1 0 1994	of whis Dansen - No	~~~		/	N						

DHMH-16 Rev 1/89

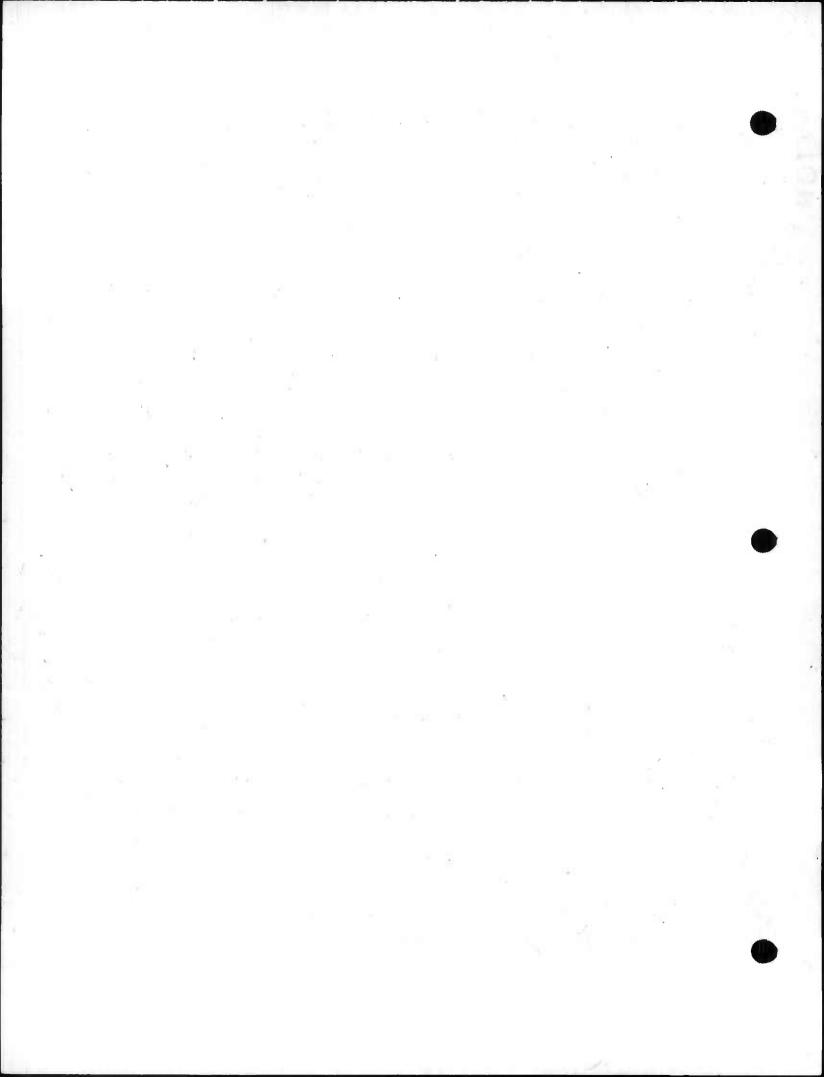
	2. 3 should		
	Pages 1		
	permit.		
ours after death. Page 6 may be retained by the hospital or attending physician,	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		
or afte	use		
butal	ed for		
he hos	setach		
6	d be		į
etained	shoule		
90 /	age 5		
6 may	tor, p		
,30e	direc		
leath. F	funeral		
arrer o	y the	noval.	
SUCS	in D	r ren	-
Ì	filled	ion, c	
WITTHE	pletely	remat	
THYSICIAN: The law requires that the death certificate be executed within	and com	burial, o	
90	Юіал	for to	
ncate	phys	ene pi	
n cer	ending	Hygi	
Geat	ne affe	Aental	
at Th	2	and t	
res in	gned	ealth	
Je de	een s	Of H	
aw is	has b	Dept.	-
Ē.	cate	State	
SICIA	certif	the .	
Y L	this	¥	

item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR. After this certific be filed within 72 hours after death with the S IMPORTANT: If Hem 28 is marked, or in

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TOP: 1 - RECORDITO SAME (PINAME) AND LONG LONG AND AND ADDRESS AND															1-10	
MARK  - BOOLD SECURITY MARKEN  - BOOLD SECURIT		1 STATE		STATE OF N	IARYLAND /	DEPAR	RTMENT	OF H	EALTH	AND I			C		07122	
THE PROPERTY NUMBER   S. SECURITY MARKET   S. ALL PROPERTY NUMBER   S. SECURITY NUMBER   S. S			Address A Co.		C	ERTIF	ICATI	OF	DEAT	Н			44	1 45	01137	_
TO THE PARTY THAT PRODUCT TO COUNTY THAT A CONTROLLED TO COUNTY THE PARTY THAT THE PARTY THAT THE PARTY THAT THE PARTY THAT THE PARTY THAT THE PARTY THAT THE PARTY THAT THE PARTY THAT THE PARTY THAT THE PARTY THAT THE PARTY THAT THE PARTY THAT THAT THAT THAT THAT THAT THAT TH		Control I contain		_A	F	Fischer		PI	SHER				1	9 <sup>E</sup> 47		M
THE STATUTE OF THE CASE OF SECRETARY  THE STATUS  THE		4. SOCIAL SECURITY NUMBER	4. SOCIAL SECURITY NUMBER			t birthday)		1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRT	TH		a. BIRTH	IPLACE (State or Foreign	_
THE STATUTE OF THE CASE OF SECRETARY  THE STATUS  THE		220-04-4744	4	1 x x M 2 □ F	26	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 20	19	67	Maryland		
THE SERVICE OF DECEMENT  18. SOUTH  18. SOUT		9a. FACILITY NAME (If not inst	titution, give str	eet end number)			9b. CITY	, TOWN C	R LOCATIO	ON OF OE			_			
TABLE THE AND NAMES TO A STREET AND NAMES TO	E E	NORTH ARUN	IDEL H	HOSPITA	L		GL	EN I	BURN	IIE			ANN	IE A	RUNDET.	
TABLE THE AND NAMES TO A STREET AND NAMES TO	ਹੋ														TOTAL DEL	
TABLE THE AND NAMES TO A STREET AND NAMES TO	뿚			0.7	10c. CI1											
The service of the se			ALI	ne Aronu	ET		ras								1 TES TO NO	
The service of the se	Z	Commission of the Commission o						101					10g. CIT		VHAT COUNTRY?	
The service of the se	<u> </u>		ion Wa											USA		
The service of the se	5		darried	FORCES? 1	YES 2	MED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Spec	olfy Yea o	r No—	14. RACE Black	- American Indian, c, White, etc.	
No. DECEMBER'S EQUALATION   Street Price of Completed and St.)				IF YES, GIVE W	AR OR DATES			T YES	2 [X NO	Specify	:				fy:	
WILLIAM INCIDENT STANE (Properting)  WILLIAM INC		15. DECE	DENT'S EDUC			CEDENTIO	Heuri o	OCUBATIO			Lancium .				wnite	_
WILLIAM INCIDENT STANE (Properting)  WILLIAM INC	E I	(Specify only	highest grade o	completed)	(G	ive kind of Do NOT u	work done	during mo	st of workin	g	100. KIND (	OF BUSI	NESS/INC	DUSTRY		
WILLIAM INCIDENT STANE (Properting)  WILLIAM INC	2		12)		)						Fusi	on (	Svet	ems		
WILLIAM INCIDENT STANE (Properting)  WILLIAM INC	<b>∑</b>		idle, Last)	. ,120.		1030		11911		IER'S NAI				CIIIO		4
199. INFORMANTS NAME (Sporthist)   190. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall, 26 Code)   190. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall, 26 Code)   190. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall, 26 Code)   190. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute Number. Cay or Rown. Shall 21.2   20. MARLING ADDRESS (Sincel and Number or Rural Poute		William Mar	nley F	ischer,	Sr.				Jo	an G	Cloria C	Cute.	lluc	cci		
Mrs. Laura R. Fischer  7845 Red Lion Way Pasadena , Md. 21122  200.PLACE AND DATE OF DEPOSITION INformed  4 Denotes 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. MARK AND ADDRESS OF PACKLEY  23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death  23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death  23. PART II. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death  24. Denotes the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death  25. WAS CASE REFERENCE TO MEDICAL  26. WAS CASE REFERENCE TO MEDICAL  27. WAS CASE REFERENCE TO MEDICAL  28. PLACE OF DEATH (Check only only 1)  29. WAS CASE REFERENCE TO MEDICAL  29. WAS CASE REFERENCE TO MEDICAL  20. WAS CASE REFERENCE TO MEDICAL  21. WAS CASE REFERENCE TO MEDICAL  22. WAS CASE REFERENCE TO MEDICAL  23. WAS CASE REFERENCE TO MEDICAL  24. WAS CASE REFERENCE TO MEDICAL  25. WAS CASE REFERENCE TO MEDICAL  26. WAS CASE REFERENCE TO MEDICAL  26. WAS CASE REFERENCE TO MEDICAL  27. WAS CASE REFERENCE TO MEDICAL  28. PLACE OF MAJOR  AND WAS CASE REFERENCE TO MEDICAL  29. WAS CASE REFERENCE TO MEDICAL  29. WAS CASE REFERENCE TO MEDICAL  29. WAS CASE REFERENCE TO MEDICAL  29. WAS CASE REFERENCE TO MEDICAL  29. WAS CASE REFERENCE TO MEDICAL  29. WAS CASE REFERENCE	8		,		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural R	Route Number, City	or Town,	State. Zin	Code)		-
Sample   Continue	۲	Mrs. Laura	R. Fi	scher		7845	Rec	Lic	on Wa	y Pa	sadena	, M	d. 2	21122		
Sample   Continue		20 METHOD OF DISPOSITIO	ON	en services	20b.PLACE	AND DATE	OF DISPOS	ITION /Na	me of		OATE 2	Oc. LOCA	TION -	City or To	wn, State	$\dashv$
21. SIGNATURE OF FURRAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, infernel Between Onset and Death disease or condition.  BMEDIATE CAUSE (Final disease, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, infernel Between Onset and Death disease or condition.  Bequentially fiel conditions, and the cause of the caused of the caused of the cause of the caused of the		4 Donation 5 Other (S	Specify)	val from State	GIEn	Have	ther place)	mete	ery	3	8-8-94	Bal	timo	re,	Md.	1
TAOL Belair Rd. Baltimore, Md. 21236  23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, interval Between Onset and Death disease or condition.  IMMEDIATE CAUSE (Final disease or condition)  a. JULY S. JULY S. JULY S. JULY S. DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY IN CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  24. WAS AN AUTOPSY FINONOS AND AUTOPSY FINONOS AND AUTOPSY FINONOS AND AUTOPSY FINONOS AND AUTOPSY FINONOS AND AUTOPSY FINONOS AND AUTOPSY FINONOS AND AUTOPSY FINONOS AUTOPSY FINONOS AND AUTOPSY FINONOS AUTOPSY FIN		21. SIGNATURE OF FUNERAL	SERVICE LICE	INSEE	/		22.	NAME AN	O ADDRES							
23. PART II. Other significant conditions, as a consciousness or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, indexes or condition.  Approximate interval Between Onest and Death of Season or conditions, as a consciousness or conditions, as a consciousness or conditions, as a consciousness or conditions, as a consciousness or conditions, as a consciousness or conditions, as a consciousness or conditions, as a consciousness or conditions, as a consciousness or conditions, as a consciousness or conditions, as a consciousness or conditions, as a consciousness or conditions, as a consciousness or conditions, as a consciousness or conditions, as a consciousness or conditions, as a consciousness or conditions as a consciousness or conditions.  BART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. was an autropsy priority as 2 in the conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. was an autropsy priority as 2 in the conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. was an autropsy priority as 2 in the conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. was an autropsy priority as 2 in the conditions of contributing to death but not resulting in the underlying cause given in Part I.  24s. was an autropsy priority as a conditions of contributing to death of conditions as a conditions of conditions of conditions as a conditions of conditions of conditions as a conditions of conditions as a conditions of conditions as a conditions of conditions as a conditions of conditions as a conditions of conditions as a conditions of conditions as a conditions as a conditions as a conditions as a conditions as a conditions as a conditions as a conditions as a conditions as a conditions as a conditions as a conditions as a conditions as a conditions as a conditi		Jasseln	June	rul do	em E		- 1						~~	Mal	21226	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		23. PART I. Enter the dis	easea, or co	mplications that	caused the de	eth Do										4
DUE TO (OR AS A CONSEQUENCE OF):    Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST    PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   24a, WAS AN AUTOPSY PRINGROWN TEST OF DEATH (Check only one)   25a, WAS CASE REFERRED TO MEDICAL BANINGRY   NO   1   VES 2   NO   NO   NO   NO   NO   NO   NO		snock, or heart failure. List only one cause on each line.														
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERTIVING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CON			al .	1155	Do	1130	1/	14 5	-010	125					Onset and Deati	h
DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A		reaulting in death)	-	OUE TO	OR AS A CONSE	DUENCE O	57:		Jun							4
PART II. Other significent conditions contributing to death but not reaulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PROFOMED? PERFORMED? PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERF	_						,,									
PART II. Other significent conditions contributing to death but not reaulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PROFOMED? PERFORMED? PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERF	9	Sequentially list condition	ona,	DUE TO	OR AS A CONSE	DUENCE O	F):								-	$\dashv$
PART II. Other significent conditions contributing to death but not reaulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PROFOMED? PERFORMED? PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERF	S	cause. Enter UNDERLYIN	IG													
PART II. Other significent conditions contributing to death but not reaulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PROFOMED? PERFORMED? PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERF	E	that initiated events		DUE TO	OR AS A CONSE	DUENCE O	F):									
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  248. WAS AN AUTOPSY PRIORINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 X YES 2 NO  26. PLACE OF DEATH (Check only one)  1 Notural 5 Pending Investigation 1 Notural 2 Notificial Science 1 Notificial Science 2 Notificial Science 3 Notificial Sci	E	resulting in death) LAST														-
AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 X YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF CAUSE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  21. VES 2 NO  22. PLACE OF DEATH (Check only one)  22. PLACE OF INJURY  22. PLACE OF DEATH (Check only one)  22. CALL OCATION (Street and Number or Rural Route Number, Check only one)  23. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STEEL 27 (Type, Phere)  24. CHECK ONLY ONLY STEEL  25. WAS CASE REFERREO TO MEDICAL  26. PLACE OF DEATH (Check only one)  26. DATE SIGNEO (Month, Day, Year)  26. INJURY AT WORK?  27. INJURY AT WORK?  28. INJURY AT WORK?  28. INJURY AT WORK?  28. INJURY AT W		PART II. Other significen	t conditions	contributing to	death but not i	eaulting	In the un	deriving	COURS O	lven in i	Part I 24a W	AS AN AI	ITOBEV	246	WEDE ALTOROV PINIONIOS	$\exists$
25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation   20 DATE OF INJURY (Month, Day, Vear)  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY   28b. TIME OF   28c. INJURY AT WORK?  27. MANNER OF DEATH  28. DATE OF INJURY   28b. TIME OF   28c. INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED  MAR 4, 1994 TO: UTA 1 YES 2 NO  DRIVER IN OVERTURN AUTO  28s. PLACE OF INJURY AT WORK?  1 YES 2 NO  DRIVER IN OVERTURN AUTO  28s. PLACE OF INJURY At home, ferm, street, factory, office building, stc. (Specify)  ROADWAY  29s. CERTIFIER (Check only one)  2 XMEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end dua to the cause(a) and menner as stated.  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)  MAR 5, 1994	CA					o a a · ii · ig	iii tiic di	derrynig	, couse g	prott itt i				240.	AVAILABLE PRIOR TO	
25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation   20 DATE OF INJURY (Month, Day, Vear)  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY   28b. TIME OF   28c. INJURY AT WORK?  27. MANNER OF DEATH  28. DATE OF INJURY   28b. TIME OF   28c. INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED  MAR 4, 1994 TO: UTA 1 YES 2 NO  DRIVER IN OVERTURN AUTO  28s. PLACE OF INJURY AT WORK?  1 YES 2 NO  DRIVER IN OVERTURN AUTO  28s. PLACE OF INJURY At home, ferm, street, factory, office building, stc. (Specify)  ROADWAY  29s. CERTIFIER (Check only one)  2 XMEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end dua to the cause(a) and menner as stated.  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)  MAR 5, 1994											—   'À.	YES 2	NO			- 1
MAR 4,1994 10:07A. 1 VES 2 NO DRIVER IN OVERTURN AUTO  2 Accident 3 Suicide 4 Homicide 6 Could not be determined ROADWAY  299. CERTIFIER (Check only one) 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  290. CERTIFIER 1 Check only one) 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  290. CERTIFIER 2 On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  290. DATE SIGNEO (Month, Day, Year)  MAR 5, 1994	Σ										—   ´				1 YES 2 NO	- 1
MAR 4,1994 10:07A. 1 VES 2 NO DRIVER IN OVERTURN AUTO  2 Accident 3 Suicide 4 Homicide 6 Could not be determined ROADWAY  299. CERTIFIER (Check only one) 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  290. CERTIFIER 1 Check only one) 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  290. CERTIFIER 2 On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  290. DATE SIGNEO (Month, Day, Year)  MAR 5, 1994	AN	25. WAS CASE REFERRED TO	MEDICAL					00.00	105.05.0							4
MAR 4,1994 10:07A. 1 VES 2 NO DRIVER IN OVERTURN AUTO  2 Accident 3 Suicide 4 Homicide 6 Could not be determined ROADWAY  299. CERTIFIER (Check only one) 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  290. CERTIFIER 1 Check only one) 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  290. CERTIFIER 2 On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  290. DATE SIGNEO (Month, Day, Year)  MAR 5, 1994	2	EXAMINER?	-	HOSPITAL:	V	FI		R:								$\exists$
MAR 4,1994 10:07A. 1 VES 2 NO DRIVER IN OVERTURN AUTO  2 Accident 3 Suicide 4 Homicide 6 Could not be determined ROADWAY  299. CERTIFIER (Check only one) 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  290. CERTIFIER 1 Check only one) 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  290. CERTIFIER 2 On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  290. DATE SIGNEO (Month, Day, Year)  MAR 5, 1994	¥			_						sidence		_				4
3 Suicide 4 Homicide 5 Could not be determined ROADWAY RT.100 AT GARWOOD  299. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated.  290. SERTIFFIED Check only one) 2 XMEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  290. LICENSE NUMBER 290. DATE SIGNEO (Month, Day, Year)  ANAR 5, 1994		1 Netural 5 P		(Month, De	ry, Year)			WO	RK?	NKIO.						
4 Homicide determined ROADWAY RT.100 AT GARWOOD  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated.  2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)  ANAR 5, 1994		Sudalda								M.o						4
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated.  3 O. C. M. E.  MAR 5, 1994	윤			building,	etc. (Specify)			ory, orne			City or Town,	State)				١
29c. LICENSE NUMBER 29d. DATE SIGNEO (Morth, Day, Year)  O.C.M.E.  MAR 5, 1994	4	29a. CERTIFIER	EVINC BUVEIC	IANI, To the bird of									_		ЭОБ	┥
29c. LICENSE NUMBER 29d. DATE SIGNEO (Morth, Day, Year)  O.C.M.E.  MAR 5, 1994	₹ I														\d	- 1
O.C.M.E.  MAR 5, 1994				> 0.4		A	, my 0	printeri, de								
> 36. NAME AND ADDRESS OF PERSON WHO, COMPLETED CAUSE OF DEATH STEM 27) (Non. Print)		M	# (	Now V.	A	//						1				
ACA TOTAL CONTROL OF THE PROPERTY OF THE PROPE	2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH ST	M 970 /Tv	Drive		0.	C.M.	.E		M	AR !	5,1994	4
		MARIO F	(FOL	LE JR	MID	111	Peni	n St	ree	t, 1	Baltim	ore	, M	arv	land 2120	ار

OHMH-16 Rev 1/89



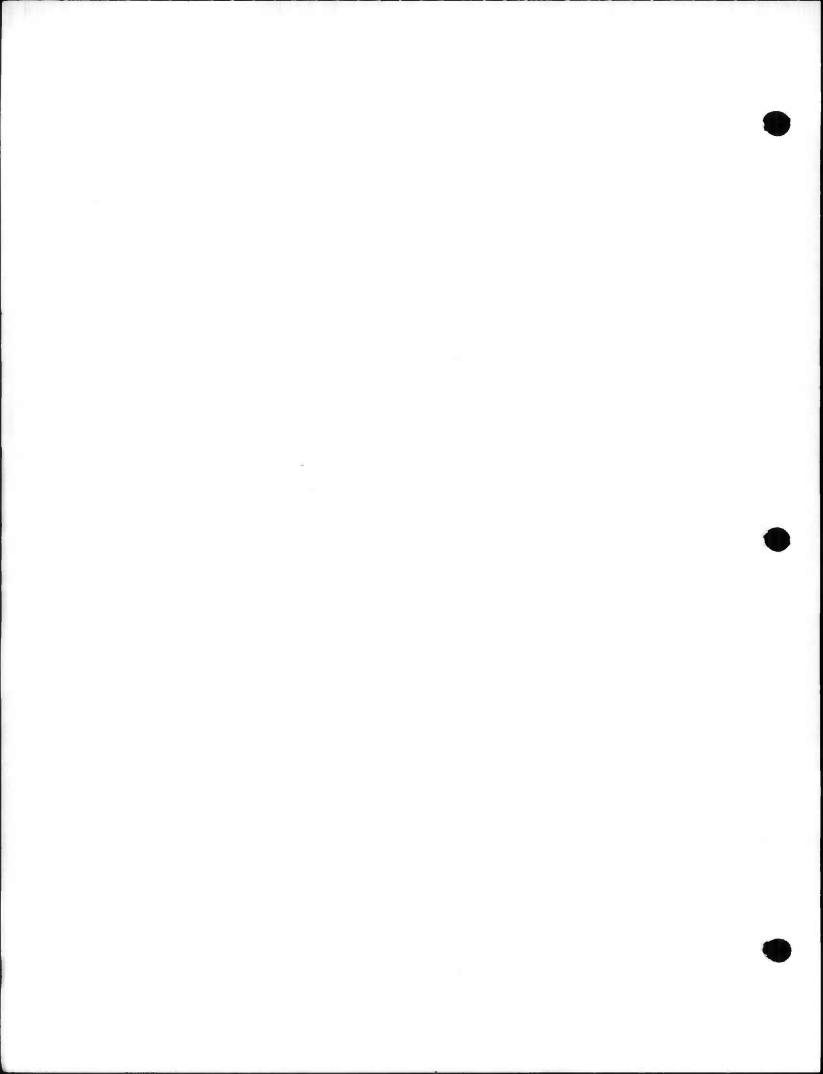
	4
, e	within
1314	executed
×	Pe
0. 80	certificate
<u> </u>	death
S	the
문	that
200	requires
	AP.
3	E P
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
_	G P
/ISIO	MITTENDIN
$\leq$	S.

	1 - STATE REGISTRAR	STATE OF MARYLANI		MENT OF H		ENTAL HYGIEN REG. NO.	£ 9	4 0/133		
	1. DECEDENT'S NAME (First, Middle, Last)	ON BETI	14		2	2. DATE OF DEATH	4 - 9 YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 141-22-6745	1 □ M 2 💢 F	3 YRS.	IF UNDER 1 YEAR RONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	O N	BIRTHPLACE (State or Foreign Country) EW YORK		
TOR	90. FACILITY NAME (If not institution, give street end number) Greater  Mariner Health Care of Laurel  9b. CITY, TOWN OF LOCATION OF DEATH  Prince G									
DIRECTOR	nesidence of decedent 100. STATE 10b. COUNT Maryland Prin	ce Georges		town on Locate	ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 14800 4th Stree	:t			ZIP CODE 20707		10g. CITIZEN USA	OF WHAT COUNTRY?		
ВУ	11, MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, spe	ENDENT OF HISPANIC belty Cuben, Mexicen, 2 1 NO Specify:	ORIGIN? (Specify Yee Puerto Ricen, etc.)		RACE — Americen Indien, Bleck, White, etc. Specify: hite		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 a)	(Give kind of wo	isual occupation ork done during most retired.) esigne:	st of working	Forms				
BE COM	17. FATHER'S NAME (First, Middle, Last) David Davis				18. MOTHER'S NAME	E (First, Middle, Meiden	Surneme)			
TO B	190. INFORMANT'S NAME (Type/Print) Leah Young		196. MAILING A	Goodma	an Court	ute Number, City or Tow Laurel	n, State, Zip Coo	20707		
	29s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 8 Other (Specify)	noval from State 20b. PL oth	ner place)		Cem. 3/6	5/94 Ade	cation – city  1phi,	7 = 1130=		
	21. SIGNATURE OF FUNERAL SERVICE LI	LO Pauller		Ive	s-Pearsols Churc	n Funer		mes		
				L Cl.J.	TO CHUTC	II, VA	22040			
	23 PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the List pnly one cause on each s. Due to (or as a co	line.	ot antar the mo		as cardiac or resp	iratory srrest	Approximata Interval Between Onset and Death		
SATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING	List only one cause on each	Hati	ot antar tha mod	da of dylng, such	as cardiac or resp	iratory srrest	Interval Between		
ERTIFICATION	shock, or haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, laeding to immediate	s. DUE TO (OR AS A CO	Ilna,  NSEOUENCE OF)	ot antar tha mod	da of dylng, such	as cardiac or resp	iratory srrest	Interval Between		
N: MEDICAL CERTIFICATION	shock, or haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in daeth)  Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	b. DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO d.	IIINA.  NISEOUENCE OF)  NISEOUENCE OF)	et antar tha mod	da of dying, such	as cardiac or resp	I AUTOPSY RMED?	Interval Between		
CAL	shock, or haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO d.  DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO	NSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)	t antar tha model	g cause given in Po	art I. 24a. WAS AN PERFO	I AUTOPSY RMED?	Interval Between Onset and Death Onset and Death  24b, WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	shock, or haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO C. DUE TO (OR AS A CO d.  na contributing to death but a	NSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)	28. PL OTHER: 4 Nursing Hom OF 25c. INJ. WO	g cause given in Po	art I. 24a. WAS AN PERFO	AUTOPSY RMED?	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset on Death		
BY PHYSICIAN: MEDICAL	shock, or haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending	DUE TO (OR AS A CO DUE TO (OR AS	NSEQUENCE OF)  INSEQUENCE OF)	28. PL OTHER: 4 Nursing Hom M 1   N	ace of Death (Chece 5   Residence 8	art I. 24a, WAS AN PERFOL  I YES :	A AUTOPSY RMED? 2 NO	Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
BY PHYSICIAN: MEDICAL	shock, or haart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daath) LAST  PART II. Other aignificant condition  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	DUE TO (OR AS A CO DUE TO (OR AS	NSEQUENCE OF)  INSEQUENCE OF)  At home, farm, st	28. PL  OTHER: 4 Nursing Hom OF 25c. INJ MY 1 Nursing Hom oret, factory, officed at the time, date	g cause given in Paragrams of the state of DEATH (Check of DEATH (Check of State of Death of Check of State of Check of Check of State of Check of Check of State of Check of State of Check of State of Check of Check of State of Check of	art I. 24a. WAS AN PERFO 1 TYPES :  When the control of the control of the course (e) and many control of the course (e) and many control of the course (e) and many control of the course (e) and many control of the course (e) and many control of the course (e) and many control of the course (e) and many control of the course (e) and many control of the course (e) and many control of the course (e) and many control of the course (e) and many control of the course (e) and control of the course (e) and control of the course (e) and control of the course (e) and control of the course (e) and control of the course (e) and control of the course (e) and control of the course (e) and control of the course (e) and control of the course (e) and control of the course (e) and control of the course (e) and control of the course (e) and control of the course (e) and control of the course (e) and control of the control of	I AUTOPSY RMED? 2 NO	Interval Between Onset and Death Onset and Death August 24b, WERE AUTOPSY FINOMOS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN: MEDICAL	shock, or haart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daath) LAST  PART II. Other aignificant condition  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	DUE TO (OR AS A CO  DUE TO	iline, insecuence of)	tha undarlying  tha undarlying  tha undarlying  the that undarlying  2s. PL  OTHER:  4 Nursing Hom  OF  2sc. INJ  RY  M  I I  Irreet, factory, officed at the time, date  in, in my opinion, d	g cause given in Paragrams of the state of DEATH (Check of DEATH (Check of State of Death of Check of State of Check of Check of State of Check of Check of State of Check of State of Check of State of Check of Check of State of Check of	art I. 24s. WAS AN PERFO!  I YES :  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State of the cause(e) and marked, date and place, and the cause(e) are the cause(e) and marked date and place, and the cause(e) are the cause(e) are the cause(e) are the cause(e) are the cause(e) and marked date and place, and the cause(e) are the cause(e) are the cause(e) and the cause(e) are the cause(e	AUTOPSY RMED? 2 NO INJURY OCCUR end Number or	Interval Between Onset and Death Onset and Death August 24b, WERE AUTOPSY FINOMOS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		

aure

32. REGISTRAR'S SIGNATURE

31. BATE FILEO (Month, Day, Year) MAD 10 1994



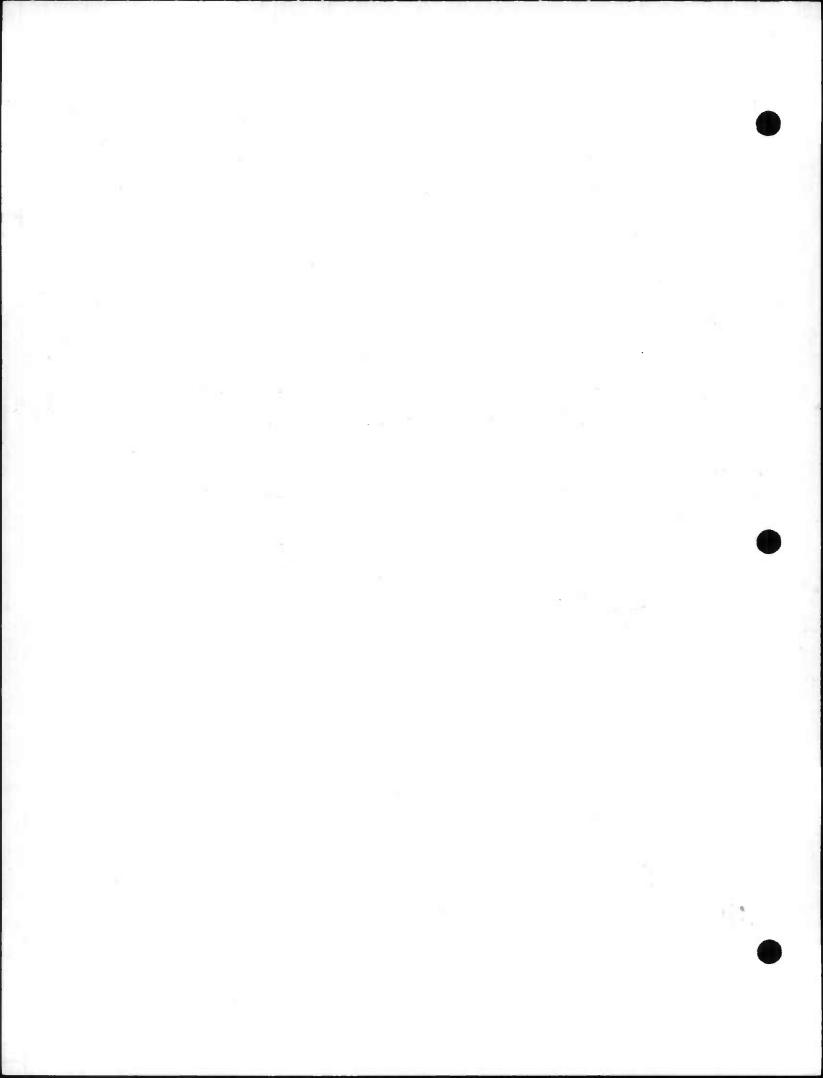
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	certificate in the standard by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 should in the Sime Deminion and Mental Hygiene prior to burlat, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The meanings and the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate in them speed by the attending physician and completely filled in by the filed within 72 hours after death with the Simple Death with the Simple Death with the Simple Death Simpl	IMPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

94 07134 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MAR		RTMENT OF			ENTAL HYGIEI	NE	4 ()	1713	L		
	1. DECEDENT'S NAME (First, Middle, Last)	, Last)						2. DATE OF DEATH MONTH DAY YEAR 3. TIME					
	Edna 4. SOCIAL SECURITY NUMBER	Ε.		Fleet			arch 8	199	94	1:45	A M		
	216-36-1561	1 M 2 XF	GE (In yrs. lest birthday 76 YRS.		EAR IF UNDER	MIN. I	(Month, Dex. (her)	1917	Maryl	ace (State or Fi	oreign		
_	Sa. FACILITY NAME (If not institution, give				WN OR LOCATI	ION OF DEATI	N	9c. COUN	TY OF DEAT	TN			
DIRECTOR	Easton Memorial	HOSPITAL		Easto	n			Talb	ot				
E I	10a. STATE 10b. COUNT		10c. C	ITY, TOWN OR L	OCATION				10	d. INSIDE CIT	r		
	Maryland Caro	line	De	nton					1	LIMITS?	NO		
FUNERAL	100. STREET AND NUMBER 410 Fleetwood Rd				101. ZIP COD 21625	_			ed St	at country?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If ye		en, Mexican, F	ORIGIN? (Specify Ye Puerto Rican, stc.)	es or No-	14. RACE — Black, V Specify:	- American indi Whita, sic.			
8	15. DECEDENT'S EDU (Specify only highest grade	JCATION	16a. DECEDENT	S USUAL OCCU	PATION		16b. KIND OF BU	JSINESS/INDU	JSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema		ig most of world	ng	Own Ho	ome					
O.	17. FATNER'S NAME (First, Middle, Last)				18. MOT	HER'S NAME	(First, Middle, Maide	n Surname)					
BE C	William Wesley Ma	atthews			Mai	rtha J	ewel Ore	em					
10	19a. INFORMANT'S NAME (Type/Print)						te Number, City or To						
	Katherine J. Whay					Pasa	dena, Ma						
	20a, METNOD OF DISPOSITION 1	noval from Stata	20b. PLACE AND DATE	other place)		11 0		OCATION — C		, -,			
	21. BIGNATURE OF FUNETON SERVICE LI		Glen Have		PK. 3			en bur	nie,	Maryla	ina		
	1 Jall a	2 Wil		Kir	klev-R	uddick	Funeral	l Home Glen B	urnie	e, MD 2	21061		
	23. PART f. Enter the diseases, or shock, or heart fellure.	complications that cau	ised the death. Do							Approxim	ate		
	IMMEDIATE CAUSE (Final									Onset and			
	disease or condition resulting in death)	DUE TO (OR )	ic she	ck						124 6	15		
			mon la	OF):						3 . 1			
OL	Sequentially list conditions, if any, leading to immediate		AS A CONSEQUENCE	OF):		•				2 0)	->		
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	c Chron	AS A CONSEQUENCE	10000	tony	Fa.	lure			45			
E	that initiated eventa resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE	OF):	,	` ,							
CERTIFICATION	resoluting in duality EAST	d. Obe	sity -	hypo	vent	1/2	tion '	synd	rome	715			
AL (	PART ii. Other significant condition	na contributing to deet	h but not reculting							ERE AUTOPSY F			
DIC	multinodula	r goite	- / Ly,	erth	45010	lism	_ 1 _ YES	PRMED?	CC	MILABLE PRIOR OMPLETION OF F DEATH?			
ME		0								YES 2	NO-		
AN.													
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	6. PLACE OF D								
HYS	27. MANNER OF DEATN	1 The The The The The The The The The The	RY 28b. Ti	ME OF 28	Home 5 R		Other (Specify)	INJURY OCC	URED				
BY	1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Yell	7	YJURY M 1	WORK?	] NO							
TED	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (	URY — At home, farm Specify)	, street, factory,	Offica	26	81. LOCATION (Street City or Town, State	and Number (	or Rural Rout	te Number,			
COMPLETED		ER: On the basis of axamin								nd manner as s	stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ilesos	OUM	)	29c. LIC	ENSE NUMBE	R 1 <sup>C</sup>	29d. DATE	SIGNED (M	fonth, Dey, Year)			
10	30. NAME AND ADDRESS OF PERSON WI					, ,	-		1 - 1				
	Peter Whitesell,	M.D., 503	Dutchman	's Lane	, East	con, M	aryland	21601					
	MAR 10 199	4 Julia Der	IGNATURE ALLES	J.				- 6		30)			

BALTIMORE, MARYLAND 21215-0020	Officiency in requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	in poem signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to see as the burial-transit permit.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PROSICIONARY IN INQUIRES that the death certificate be executed within 24.	TO THE FUNERAL DIRECTOR: After min, conficunt to been signed by the attending physician and completely filled in by the he flad within 22 hours after deal

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			NTAL HYGIENE REG. NO.	0.1.	07125		
		1. DECEDENT'S NAME (First, Middle, Last)  Jesse Mayberry	Coro			2.	pate of DEATH MONTH 09, DAY	100/ YEAF	S. TIME OF OEATH		
		4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	UNDER 1 YEAR	IC IMPER 24 HDR 7	DATE OF BIRTH	0.00	3.45p M		
		216-01-0810	1X M 2 □ F 8		NTHS DAYS	HOURS MIN. ALL	gust 5, 191	1 Ba.	Itimore, MD		
	œ	98. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									
	СТОВ	RESIDENCE OF DECEDENT									
	DIRE	Maryland Balt	imore	100	Murdo				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	A	10a. STREET AND NUMBER				ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
	FUNER	221 Murdock Road	12. WAS DECEDENT EVER IN	II C ADMED		21212		U.S.			
	B⊀	1 Never Married 2 Married 3 Wildowed 4 Otvorced	FORCES? 1 YES	2 XNO	If yes, sp.	ENDENT OF HISPANIC Conclty Cuban, Maxican, Po 2 NO Specify:	PHIGIN? (Specify Yes o uarto filcan, etc.)	181	ACE — American Indian, ack, Whita, etc. Poecify: White		
	COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	completed)	18a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo	DN st of working	16b. KIND OF BUSIN				
	4PLE	12 years	College (1-4 or 5+)	Food Bro			Produce				
at once	CON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (		urname)			
	BE.	Jesse P. Gore	<del></del>	195 MAILING AD	DPESS /Street a	Lillie	Eierhart	Ctata Via Cadal			
e notified	5	Ruth K. Gore	(wife)			l. Baltimo					
examiner must be		20s. METHOD OF DISPOSITION  1									
Iner n		4 Donation & Other (Specify)  21. Sking one or young nat. serry of	Marie San San San San San San San San San San	eermiouric		DIY MAICH			Maryland		
exam		Thomas Joseph							yland 21212		
medical o		itory arreat,	Approximata interval Batween								
the the		iMMEDIATE CAUSE (Final disease or condition resulting in death)	Onset and De Course de la Cours								
atic eve	z		I Schemic Cardio mes a partie								
trauma	ATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):		0 0	g				
or other traumatic event,	IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
7, 0r 0	CERTIFICATION	resulting in daath) LAST	1								
In me	님	PART II. Other significant condition	forct	ut not reaulting in t	ha underlying	cauae givan in Par	1. 24a. WAS AN AL		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
shows any	MEDIC	Multina	rare! L	eme a 7	1 4		1 - YES 2 8	NO	COMPLETION OF CAUSE OF DEATH?		
PERSONAL PROPERTY.	ž.								1   YES 2   10		
F	Ē	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE DF DEATH (Check of					
-5	£	1 VES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outp  28s. DATE OF INJURY	28b. TIME O	F 26c. INJ	o 5 ☑ Rasidenca 8 ☐ URY AT 28	Other (Specify)	JURY OCCURED			
S marke	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 🗆 1	RK? 'ES 2 NO					
28 Is	TED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, stc. (Spec	— At home, tarm, stra-	et, factory, office	281	c. LOCATION (Street and City or Town, State)	d Number or Run	al Route Number,		
De nied within 72 hours IMPORTANT: If Item	COMPLETE		CIAN: To the best of my knowl								
TANT		29th SIGNAS ORD 20th OF CERTIFIEE	R: On the baels of examination	and/or investigation, i	n my opinion, d				4		
MPOR	BE C	#12				D 3389	7	► 3/	Day, Year)		
	2	30. NAME AND ADDRESS OF PERSON WHO Robert Vissing M.	D 4300 N C	harles St	nt) Ro1+∹	more MD	21210	1	11		
P				TURE ST.	Daiti	more, PID	21218				
		MAR T 01994	of which Bandes	- Kudall							



1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

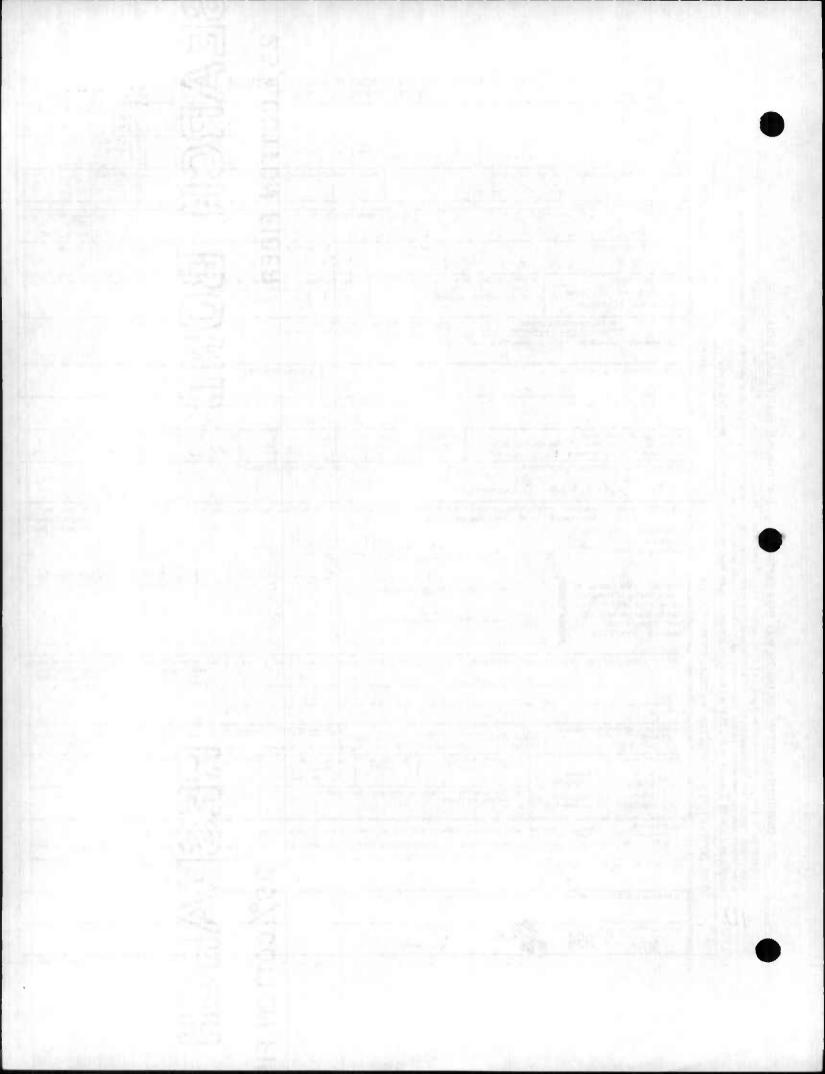
1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR GRANT NULIA 530 2 8. AGE (In yrs. lest birthday) A SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. -5020 1 M 2 MF 5 Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Home HOSPITAL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Sa 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1441 21239 Winston Aue use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried 1 YES 2 NO Specify: BY Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) 10 College (1-4 or 5+) 74 funeral director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, EZICKEI Ħ Smalls BE notified 194 INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of 2 Winston pe 20e, METHOD OF DISPOSITION
1 D. Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITIO OATE 20c, LOCATION -- City or Town, must 4 Donation 8 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21215 are 1207 200 20 Ave Daltond attending physician and completely filled in by the intell Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Betw Onset and Death IMMEDIATE CAUSE (Final Acute Myocardial the Intarction requires that the death certificate be executed within 24 disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): CORONARY ARTERY ISEASE ASCVI traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other signed by the attending phy Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL HYPERTENSION shows any 1 YES 2 NO OF DEATH? t YES 2 NO this certificate has been with the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA OR ATTENDING PHYSICIAN: the S 4 - Nursing Home 5 - Residence 6 - Other (Specify) 6 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 286. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED is marked. 1 Natural м 1 YES 2 NO BY death 2 Accident **OIRECTOR: After** 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED after 28 4 Homicide hours ; item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL O
be filed within 72 ho
IMPORTANT: If its 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurs of the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1 - 26594 (South are 2/17/94 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MAR TO 1994 "MATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

0712

REG NO



TO THE HOSPITAL OR TOWNING PACICIAN: The law requires that the death certificate be executed within monours after death. Page 6 may be retained by the hospital or attending physician.

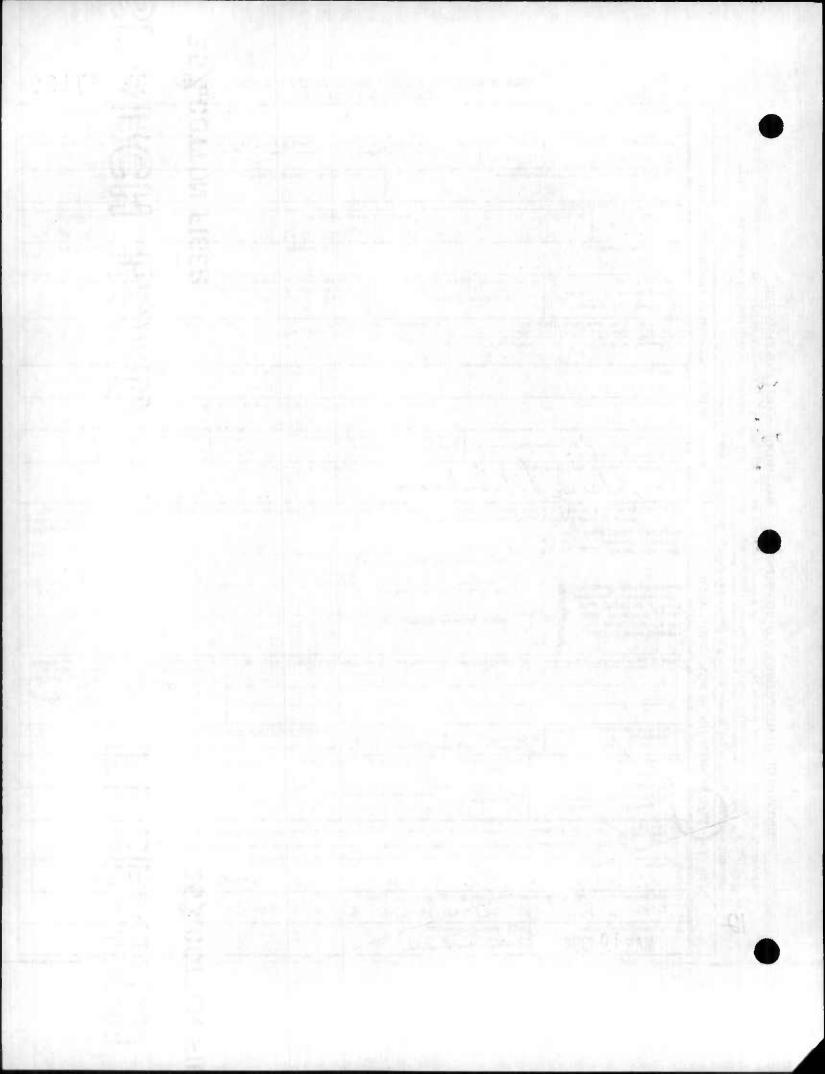
TO THE FUNEBAL DIRECTOR CONTROL OF THE ACT OF

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENI REG. NO.	941	07137
1. DECEDENT'S NAME (First, Mi	Joseph	W. Garbei	Jr.	2. DATE OF DEATH MONTH DA OS		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 715 14 3929			F UNDER 1 YEAR F UNDER 24 HRS WONTHS DAYS HOURS MIN.	(Month, Day, Year)	Count	**
90. FACILITY NAME (If not institu			9b. CITY, TOWN OR LOCATION OF	10/24/190 DEATH	9c. COUNTY OF D	nsylvania EATH
109 Wallac			Baltimore		Anne Ar	rundel
109 Wallace RESIDENCE OF DECEL 100. STATE 10 Maryland	DENT b. COUNTY	Inc CITY	TOWN OR LOCATION			10d. INSIDE CITY
Maryland	Anne Arundel		ltimore			LIMITS?
			10f. ZIP CODE		10g. CITIZEN OF Y	- 77
109 Wallace	e Avenue		21225		U.S.	Α.
100. STREET AND NUMBER 109 Wallace 11. MARITAL STATUS 1 Never Married 2 Ma 3 Wildowed 4 Divorce	IF VES GIVE WAR OR	S 2 XNO	13. WAS DECENDENT OF HISI If yea, specify Cuben, Mex 1 — YES 2 NO Spe	ican, Puerto Rican, etc.)	or No- 14. RACI Black Speci	E — American Indian, k, White, atc. ily: White
15. DECEDE	NT'S EDUCATION thest grade completed)	16e. DECEDENT'S U	SUAL OCCUPATION	16b. KINO OF BUS	INESS/INDUSTRY	WIIIce
Elementary/Secondary (0-12)			ork done during most of working retired.)			
8th Grade		Sheet			Railroad	i
	Joseph W. Ga	rhor Cr	18. MOTHER'S	NAME (First, Middle, Maiden S	Surname)	
19e. INFORMANT'S NAME (Types			ADDRESS (Street end Number or Rui	10 - 4 - 5	Dec. 75 0.11	
Barbara Gar	*		llace Avenue	Baltimore		nd 21225
20e. METHOD OF DISPOSITION	2	0b. PLACE AND DATE OF			CATION — City or To	
1 S Burial 2 Cremation 4 Donation 5 Other (Sp	3 Removal from State C	emetery, crematory or oth		3/12 Ba		
21. SIGNATURE OF FUNERAL S		1102) 0200	22. NAME AND ADDRESS OF	FACILITY		
1 Home	72 2		George J. Go 4001 Ritchie			
Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	2. Denter	A CONSEQUENCE OF	liles per	lemion		18 yes
PART II. Other algnificant	conditiona contributing to death	but not resulting in	the underlying cause given	In Part I. 24a, WAS AN PERFOR	MED3	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO M EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:		26. PLACE OF DEATH	Check only one)		
1 TYES 2 NO	1   Inpatient 2   ER/O		OTHER:  4  Nursing Home 5 Residence	e 6 🗆 Other (Specify)		
III 1 3.4 Neturni 5   Pari	stigation	) INJU	M 1 YES 2 NO	2ad. DESCRIBE HOW IN	JURY OCCURED	
Accident investigation  3 Sulcide 8 Could not be determined determined by the condition of the determined determined determined by the condition of the conditi						
000)	NG PHYSICIAN: To the best of my kno. EXAMINER: On the basic of examinat					) end manner es stated.
296. SIGNATURE AND TITLE OF	Berdim	m 10,	Do b	UMBER 75/	≥ 3 - 9	(Month, Day, Year)
1	666 HAM	MOUNT C	Lane S	altune 1	m/ 21	1225
MAR 10	1994 Juli Santa	anature in fundal				

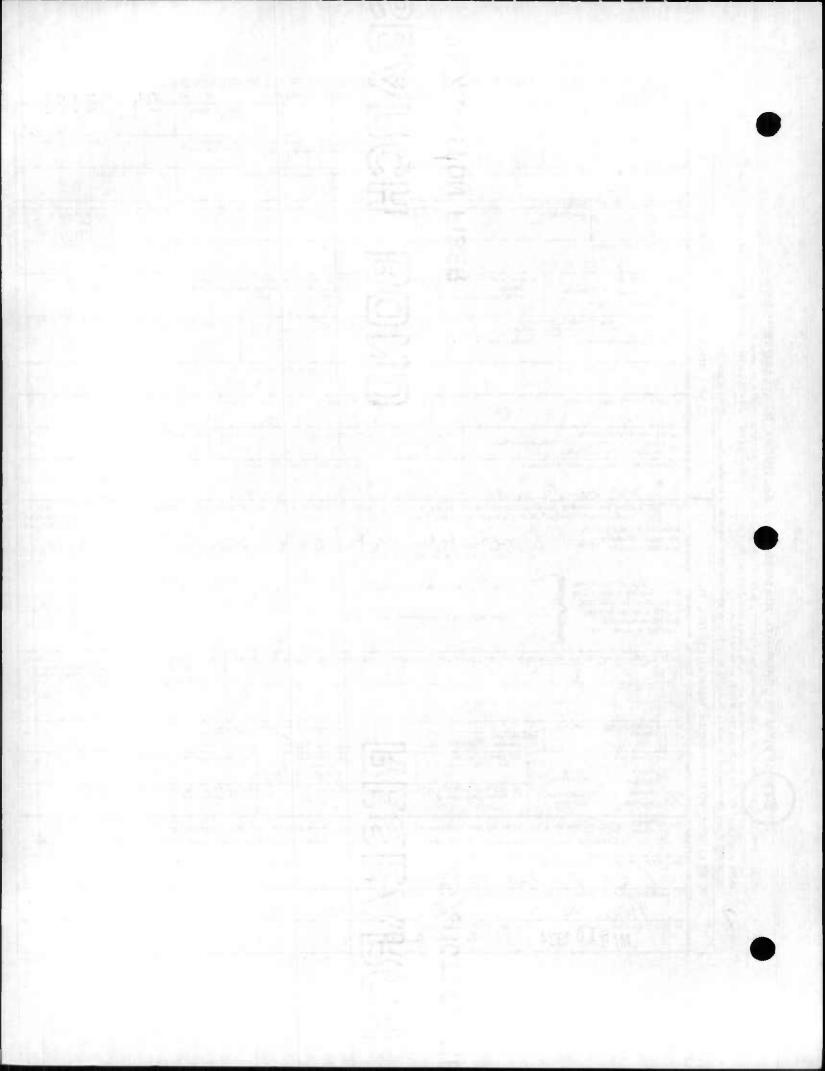
0
9
8
200
-
×
0
BOX 68760
P.0
0
_
Ś
RECORDS
~
<u></u>
×
$\sim$
W
U.
4
ITAL
_
>
L
0
9
Z
0
=
SION

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MARY CHRISTY GORDON A SOCIAL SECURITY NUMBER 6 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYE 1 M 2 V 074-32-3174 62 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH

3. TIME OF DEATH MARCH 2 1994 11:45 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) FEB 13 1932 Missouri Pages 1, 2, 3 should 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDEN 10e. STATEWash. 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY D.C. Washington D. C. 1XX YES 2 NO permit. 10a. STREET AND NUMBER FUNERAL 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1768 32nd St., N.W. for use as the bunial-transit 20007 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO after death. Page 6 may be tatained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced white 15. DECEDENT'S EDUCATION (Specify only highest grade complete COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) Education School Teacher funeral director, page 5 should be detached 6 once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 75 Lindell Gordon BE Maud Streett 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Marion Guggenheim 4343 Cathedral Ave. N.W. Washington, D.C. 20016 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must 3/04 The Green Mount Cemetery Baltimore. examiner Gary L. Kaufman Funeral Homes 0 5695 Main St., Elkridge, Md. ysician and completely filled in by the prior to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batwo Onset and Death IMMEDIATE CAUSE (Fine) the disease or condition resulting in death) Cerebral Edema 10 days executed within event. DUE TO (OR AS A CONSEQUENCE OF): Oliablashma Mulhtome traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING attending physician CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): signed by the attending ph Health and Mental Hygiene that initiated events resulting in death) LAST 10 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY PERFORMED? MEDICAL ЭШУ YES AND Shows 1 TYES 2 NO bept. of H PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem this certificate h HOSPITAL: OTHER: 1 TES 2 NO OR ATTENDING PHYSICIAN: 1 Inpatient 2 - ER/Outpatient 3 - DOA 4 - N g Home 5 🗆 Residence 6 🗀 Other (Specify) 0 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending M 1 YES 2 NO DIRECTOR: After the hours after death in 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) GSE. 6 Could not be determined after 4 Homicide . CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and menner as attated. THE HOSPITAL O THE FUNERAL D filed within 72 ho FUNERAL (
within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7 CON 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 3/2/94 MP D44682 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WILL JAM WELFLOOD. Mouto HOSPINGOHOLOGY CM: HOPKINS 31. DATE FILEO (Month, Day, Year)
MAR 1 0 1994 732 REGISTRAR'S SIGNATURE Tel Denien Rudgel



	1 - STATE REGISTRAR	STATE OF M			MENT OF I	HEALTH AND	MENTAL	HYGIENE REG. NO.	1. 07100
	DECEDENT'S NAME (First, Middle, Last)     SOCIAL SECURITY NUMBER	Evelyn					2. DATE OF MONTH	10	YEAR 1. THE OF DEATH
	233 32 9057	5. SEX 1  M 2  F	6. AGE (In yrs. les	73 /RS. H	F UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	02/1	0/1921	a. BIRTHPLACE (State or Forei Country) West Virgin
CTOR	90. FACILITY NAME (If not institution, give 218 W. Riverv: RESIDENCE OF DECEDENT				Baltin	MOLE	EATH		ne Arundel
DIREC	10a. STATE 10b. COUNT	ne Arunde	1		timore	TION			10d, INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ N
ERAL	100. STREET AND NUMBER 218 W. Rivervie	ew Road	66		10	7. ZIP CODE 21225		1000	J.S.A.
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 VI	NO NED	It yes, sp		an, Puerlo Ric	(Specify Yes or No-	14. RACE — American Indian, Black, White, etc. Specify:
PLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		(G	CEDENT'S US live kind of wor Do NOT use in	SUAL OCCUPATION do do do do do do do do do do do do do	ON ost of working		IOME Maket	
E COM	17. FATHER'S NAME (First, Middle, Last)	loyd My	yers			7 7 7	AME (First, Mic	dde, Melden Surname)	21
TO B	190. INFORMANT'S NAME (Type/Print) Hubert Hatfiel		19				Route Number	City or Town, State, Zi	
	20e, METHOD OF DISPOSITION  1 Burlel 2 Cremetton 3 Ren 4 Donatton 6 Other (Specify)	noval from State	cemetary, cre	matory or othe		ame of Cial Park	DATE	20c. LOCATION —	ore, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	130111	sk;	Georg	e J. Gon	ce Fur	neral Home	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSECTION AS A CONSE	QUENCE OF):	ctal	Caren	ome		gyrs.
MEDICAL	PART II. Other algorificent condition	na contributing to	deeth but not r	resulting in	the underlyin	g cause given in		49. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO	HOSPITAL:	ER/Outpatient 3		THER:	LACE OF DEATH (C		Specify)	
ву РНУ	27. MANNER OF DEATH  1	28a. DATE OF (Month, De	INJURY ay, Year)	28b. TIME (	OF 28c. IN.	JURY AT ORK? YES 2 NO	_	RIBE HOW INJURY OC	CCURED
G	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	ome, farm, atra	et, factory, offic	00	281. LOCAT City or	ION (Street end Numbe Town, State)	or or Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS								nted. the csuse(s) end manner ee stat
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Sue_			-	29c. LICENSE NU	MBER 282	29d, DA1	TE SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WI	Berle	ran 1	M 27) (Type, P	ine) Har	bor Ho	se, ta	1 Cente	
	MAR 10 199	4 32. BIRGISTRA	r's signarune	white	200				



pino

FOR STATE REGISTRAR

RUSSELL

4. SOCIAL SECURITY NUMBER

216-10-2728

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

1 📉 M 2 🗌 F

-
~
5
2
Ö
Z
0
S
2

3 shouk		9e. FACILITY NAME (# not	institution, give s	reet end number)			9b. CITY	, TOWN	OR LOCATION OF DE	ATH		9c. COUNTY	OF OEAT	Н
2,	TOR	NORTH ARUNDEL HOSPITAL ASSOCIATION					GLEN BURNIE				A.A. COUNTY			
. Pages 1,	DIRECTOR	10a. STATE Maryland	10b. COUNTY	Arundel		Gler		rnie						d. INSIDE CITY LIMITS?  YES 2 X NO
emi.		10e. STREET AND NUMBER	R					10	1. ZIP CODE			10g. CITIZEI		T COUNTRY?
risit p	H H	6422 Lincol	n Ct.						21061			Unite	ed St	ates
r attending physician. use as the burial-transit permit. Pages	BY FUNERAL	11, MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Div		12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rES 2 📆	RMED NO		If yes, sp	CENDENT OF HISPAN secify Cuben, Mexical 3 2 NO Specify	n, Puerto F		or No.— 14	Black, W Specify:	American Indian, fhite, etc.
attending se as the		15. DE	CEDENT'S EDU	CATION	16e. DE	CEOENT'S	USUAL O	CCUPATIO	ON	16h	KIND OF BUS	I SINESS/INOUS		White
or at	E	(Specify or Elementary/Secondary	nly highest grade	completed) College (1-4 or 5 +)	(G		rork done		ost of working					
the hospital of detached for once.	COMPLETED	12	,		Fac	ctory	Wor	ker		A	ssemb1	y Line	Wor	k
detach	ဂ္ဂ်	17. FATHER'S NAME (First,							16. MOTHER'S NA	ME (First, A	Middle, Malden	Surname)		
8 % N	l w l	William Ho	od						Carrie :	Lown	an			
5 should notified	10 B	19e. INFORMANT'S NAME			19	b. MAILINO	ADDRES	S (Street e	and Number or Rural F	Route Numb	ber, City or Tow	n, Stele, Zip Co	ide)	
	F	Alice L. L	emmon			6422	Lin	coln	Ct., G1	en B	urnie,	Mary1	and	21061
> @ -		20e. METHOD OF DISPOSI 1 ☑ Burlel 2 ☐ Cremet		oval from State	20b. PLACE	AND DATEO	F DISPOS	SITION /No		OAT	_	CATION — CIT		
Page 6 mar il director, p		4 Donation 5 Othe	r (Specify)		Cedar	Hill	Ce	mete	ry 3/10/		Bro	oklyn	Pk,	Maryland
death. Pag turneral di. I. examiner		21. SIGNATURE OF FUNER	AL SERVICE DE	ENSEE			22. K	NAME AL	ey-Ruddio	CILITY	mora1	Homo		
death. e funera l. exami		153	Wa.	لاند			4	21 C	rain Hwy		F. Cla	n Burn	vi o	MD 2106
E PE		23. PART I. Enter the	diseesea, or o	omplications that cer	sed the de	eth. Do n								Approximate
D O E		shock, or IMMEDIATE CAUSE (F		List only one cause of				7						Onset end Des
ation,		disesse or condition_	-		Par	auto		her	ent fo	n Cu	<i>_</i>			i. ,
completely fill ial, cremation		resulting in death)		DUE TO (OR	AS A CONSE	DUENCE OF	):							Severel
be execute clan and cl for to buria	CERTIFICATION	Sequentially list condi if any, leeding to immo cause. Enter UNDERLY CAUSE (Disease or Inj	ediate riNG	OUE TO (OR	AS A CONSE	QUENCE OF	).							
anding Hygie	SERTIF	that initiated evente reaulting in death) LA	ST	DUE TO (OR	AS A CONSE	QUENCE OF	):							
the d Me		PART II. Other signific								Pert i.	24a. WAS AN			RE AUTOPSY FINDING
that ed b th ar	MEDICAL	Keral	. You h		d	euch	nh	ule	ما	_	PERFOR	S .	CC	ARLABLE PRIOR TO IMPLETION OF CAUSE FOEATH?
Hea W		Old	cut											YES 2 NO
been pt. of 3 sho	z l	Diab	etis	melitus										
critificate has b he State Dept.	HYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL						LACE OF OEATH (Che	ock only on	10)			
certificate the State the State	Sic	1 TES 2 NO		HOSPITAL:	Outpatient 3	DOA	OTHE 4 Nu		ne 5 🗆 Reeldence	6 🗌 Othe	r (Specify)			
Sic of	BY PH	27. MANNER OF DEATH  1 Natural 5 2 Accident	Pending Investigation	26s. DATE OF INJU (Month, Day, Ye	mal	26b. TIME INJ		WC	JURY AT ORK? YES 2 NO	28d. OES	CRIBE HOW I	NJURY OCCU	ŧΕΟ	
L OR ATTENDING PHYSIC L DIRECTOR: After this ce ! hours after death with th ! Item 28 is marked,		2 Devlates -	Could not be determined	26e. PLACE OF INJ building, atc. (	IURY — At ho (Specify)	ome, farm, s	treet, tac	tory, offic	ce ·		ATION (Street or Town, State)	and Number or	Rural Rout	e Number,
Z Z Z Z	COMPLETED			CIAN: To the best of my k										nd manner ee stated.
FUN With		296. SIGNATURE AND TITL			TTEN				29c. LICENSE NUN					onth, Day, Year)
TO THE HOSPI TO THE FUNER be filed within	TO BE	30. NAME AND ADDRESS (	OF PERSON WH	B	PHYST	CIAN	Print1		D-4	052	1	▶ 3	9 9	
10		MAHESH S. C						WAY.	SE/GLEN	BIIR	NTE. N	(ARYI.A)	ND 5.	1061
10		31. DATE FILED (Month Day	0 1994	224BEGISTDAD'S	SIGNATURE	ساسيا			, 22, 02211	2011		***** TUI	2	.001
		ZMM1/		10										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAYS

HOOD

6. AGE (In yrs. last birthday) F UNDER 1 YEAR

82

2. DATE OF OEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)
Aug. 4,

08

1911

02:55

Maryland

8. BIRTHPLACE (State or Foreign Country)

21061

Interval Between

Onset end Deeth

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?

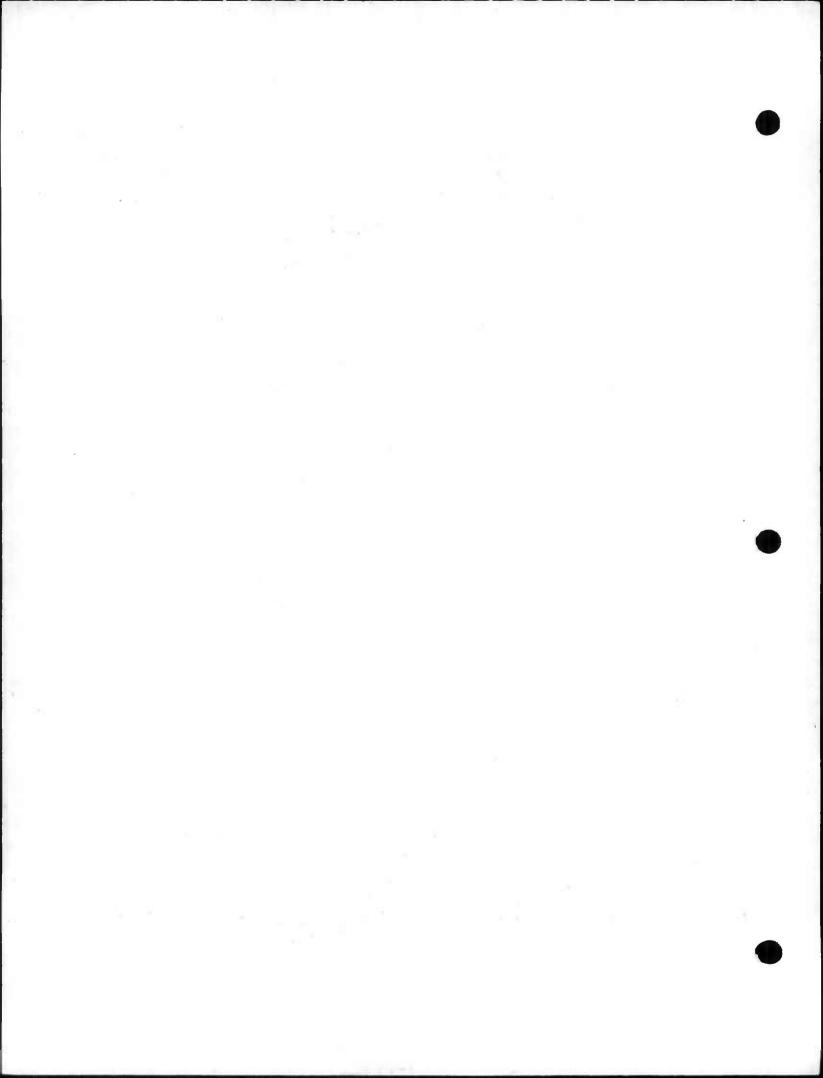
03

IF UNDER 24 HRS.

MIN.

HOURS

DHMH-16 Rev 1/89



020	- harden
IMORE, MARYLAND 21215-0020	The state of the s
D 21	andhal as
LAN	. Men ha
MARY	and the same of the
RE, A	and the
OW.	Dane &

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MAR 1 0 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 FEGISTRAM'S SIGNATURE

4. SOCIAL SECURITY NUMBER

161-09-2806

FRANK

MORRIS KOBY

8. AGE (In yrs. lest birthdey)

83

5. SEX

XXM 2 DF

00,	
76	٠
68760	
6	į
BOX	
P.0	
-	-
S	3
	d
Œ	
8	ì
S	B
BECORDS.	į
-1	1
<	ì
Ξ	Š
>	3
F	1
OF VITAL	Account to the last
	á
0	
SION	1

00	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH		
0	Montgomery General Hospital				Olney		Montgomery Co		
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y	ton CIT	TY, TOWN OR	LOCATION			10d, INSIDE CITY	
DIRECTOR		ward Count	1000		nland			LIMITS?	
	10e. STREET AND NUMBER	ward count	y	miga			I an a surray	1  YES 2	
¥	13043 St. Patrick's Court			10f. ZIP CODE				EN OF WHAT COUNTRY?	
븯				T =	2077		US	- 0 -	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR 1		ES 2 100 If yes, specify Cuban, Ma		res, specify Cuban, Maxica			14. RACE — American India Black, Whita, atc. Specify: Whit	
				ENT'S USUAL OCCUPATION 18b. Ind of work done during most of working			86. KIND OF BUSINESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8 +)	ille. Do NOT u	use retired.)					
릴	12th		self	emplo	oved/owne	r   Clark	svill	Le Auto Pa	
S	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden			
	George Koby				Aug	usta Kle	mm		
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	Street and Number or Rural I			Code)	
2	Ms. Sandra Ker	ndall						land 2102	
1	20a, METHOD OF DISPOSITION		b. PLACE AND DATE					ty or Town, State	
	1 M Burial 2 Cremation 3 Ran	novel from State Co.	metery, crematory or o	other place)					
	4 Donation 3 Other (Specify)	CENSEE /	st. Lou	is Ce	emetery	3+11-P4	Clark	svilla, N	
	1////	//1/			Slack Fund		0 D	λ	
	23 PART I. Enter the diseases, of	Ill	M0053						
<b>LIFICATION</b>	resulting in death)	DUE TO OR AS	A CONSEQUENCE O	OF):	Maria Maria	June			
TIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. COTOTAS  DUE TO (OR AS	A CONSEQUENCE O	to	any d	esu 1. O.		44	
DICAL CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. Over to (OR AS c. Due to (OR AS d. Status)	A CONSEQUENCE O	Ten	any de Solon River River Construction Constr		RMED?	AVAILABLE PRIOR	
MEDICAL	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS c. DUE TO (OR AS d. Status)	A CONSEQUENCE O	Ten	any & solo	PERFO	RMED?	AMAILABLE PRIOR COMPLETION OF C OF DEATH?	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions to the conditions of the condition	b. DUE TO (OR AS  a. DUE TO (OR AS  d. Status  d. Status  HOSPITAL:	A CONSEQUENCE OF A CONSEQUENCE OF POST OF THE POST OF	other:	26. PLACE OF DEATH (Ch	PERFO 1 YES:	RMED?	AMAILABLE PRIOR COMPLETION OF CO OF DEATH?	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions of the condition	b. DUE TO (OR AS  c. DUE TO FOR AS  d. STATE TO HOSPITAL: 1 1 Prinpatient 2 ER/Out	A CONSEQUENCE OF A CONS	OTHER:	26. PLACE OF DEATH (Ch	PERFO 1 YES : eck only one) 6 Other (Specify)	RMED?	1  YES 2  N	
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 YES 2 NO  27. MANNER OF-DEATH  1 Natural 5 Pending Investigation	b. DIJE TO (OR AS c. DUE TO (OR AS d. Scalar)  HOSPITAL: 1 Month, Dey, Year)	A CONSEQUENCE O	OTHER:  OTHER:  A   Nursing ME OF JURY M	26. PLACE OF DEATH (Ch. g Home 5   Residence Bc. INJURY AT WORK? 1   YES 2   NO	PERFO 1 YES :  eck only one) 6 Other (Specify) 28d. DESCRIBE HOW	RMED? 2 [] MO	AMALABLE PRIOR COMPLETION OF COMPLETION OF COP DEATH?  1  YES 2  P	
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  PART II. Other eignificant c	b. DIFE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS)  d. DUE TO (OR AS  d. DUE TO (OR AS)  d. DU	A CONSEQUENCE OF A CONS	OTHER:  OTHER:  A   Nursing ME OF JURY M	26. PLACE OF DEATH (Ch. g Home 5   Residence Bc. INJURY AT WORK? 1   YES 2   NO	PERFO 1 YES : eck only one) 6 Other (Specify)	RMED? 2 [] NO INJURY OCCL	AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2   URED	
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS)  d. DUE TO (OR AS  d. DUE TO (OR AS)	A CONSEQUENCE OF A CONS	OTHER: 4   Nursing ME OF JURY M street, factory	26. PLACE OF DEATH (Ch. g Home 5   Residence BC. INJURY AT WORK? 1   YES 2   NO y, office	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Street City or Town, State to the cause(a) and ma	INJURY OCCL and Number of	AWAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 U	
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	b. DIFE TO (OR AS c. DUE TO (OR AS d. DU	A CONSEQUENCE OF A CONS	OTHER: 4   Nursing ME OF JURY M  street, factory	26. PLACE OF DEATH (Ch. g Home 5   Residence BC. INJURY AT WORK? 1   YES 2   NO y, office	PERFO 1 YES:  ack only one) 6 Other (Specify) 28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State to the cause(a) and ma	INJURY OCCL and Number of	AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 URED  Or Rural Route Number,	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

REG. NO.

03-08-1994

04-12-1910

3. TIME OF DEATH

a

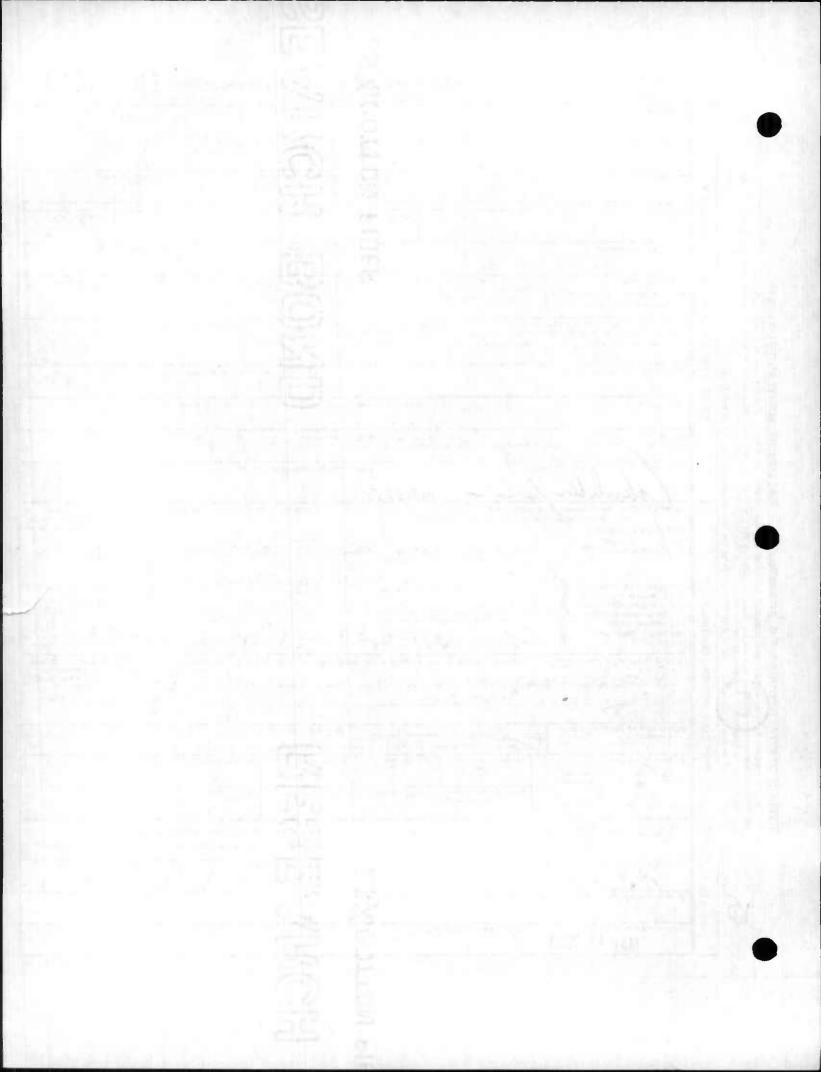
0625

8. BIRTHPLACE (State or Foreign Country)

Pennsylvania

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN THE TOWN THE ACAD CONTROL OF THE HOSPITAL OR ATTENDING PHYSICIAN THE TOWN THE TOWN THE FUNERAL DIRECTOR. After this certificate to the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the Same Days Health Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

PRDS, P.O. BOX 68760

DIVISION OF VI

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERT	IFICALE	OF DEA	HIL	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	uleck					2. DATE OF DEATH	Y 1 OOLL YE	3. TIME OF DEATH
			The state of the s			rial Gil 7,		4. W P	
	4. SOCIAL SECURITY NUMBER 212 03 2155		3 YR	MONTHS	DAYS HOURS	ER 24 HRS.	7. DATE OF BIRTH July 21 Year)	920	BIRTHPLACE (State or Foreign Naryland
	9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY,	TOWN OR LOCA			9c. COUNTY	
8	318 Maple Ave			Es	sex		Baltimore		
DIRECTOR	RESIDENCE OF DECEDENT								
1 2	10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION ESSEX								10d. INSIDE CITY LIMITS?
		altimore	<u>P</u>	ssex			1 TES 2 NO		
FUNERAL	100. STREET AND NUMBER  318 Maple A		10f. ZIP CODE 21221				10g. CITIZEN OF WHAT COUNTRY?		
N	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. V	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year				
BY F	1 Never Merried 2 Merried  Widowed 4 Divorced	24 NO DATES	O II yes, specify Cuben, Mexicen, Puerto Ricen, etc.)  1 YES C NO Specify:			n, Puerto Ricen, etc.)	Black, White, etc.  Specify: White		
G	15. DECEDENT'S EDU	ICATION	16a. DECEDEN	T'S USUAL OC	CUPATION		16b. KIND OF BUS	SINESS/INDUST	RY
H.	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5+)	(Give kind life. Do NO	T use retired.)	uring most of wor	king	1,100,000,000,000		
COMPLETED	9			Hous	wife		- X	Home	
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MC		WE (First, Middle, Maiden		
BE (		zywara				Soph			
10	190. INFORMANT'S NAME (Type/Print)  Carl Kuleck	Son					noute Number, City or Town		
	20a, METHOD OF DISPOSITION 1 19 Burtal 2 Cremetion 3 Rem	noval from State Ce	b. PLACE AND DA	TE OF DISPOSI	TION (Name of		DATE 20c LO	CATION - Chu	
1 4	4 Denetion 5 Other (Specify)		Out I		AME AND ADDE			Darchik	ore co., MD
	K////	3 molen					uneral Home	e PA	
1	HEROSET !	my frage		14	07 East	ern	Arma Ralt	MD	21221
	23. PART I. Enter the diseases, or shock, or heart allust	camplications that couse List only one couse on	d the deeth. D	o not enter	the mode of d	lying, such	as cerdiac or respi	ratory arrest,	Approximate
/	IMMEDIATE CAUSE (Final				,				Interval Between Onset and Death
	disease or condition	e. MYOCAR DUE TO GOR AS ARTERIOS	DIAL	INFA	RCTIO	N			
		DUE TO (OR AS	A CONSEQUENCE	DF):	400		112		
N N	Sequentielly liet conditions,		A CONSEQUENCE		AKUIO	MSCU	CAR OI.	EASE	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS	A CONSEQUENCE	: O+):					i
[ 은 ]	CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENC	OF):					
E	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST								
	d.								
EDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i.  248. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 PERFORMED?							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
8								COMPLETION OF CAUSE OF DEATH?	
Æ	RENAL FA	ILURE							1 - YES 2 - NO
Z									
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 28. PLACE OF DEATH (Check only one)								
XS	1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
표	27. MANNER OF DEATH  28e. DATE OF INJURY  (Month, Day, Year)  28b. TIME DF  1 Natural 5 Pending  28c. INJURY AT  WORK?  28d. DESCRIBE HOW INJURY OCCURED								
B	1 Ly Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO								
TED	3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, streel, lectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, streel, lectory, office City or Town, Stete) 28i. LOCATION (Street end Number or Rural Route Number, City or Town, State)								
E	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	elados dosth acc	some distribution of			W. 1255. N. 62		
COMPL		ER: On the basis of examinati							use(s) and menner as stated,
l w l	29b. SIGHATURE AND TITLE OF CERTIFIE	R /	. 1		29c, Lt	CENSE NUM	BER	29d. DATE SIG	ONED (Mgnth, Day, Year)
6 8	xamaman an	n, yn	V.D.		$\mathcal{L}_{\mathcal{L}}$	1502	-2	▶ 3/	10/94
	30 MAME AND ADDRESS OF PERSON WE	O'COMPLETED CAUSE OF D	EATH (ITEM 27)	ype, Print) 4LT/	WORE	, ,	MD 21	1237	/ *
	31. DATE FILED (Month, Day, Year)	BEGISTEAR'S SIG	NATUE		,,,,,,				
	MAR 1 0 1994	our Dande	· hans						
_									

mien I suison

Z12 07 Z155 x 73

awa steak are

TIR LANGE AVE.

no o o

ora. \_slive.uot

ATEMPT - ARXEL

151° vity word infrance, Fardand 2222

Culc lawn Genetery 3/12/96 callingre Co., Mil

Erusdalaski Yumaral Sche EA 1407 Lastern Age. Ealto. NJ 21221

Isaalwelck aidge2

THE TOTAL

terives osei, is visit

1.53

U ... 3 \*

etonijla xemai

nding physician. is the burlal-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

aften	use as		
ital or	d for		
hosp	tacher	69	
y the	oe de	at on	
peu p	pino	pe	
retai	5 sh	not m	
ay be	page	9	
E 9	ector,	III C	
Pag.	al din	ner	
death	funer	жаш	
after	by the	Ca	
SUDO	d in b	med	
1 24	y fille	the state of	
withir	pletel	ent,	
uted	d con	5	
900	in an	nma	
ate b	hysicia	5	
ertific	ing pi	otte	
eath c	attend	0	
the d	the s	=	
that	ed by	am	
prices	n Sign	SW0	
×	s beer	3 8	
7	rte ha	em 2	
d	prinites the Sp	-	
S.	his co	Ked,	
ING P	Witter 1	mar	
TEND	DR: A	80	
TO THE HOSPITAL OR ATTENDING PROFILED TO THE ACCOUNT OF THE HOSPITAL OF ACTION AND THE HOSPITAL OF ACT	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as he flud within 70 hours after death with the State had not health and Mental Housen man to hard commission or removal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TAL	ML D	# #	
HOSPI	UNEF	ANT	
THE	THE F	PORT	
2	22	3	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCIAL SECURITY NUMBER  2. SEX  1. M 2 F  8. AGE (In yrs. lest birthday)  90. FACILITY NAME (If not institution, give street and number)  91. CITY, TOWN OR LOCATION  PESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. CITY, TOWN OR LOCATION  MIDDLE 100. COUNTY  100. CITY, TOWN OR LOCATION  MIDDLE 24 HMS.  7. DATE OF BIRTH (Morth, Day, Vest)  MMN. June 24 1912  8. BIRTHPLACE (Steet Country)  Marylar  92. COUNTY OF DEATH  PESIDENCE OF DECEDENT  100. CITY, TOWN OR LOCATION  MIDDLE 24 HMS.  100. CITY HAVE  MIDDLE 24 HMS.  100. CITY HAVE  MIDLE 24 HMS.	11:55T to or Foreign						
Raymond Wilson KIRK  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. lest birthday)  7. DATE OF BIRTH (Month, Day, Year)  99. FACILITY NAME (if not institution, give street and number)  81  YRS. WONTHS DAYS HOURS MIN.  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH	or Foreign						
4. SOCIAL SECURITY NUMBER  5. SEX  1 M 2 F 81  90. FACILITY NAME (If not institution, give street and number)  90. FACILITY NAME (If not institution, give street and number)  91. CITY, TOWN OR LOCATION  100. STATE  100. COUNTY  100. STREET AND NUMBER  101. STREET AND NUMBER  102. STREET AND NUMBER  103. STREET AND NUMBER  104. STREET AND NUMBER  105. STREET AND NUMBER  106. CITY, TOWN OR LOCATION  107. ZIP CODE  108. STREET FAIR NUMBER  109. CITIZEN OF WHAT COUNTY  109. CITIZEN OF WHAT COUNTY	or Foreign						
219 03 2693 1 M 2 F 81 YRS. June 24 1912 Marylar  90. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH  Franklin Sq. Hospital Rossville Baltimore Col  100. STATE 10b. COUNTY Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE LIMITS 1 YES  100. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTY 109. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTY 109. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTY 109. CITIZEN OF WHAT COUNTY 109. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTY 109. CITIZEN OF WHAT COUNTY 109. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTY 109. CITIZEN OF WHAT CO							
Franklin So. Hospital Rossville Baltimore Co.  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. CITY Middle River 100. STREET AND NUMBER 100. STREET AND	ınty						
100. STREET AND NUMBER  100. STREET AND NUMBER  100. CITY, TOWN OR LOCATION Middle River  100. STREET AND NUMBER  100. STREET AND NUMBER  100. STREET AND NUMBER	inty						
MB Reltimore Middle River Limits  100. STREET AND NUMBER  101. ZIP CODE 109. CITIZEN OF WHAT COUNT  107. ZIP CODE 109. CITIZEN OF WHAT COUNT  108. STREET AND NUMBER							
	87						
	10g. CITIZEN OF WHAT COUNTRY?						
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify: Was or No- lif yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES, GIVE WINTOR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- lif yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: White, etc.							
15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							
Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use mitted) life. Do NOT use mitted)	State Government						
17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Meiden Surname)							
Unknown							
19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Edna Mae Kirk, Wife 22 Walkway Court Balto. MD 21220							
206. METHOD OF DISPOSITION 120 Burdal 2 Cremation 3 Removal from State 20b. PLACE AND DATE DISPOSITION (Name of semicles) Cremation 3 Removal from State 20b. PLACE AND DATE DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20c. LOCATION — City or							
disease or condition resulting in death)  a. Ischemia Cardiomyopathy  DUE TO (OR AS A CONSEQUENCE OF):  Heart Failure  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):							
resulting in death) LAST d							
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2	PRIOR TO ON OF CAUSE						
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
EXAMINER? HOSPITAL: OTHER:							
27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28d. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED (Month, Day, Year)							
2 Accident Investigation 3 Suicide 6 Could not be determined determined   4 Homicide   4 Homicide   5 Suicide   5 Suicide   5 Could not be determined   6 Could not be determined   7 Suicide   7 Suicide   7 Suicide   8 Suicide   8 Could not be determined   8 Suicide   9							
29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner.							
1)							
Luman Pares Della							
Y. Partie							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Kumar Dalla 9000 Franklin Square Drive Baltimore Maryland 21237							
JO. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							

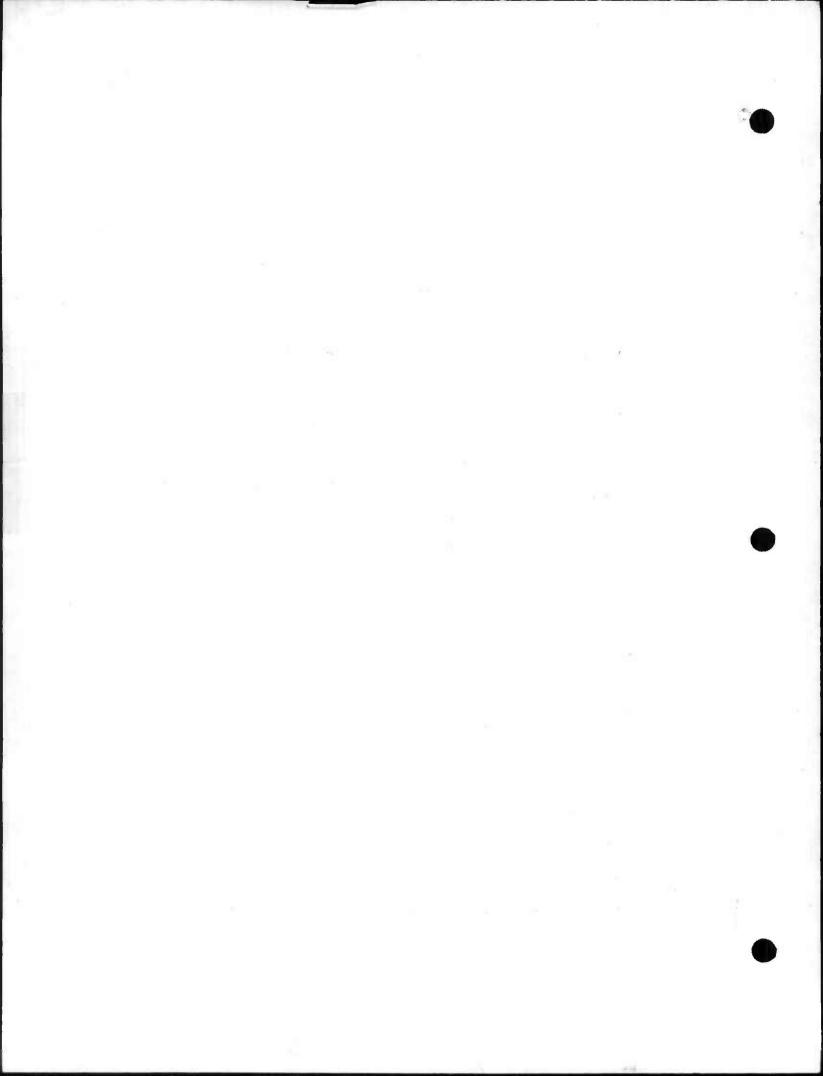
219 03 2693 8 83 Rossville is iono .co at hard scolifia un Middle Myar USA 21220 Jour Le ACC . edim Lesurance Adjuster State Coverament 110 ...... מיים מ idna Nam Mirk, Wife 22 Wallougy Court Balto., 10 21220 Holly Hill Memorial Usarians 3/12/90 Esitimora Co., Proceedings of the Page 14

1207 Martern Ave. Faltimore, VD 71221

ITEMS: 23 PART I, 27, PER MEO FILM G-709 3/24/94 t.t

94 07144

		REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO.				
		1. DECEDENT'S NAME (First, Middle, L. DARNELL L.	KING	_				2. DATE OF MONTH	OF DEATH DA	<b>y</b> 9 <sup>½</sup>	EAR	TIME OF DEATH 3:31 P	)
permit. Pages 1, 2, 3 should		4. SOCIAL SECURITY NUMBER 220-86-1581	5. SEX 6.	AGE (In yrs	s. last birthday) YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ( (Month, 9-1	9-1972	8.	Country) ME	ACE (State or Foreig	n
		9e. FACILITY NAME (If not institution,	give street and number)			96, CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEAT	н	
	TOR	UNIVERSITY HOSPITAL E.R. BALTIMORE CITY RESIDENCE OF DECEDENT											
	DIRECTOR	MD 10a. STATE 10b. CO	UNTY		_	y, town or loca ALTO	TION					d, INSIDE CITY LIMITS? XYES 2 NO	,
	AL	10e. STREET AND NUMBER				10	f. ZIP CODE			109. CITIZEI	OF WHA	T COUNTRY?	
. usit	#	901 COOKS L					2122	9	1966	Ţ	J.S.	Α.	
BALTIMORE, MARYLAND 21215-0020  strong death. Page 6 may be retained by the hospital or attending physician.  the funeral director, page 5 should be detached for use as the bunial-transit val.  il examiner must be notified at once.	BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married 3 Widowed 4 Divorced	VER IN U.S YES 2, OR DATES	V Mo	If yes, sp	CENDENT OF HISPA Decity Cuban, Maxico EXENO Specia	an, Puerto R			. RACE Black, W	American Indian, mita, stc.	Ĭ,	
215-00 attending	입	15. DECEDENT'S (Specify only highest		16a	DECEDENT'S	USUAL OCCUPATI	ON of working	16b.	KIND OF BUS	INESS/INDUS			
ND 212- hospital or att ached for use	COMPLETED	Elementary/Secondary (0-12) 12TH	College (1-4 or 5+)		life. Do NOT u	LF-EMPI			CLOTH	ING	STO	RE	
AND the hospit detached once.	No.	17. FATNER'S NAME (First, Middle, Las	()				18. MOTNER'S NA					112	
YL.	ВС	WILLIAM	GOODE				MYRT	L.E.	KING				
MAR retained to 5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print) MYRTLE KT					ANE BA	Route Numb	er, City or Town	n, State, Zip Co	ode)		
may be or, page		20s. METHOD OF DISPOSITION	-	20h DI 4		OF DISPOSITION /N		DATE	-	ATION — CIN	or Town	Ctate	_
ALTIMORE, death. Page 6 may be funeral director, page i.		1 Specific 2 Cremetion 3 4 Donation 5 Other (Specify)				EMORIAL		3129		NDALI			
TIP Fraid oral d		21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	,	)		ND ADDRESS OF FA					4.1	
BALTIMO after death. Page 6 y the funeral directo noval. cal examiner mu		Porti	a Coro	M			CH F/H-I					AVE	
in b		23. PART I. Enter the diseases, shock, or heart fall	, or complications that ca ure. List only one cause	oneach	e desth. Do i line.	not enter the me	ode of dying, suc	ch ss csrd	lsc or respir	ratory arres	t,	Approximate interval Betw	
		IMMEDIATE CAUSE (Final disease or condition				•						Onset and D	ont
with with pletel cremit		reaulting in death)	a. CARDIAC ARE		NSEQUENCE O	F): 1 /							
68 ecute and c buria	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	F):										
.O. BOX certificate be ex ding physician a tygiene prior to	길	CAUSE (Disease or Injury that initiated events	c. DUE TO (OR	AS A COI	NSEQUENCE O	F):						-	
O H Selection	ERTI	resulting in death) LAST	d									ļ 	
L 5 7 7 5		PART ii. Other significant cond	iltiona contributing to de	ath but n	not reaulting	in the underlyin	g cause given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDI AILABLE PRIOR TO	INGS
ECOR quires that signed by Health and	EDICAL							_	YES 2	□ NO	00	MPLETION OF CAUSE DEATH?	SE
REQUIRED SINGS	Σ							_			11	YES 2 NO	
law law bept 23	AN	25. WAS CASE REFERRED TO MEDIC	At I			26.0	ACE OF DEATH (C)		-1				_
VIT/ IAN: The rifficate ne State or Item	PHYSICIAN:	EXAMINER?  XYES 2 NO	HOSPITAL:	9/Outpatler	nt 3 🗆 DOA	OTHER:	ne 5 Residence						
ON OF ING PHYSIC witer this celeath with the		27. MANNER OF DEATN  1 (()(Netural 5 Pending Investigat	28e. DATE OF INJ (Month, Day, )	IURY Year)	28b. TIN	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞ	CRIBE HOW IP	JURY OCCUP	PED		
TISIC TTEND TTOR: A after d	ETED BY	2 Accident Investigat 3 Suicide 6 Could no 4 Nomicide determine	28e. PLACE OF IN building, stc.	iJURY — II . (Specify)	At home, farm,	street, factory, offic	De .	28t. LOCA City o	ATION (Street a or Town, State)	nd Number or	Rural Rout	e Number,	
	APLE		PNYSICIAN: To the best of my										
HOSPITAL FUNERAL within 72 t	COMPL	2 X MEDICAL EXA	AMINER: On the basis of axam	ination and	d/or investigation	on, in my opinion,	death occured at the	time, data	and place, and	d due to the c	suse(s) si	id manner ea state	rd.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: It	BE	2004 SIGNATURE AND TITLE OF CER	TIFIER orl	2/	NO		O.C.M.E					onth, Day, Year) , 1994	7
F F Z =	10	30. WAME AND ADDRESS OF PERSO	N WNO COMPLETED CAUSE	OF DEATN	(ITEM 27) (Type	Street	Raltimor	~ M-	arvl are	a 2120	11		
		U CON PURE	THE THE	T T T	LCILL	orreer,	POTUM	.C, PIC	жухан	u ZIZL	11		



BALTIMORE, MARYLAND 21215-0020	
8	
6	
9	•
2	
39	
×	
0	
-	
Ö	
ď	
íñ	
Ö	
3	
Ö	
Ш	
œ	
_	
A	
A	
-	
7	
NO	
SION	
<b>NOISI</b>	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Alours after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First,					T OF HEALTH AND E OF DEATH	REG. NO.	3. TIME OF DEATH
Ra	mon	DCO. K	ELL	YI	F	MONTH BAY	94 0553 9
4. SOCIAL SECURITY NUMBER 2 18-44-8		SEX 6. AG	E (In yrs. last	VRS. IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
9e. FACILITY NAME (If not inst			7 /	9b. CIT	Y, TOWN OR LOCATION OF E	7-8-46 DEATH 9c. C	OUNTY OF DEATH
Washing RESIDENCE OF DECI	tun 1	Advertist	- Hou	Sp N	ashingto	9	
10a. STATE	10b. COUNTY			10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				bal	101. ZIP CODE	100.	1 X YES 2 NO
3702	Fernd	ale Av	ع		2120	7	U. S.A
11. MARITAL STATUS 1 Never Married 2		WAS DECEDENT EVE FORCES? 1 YE	S 2 N		If yes, specify Cuben, Mexic		Black, White, etc.
3 Widowed 4 Divor	bed	IF YES, OIVE WITH OF	DATES		1 TES 2 NO Spec	lly:	spoon, Black
(Specify only	DENT'S EDUCATI	npleted)	(GN	CEDENT'S USUAL ( we kind of work done Do NOT use retired.	during most of working	166. KIND OF BUSINESS	INDUSTRY
Elementary/Secondary (0-	2) C	college (1-4 or 5+)					
17, EATHER'S NAME (First, Mid	dle, Last)	-	H. P.	N' R	18. MOTHER'S N	AME (First, Middle, Meiden Surnem	•)
19a. INFORMANT'S NAME (TH	pe/Print)	1400	19b.	. MAILINO ADDRE	98 (Street end Number or Rura	Route Number, City or Town, State,	Zip Code)
Jouce G	· Kell	4	- 3	3702	Ferndale	Ave Balt	0. Mil 21207
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 4 Donation 5 Other	3 - Removal	from State	cemetery cren	ND DATE OF DISPO	V	0.1	- City or Town, State
21. SIGNATURE OF FUNERAL		BEE	1	22	NAME AND ADDRESS OF F		nsuite, ma
· Wie	are	Slmox			Tarrant.	H. West	Aue
23. PART i. Enter the dis	eases, or com ert fallure. Lief	plications that court only one pause or	sed the dec	eth. Do not ente	r the mode of dying, au	ch as cardiec or respiratory	arreat, Approximate interval Between
IMMEDIATE CAUSE (Fine disease or condition	1	(4	Wis	pulm,	< anse	-	9nset and Dea
resulting in death)	a	DUE TO JOR A	S A CONSEO	UENCE OF):	)		2 110 UC
Sequentielly list condition		DUE TO (OR A	S A CONSEO	UENCE OFI:	2		(108)
if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur	IG	ap	Mend.	CF-5 (	von lug	ture	14Pg5
that initiated events resulting in death) LAST		DUE TO (OR A	S A CONSEO	VENCE OF):			
PART II. Other aignifican	t conditions c	ontribution to death	but not re	enting in the	inderlying ceuse given is	n Part I. 24a. WAS AN AUTOP	SY 24b. WERE AUTOPSY FINDING
					induitying doddo given i	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							OF DEATH?
	MEDICAL				26. PLACE OF DEATH (C		
25. WAS CASE REFERRED TO	н	OSPITAL:	lutpatient 3	DOA 4 N			
25. WAS CASE REFERRED TO EXAMINER?  1   YES 2   NO	27. MANNER OF DEATH			28b. TIME OF INJURY	28c, INJURY AT WORK?	26d. DESCRIBE HOW INJURY	OCCUREO
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH	ending				1 YES 2 NO		
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 P  2 Accident	vestigation	200. PLACE OF INJU	IRY - At hor	ne, farm, street, fa	ctory, office	261. LOCATION (Street and Nun	nber or Rural Route Number,
EXAMINER?  1		28e. PLACE OF INJU building, etc. (S	IRY — At hor specify)	ne, farm, street, fa	ctory, office	281. LOCATION (Street end Nun City or Town, State)	nber or Rural Route Number,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)

MAR 10 1994

6, Mar. detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN DIRECTOR 7065 Cherry Avenue Dorsey RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Md. Howard Dorsey 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 7065 Cherry Avenue 21227 ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married Il yes, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES ΒY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use relired.) 16b. KIND OF BU Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker 0wn once. 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Ħ funeral director, page 5 should be William G. Keefer Mary E. Par BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tow 2 Frederick E. Krenz 7065 Cherry Ave., Dorsey pe 20a. METHOD OF DISPOSITION
1 Duriel 2 X Cremellog 3 Removal from State
4 Donation 6 Other/(Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LC must 3/10 The Green Mount Cem. Ba medical examiner 21. SIGNATURE OF YUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Gary L. Kaufman Funera 5695 Main St., Elkridg the or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respended, or heart fedure. List only one cause on each line. attending physician and completely filled in by intal Hygiene prior to burial, cremation, or remo IMMEDIATE CAUSE (Final event, the The TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, executed within other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST signed by the atter Health and Mental 23 shows any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 1 TYES 2 this certificate has been n with the State Dept. of PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 2 26. PLACE OF DEATN (Check only one) HOSPITAL: 1 YES 2 NO OTHER: Inpatient 2 - ER/Oulpatient 3 - DOA 5 Residence 6 Other (Specify) 0 L DIRECTOR: After this cent hours after death with the lem 28 is marked, t 27. MANNER OF DEATN 26a. DATE OF INJURY 26b, TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW 1 Natural 1 YES 2 NO ВҰ 2 Accident investigation 26a. PLACE OF INJURY — Al home, ferm, street, fectory, office building, atc. (Specify) 261. LOCATION (Street 3 Suicide COMPLETED 6 Could not be 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(e) end me 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, an BE 29c. LICENSE NUMBER 21850 2 PLETED CAUSE OF DEATH\_(ITEM 27) (Type, Print)

MB

1 - FOR STATE REGISTRAR

0

1. DECEDENT'S NAME (First, Middle, Last)

Krenz

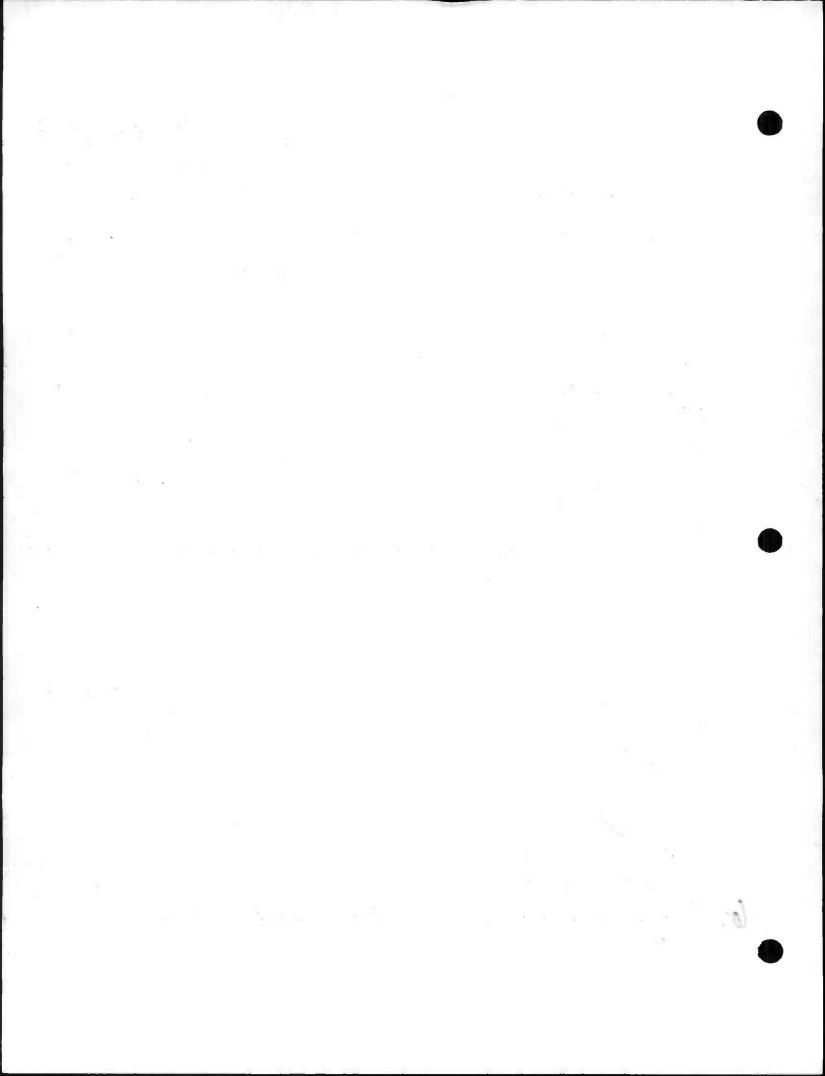
1 M 2 X F

Eileen A.

215-22-0477

4. SOCIAL SECURITY NUMBER

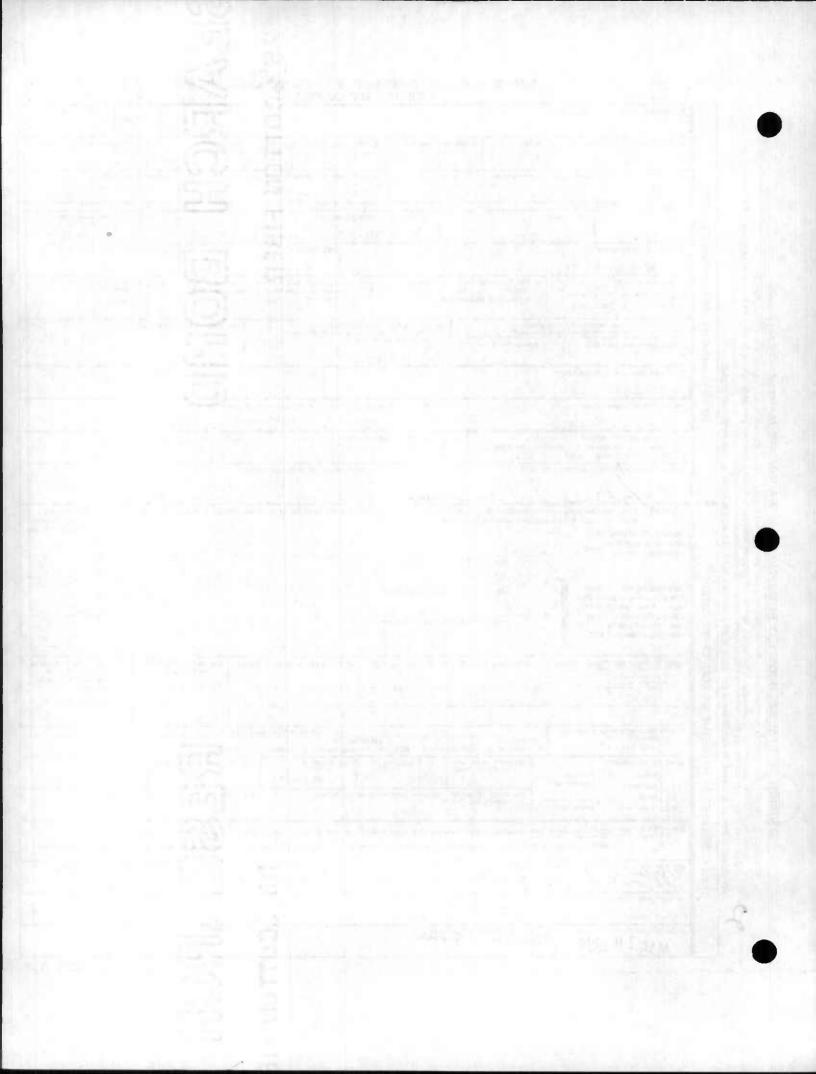
STATE OF M	MARYL	AND / CE	DEPAR	ITMEN'	[ 0F	HEALTH DEAT	AND I	MENTA	AL HYGIEN		94	07146	
								MON	E OF DEATH	9	1994	3. TIME OF DEATH	-
. SEX	M 2 X F 67 YRS. MONTHS DAYS HOURS MIN.							7. DATE OF BIRTN (Month, Day, Year) 6. BIRTN Country				NPLACE (State or Foreign try) cyland	_
e and number)				_	Orsi	OR LOCATI	ON OF DE	ATN			lowar		
d				Y, TOWN O		TION						10d. INSIDE CITY LIMITS? 1 YES XX NO	
E . WAS DECEDEN	IT EVED II	N. 11 C. 400	450	1.0		of. ZIP CODI	212	227			USA		
	YES	2 XN			Il yes, sp		m, Maxica	n, Puerto	iN? (Specify Yes Rican, etc.)	or No→	14, RACI Blac Spec	E — American Indian, k, White, alc. iiiy: White	
10N 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Homemaker OWN Home													
efer						16. MOTI		-,,	Middle, Maiden	Surname)			
Z		196				Ave.		Dors	nber, City or Tow	n, State, Zij 11d .	2122	27	
I from State		PLACE A		ther place)	loun	t Cen		3/		CATION — ltimo			
X. Ko	uf	me	ny	(	Gary		(aufr	nan	Funera: lkridge			21227	
nplicetione the	o the	d the deceded line.	etas	fao					complex or reap		reat,	Approximete interval Between Onget and Death	
DUE TO	(OR AS A	CONSEO	UENCE OF	F):									
DUE TO	(OR AS /	CONSEO	UENCE OF	F):									
contributing to	death b	out not re	eulting i	n the ur				_	24e. WAS AN PERFOR	MED?	246	MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2/ NO	
OSPITAL:	ER/Oulp	patient 3	□ DOA	OTHEI	R:	me 5 R							
26a. DATE OF (Month, D			26b. TIM	E OF JURY M	W	JURY AT ORK? YES 2	) NO	28d. DE	SCRIBE HOW I	NJURY OC	CURED		
26a. PLACE O building,	alc. (Spec	— Al hon	ne, ferm, e	ilrael, feci	ory, offic	ca .		261. LO: City	CATION (Street a y or Town, State)	and Numbe	r or Rural I	Ploute Number,	
N: To the best of												a) and manner ge stated.	



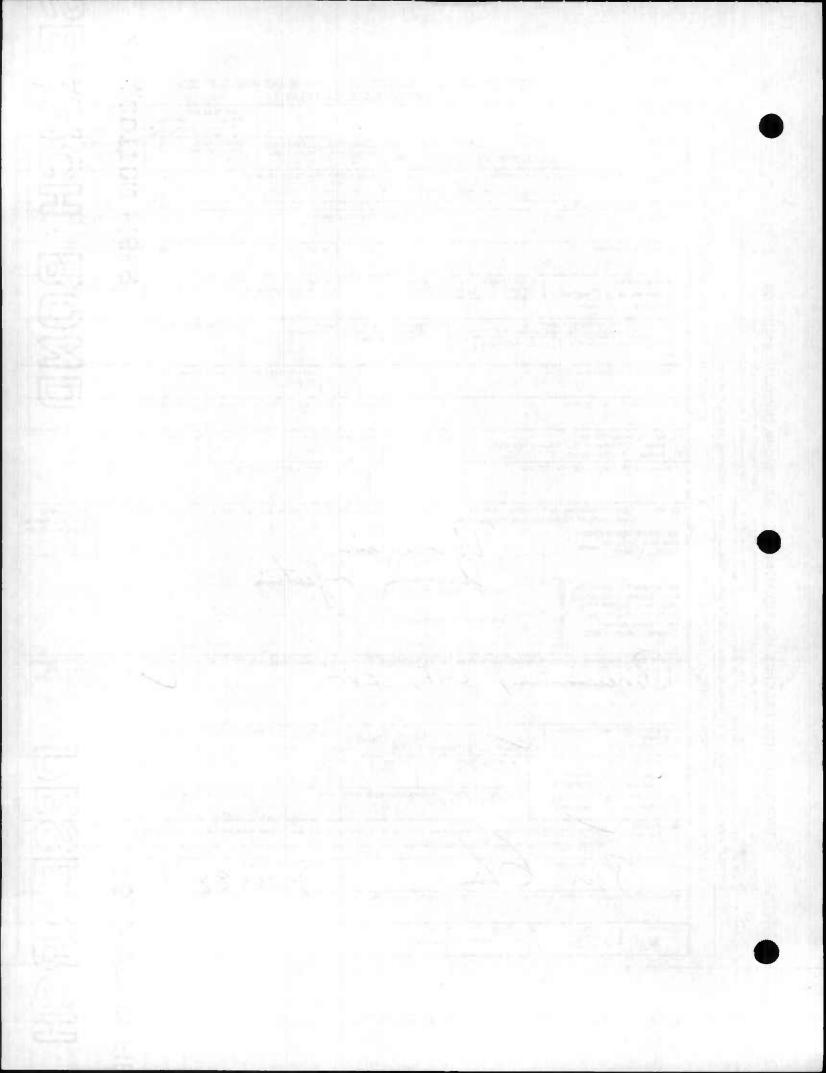
020	nhveirian
BALTIMORE, MARYLAND 21215-0020	Page 6 may be retained by the bosoital or attending physician
21	al or
2	hosoil
LA	the
>	2
MAR	retained
	2
H	SEM.
0	8
2	Pan
ALI	rs after death
m	after
	2

68760,
BOX
, P.O.
RECORDS,
- REC
VITAL
N DE
0

	1 - FOR STATE REGISTRAR		CERTIFIC			REG. NO.	94	0714
	1. DECEDENT'S NAME (First, Middle, Last ROSE KOEHLERSC				0	MONTH 3-6-94	YEAR 3.	2:11 A
	4. SOCIAL SECURITY NUMBER 218-32-6786	1 🗆 M 2 🔀 F		FUNDER 1 YEAR	HOURS MIN.	Charte of BIRTH (Month, Day, Year) Dec. 26, 192	Country)	ACE (State or Foreign
TOR	99. FACILITY NAME (II not institution, giver Francis Scott		9	Baltim	CICE	H 9c. 0	OUNTY OF DEAT	н
L DIRECTOR	10e. STATE 10b. COU	ntv altimore		OWN OR LOCATE	River	9	10d. INSIDE CITY LIMITS?  TES 2 NO	
FUNERAL	37 Sorgen Ct.			101.	21220	10g. C	CITIZEN OF WHA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ENT EVER IN U.S. ARMED  1 YES 2 NO  13. WAS DECENDENT OF HI If yes, specify Cuben, Me			ORIGIN? (Specify Yes or No- Puerto Rican, etc.)	- 14. RACE -	American Indian, hite, etc.
LETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	(Give kind of work d			16b. KIND OF BUSINESS/	INDUSTRY	WILDO
once.	17. FATHER'S NAME (First, Middle, Last)		Home	maker	Own Home	a l		
W 111	James McDonald	d			Marie F		•)	
TO BE	19a. INFORMANT'S NAME (Type/Print)				d Number or Rural Rou	ite Number, City or Town, State,		
9	Peggy K. Cabral							
must	1 V Buriel 2 Cremetion 3 Re 4 Donation 8 Other (Specify)	emoval from State	Mt. Zion (	place)	v	0/	wne, Mo	
examiner must	21. SIGNATURE OF TUNENAL SERVICE	LICENSEE LOUI	Iman	22. NAME AN	ADDRESS OF FACIL	ரை ∩ Funeral Hom Elkridge. Mo	mes 1. 212	27
event, the medical	23. PART I. Enter the diseases of shock, pr heart salfur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Anoxic Bra	each line.	enter the mod	e of dying, auch	as cardiac or respiratory	arrest,	Approximata Interval Batw Onset and D
ry, or other traumatic en	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  Electrolyte Abnormality  DUE TO (OR AS A CONSEQUENCE OF):  c. Acute Renal Failure  DUE TO (OR AS A CONSEQUENCE OF):  d.							
hows any Inju	PART II. Other algolificent condition Diabetes, Hyper	ert I. 244. WAS AN AUTOP: PERFORMED? 1 1 1 YES 2 □ NO	AM CO OF	RE AUTOPSY FINDI AILABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 X NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE DF DEATH (Check	only one)		
卷 1	1 VES 2 NO  27. MANNER OF DEATH  1 Neturat 5 Pending treestigation treestigation	28e. DATE OF INJURY (Month, Day, Year,	28b. TIME C	PF 28c. INJU	FRY AT RESIDENCE BERY AT RK?	Other (Specify)  8d. DESCRIBE HOW INJURY	OCCURED	
m 28 is may ETED BY	2 Accident Investigation 3 Suicide 8 Could not 1 4 Homicide determined	26e. PLACE OF INJUI	RY — At home, ferm, stre	61. LOCATION (Street and Num City or Town, State)	nber or Rural Rout	Number,		
# #	000)	YSICIAN: To the best of my known them: On the basis of examinat						nd manner ea state
TO BE CO	30. NAME AND ADDRESS OF PERSON	esn/ V/110.	NEATH ATEM OF CO.		J319		3-7-9	
	Mark S. Krasnoff				altimore,	MD 21209		
	MAR 10 1994	32. REGISTRAR'S SM	ENATURE .					



	REGISTRAR		RYLAND / D CEF	RTIFICATE C	F DEATH	REG. NO.	94	0 1 1 7
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	ARTHUR T.	KOYCE	AGE (In yrs. lest bit	irthday) IF UNDER 1 YE	R IF UNDER 24 HRS.	MARCH 07	1994	08:20 HPLACE (State or Foreign
	373-03-7710			YRS. MONTHS DAY		(Month, Day, Year) Feb. 9, 1899	New	YORK
_	9a. FACILITY NAME (If not institution, give				N OR LOCATION OF DE	ATH 9c.	COUNTY OF D	DEATH
STOR	Greater Balto.Me	edical Cente	er (GBM0	C) Tows	n, Marylar	nd	Baltin	more
DIRECTOR	Maryland Balti		1	Glen Arm.	Maryland			10d. INSIDE CITY LIMITS? 1 YES 2XX NO
	10e. STREET AND NUMBER				10f. ZIP CODE			WHAT COUNTRY?
FUNERAL	11630 Glen Arm F	Road Apt. :		n   Lee une	<b>23234</b> 2		U.S.A	
B∀	1 Never Married 2 Married 3 Wildowed 4 Divorced	If yes	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or N if yes, specify Cuben, Maxican, Puerto Rican, etc.)  1 ☐ YES 2 ★ NO Specify:			io— 14. RACE — American Indian, Black, White, etc. Specify: White		
ETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	(Give i	DENT'S USUAL OCCUP kind of work done during NOT use retired.)	ATION most of working	16b. KIND OF BUSINES	S/INDUSTRY	100
	Elementary/Secondary (0-12)	College (1-4 or 8+)		epresentative Morris Taylor				
COMPL	17. FATHER'S NAME (First, Middle, Last)  Not known		16. MOTHER'S NAI	AE (First, Middle, Maiden Surna	ime)			
BE	19a. INFORMANT'S NAME (Type/Print)	19b. M	MAILINO ADDRESS (Str		oute Number, City or Town, Stell			
2	Mrs. Leslie R. F	Robinson	113	Arm Road Glen Arm, Maryland 21057				
	20a. METHOD OF DISPOSITION 1 (X Burlal 2 Cremation 3 Re 4 Donation 8 Other (Specify)	moval from State	cametery, cremet	DONTE OF DISPOSITION	Name of	DATE 200 LOCATIO	Mary 1	own, State
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSES	TOIR IN					und
		LICENSEE		22. NAM	AND ADDRESS OF FAC	E E La	ceahn	Funeral F
	23. PART I. Enter the disesses, or shock, or heart failure immediate CAUSE (Finsi disease or condition resulting in desth)	r complications that cs b. List only one cause	on each line.	11. Do not enter ths	750 Belair	Road Kingsv	ille,	Md. 21087
EDICAL CERTIFICATION	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	b. DUE TO (OR d. DUE TO contributing to dec	AS A CONSEQUE	n. Do not enter that the property of the prope	750 Belair mods of dying, suct	E. F. La: Road Kingsv.  aa cardisc or respirator	ille, y arreat,	Approximatinterval Bet Onset and I
: MEDICAL C	shock, or heart failure IMMEDIATE CAUSE (Finsi disease or condition resulting in desth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions	b. DUE TO (OR d. DUE TO contributing to dec	AS A CONSEQUE	n. Do not enter the	750 Belair mods of dying, suct	Road Kingsv.  aa cardisc or respirator  Part I. 24a. WAS AN AUTO PERFORMED:	ille, y arreat,	Approximatinterval Bet Onset and I
: MEDICAL C	shock, or heart failure iMMEDIATE CAUSE (Final disease or condition reaulting in desth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions EXAMINER?	b. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. D. D. D. D. D. D. D. D. D. D. D. D.	AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE	An. Do not enter the ENCE OF):  ENCE OF):  ENCE OF):  Ulting in the underly of the ENCE OF its and the ENC	750 Belair mods of dying, such fully such that the such th	Part I. 24a. Was an Auto PERFORMED:  1 YES 2	ille, y arreat,	Approximatinterval Bet Onset and I
: MEDICAL C	shock, or heart failure immediate cause or condition resulting in desth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PAPT II. Other significent conditions.	DUE TO (OR d	AS A CONSEQUE  AS A CONSEQUE  The but not result to the but not re	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  OTHER:  DOA 4 Nursing	750 Belair mods of dying, suct  for a succession of the succession	Part I. 24a. Was an Auto PERFORMED:  1 YES 2	ille, y arreat,	Approximatinterval Bet Onset and I
Y PHYSICIAN: MEDICAL C	shock, or heart failure iMMEDIATE CAUSE (Final disease or condition reaulting in desth)  Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OR d	AS A CONSEQUE  AS A C	A. Do not enter the enter	Joseph Belair  mods of dying, suct  for a succession of the succes	Part I. 24a. WAS AN AUTO PERFORMED:  1 YES 21 AN AUTO PERFORMED:  24 Other (Specify)  28 Other (Specify)	ille, y arrest,  PSY 7 NO CCUREO	Approximatinterval Bet Onset and Ons
D BY PHYSICIAN: MEDICAL C	shock, or heart failure IMMEDIATE CAUSE (Finsi disease or condition reaulting in desth)  Sequentisity list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	B. DUE TO (OR DUE TO (	as a conseque  As a c	A. Do not enter the ende of the ende of the ende of the ende of the ende of the ende of the ende of the ende of the ende of the end	Joseph Belair  mods of dying, suct  for a succession of the succes	Part I. 24a. Was an auto PERFORMED: 1 YES 24 AN AUTO PERFORMED: 1 YES 24 AN AUTO PERFORMED: 1 Other (Specify)	ille, y arrest,  PSY 7 NO CCUREO	Approximatinterval Bet Onset and Ons
TED BY PHYSICIAN: MEDICAL C	shock, or heart failure immediate cause or condition resulting in desth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natúral 5 Pending investigation determined  29. CERTIFIER 1 PROFINCIANO DIME	B. DUE TO (OR DUE TO (	AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  AND A CONSEQUE  A CONSEQUE  A CONSEQUE  A CONSEQUE  A CONSEQUE  A CONSEQUE  A CONSEQUE  A CONSEQUE  A CONSEQUE  A CONSEQUE  A CONSEQUE  A CONSEQUE  A CONSEQUE  A CONSEQUE  A CONSEQUE  A CONSEQUE	DOA 4 Nursing 1865. Time OF INJURY M 1, farm, street, factory,	Vigg couse given in L. PLACE OF DEATH (Che INJURY AT WORK? L. YES 2 NO	Part I. 24a. WAS AN AUTO PERFORMED: 1 YES 24 AN AUTO PERFORMED: 26. Other (Specify) 26. OESCRIBE HOW INJURY 26f. LOCATION (Street and No. City or Town, State)	opsy 24b	Approximatinterval Bet Onset and I Onset a
TED BY PHYSICIAN: MEDICAL C	shock, or heart failure immediate cause or condition resulting in desth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are successful to the conditions of the conditions	DUE TO (OR  DUE TO	as a conseque  As a conseque  As a conseque  As a conseque  As a conseque  As a conseque  I way  I w	An. Do not enter the ENGE OF):  ENCE OF):  ENCE OF):  ENCE OF):  OTHER: DOA 4 Nursing 18b. TIME OF INJURY M 1 1, farm, street, factory,	Vigg couse given in L. PLACE OF DEATH (Che WORK? YES 2 NO Wiffice	Part I. 24a. WAS AN AUTO PERFORMED: 1 YES 24 AN AUTO PERFORMED: 26. Other (Specify) 28d. DESCRIBE HOW INJURE 28f. LOCATION (Street and No.	opsy 24b	Approximation terror and to the second secon
D BY PHYSICIAN: MEDICAL C	shock, or heart failure immediate cause or condition resulting in desth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are successful to the conditions of the conditions	DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. D. D. D. D. D. D. D. D. D. D. D. D.	as a conseque  As a conseque  As a conseque  As a conseque  As a conseque  As a conseque  I way  I w	An. Do not enter the ENGE OF):  ENCE OF):  ENCE OF):  ENCE OF):  OTHER: DOA 4 Nursing 18b. TIME OF INJURY M 1 1, farm, street, factory,	Vigg couse given in L. PLACE OF DEATH (Che WORK? YES 2 NO Wiffice	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 24 No. 1 No. 24a. WAS AN AUTO PERFORMED 1 YES 24 No. 24a. WAS AN AUTO PERFORMED 1 YES 24 No. 24a. WAS AN AUTO PERFORMED 1 YES 24 No. 24a. WAS AN AUTO PERFORMED 1 YES 24 No. 24a. WAS AN AUTO PERFORMED 1 YES 24 No. 24a. WAS AN AUTO PERFORMED 1 YES 24 No. 24a. WAS AN AUTO PERFORMED 1 YES 24 No. 24a. WAS AN AUTO PERFORMED 1 YES 24 No. 24a. WAS AN AUTO PERFORMED 1 YES 24 No. 24a. WAS AN AUTO PERFORMED 1 YES 24 No. 24a. WAS AN AUTO PERFORMED 1 YES 24a. WAS	ille, y arrest,  24b y occurso umber or Rural is stated.	Approximatinterval Bet Onset and I Onset a



1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

94 07149

_	REGISTRAR		CERTIFIC	SAIE UF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	-	-			2. DATE OF DEATH MONTH DA	YY YE		
	WILLIAM	E.		KERSHAV		MAR 08	1994	1:40A M	
				FUNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dwy, Ybar) 7/28/31		IRTHPLACE (State or Foreign ountry)	
	9e. FACILITY NAME (If not institution, give stre	et end number)		9b. CITY, TOWN C	OR LOCATION OF DE		9c. COUNTY		
DIRECTOR	1436 RICHARDSON ST	TREET.		BALTIMORE CITY.					
E C	10e. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY	
	MD		Bal	Ltimore	e city		LIMITS? XX YES 2 NO		
¥	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
1 11	1436 Richardson	Street			21	230	US.	A	
FUNERAL		12. WAS DECEDENT EVER IN FORCES? XX YES	N U.S. ARMED			NIC ORIGIN? (Specify Years, Puerto Ricen, etc.)	or No- 14. 1	RACE American Indian, Black, White, etc.	
à	X Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			25 NO Specifi			Specify: White	
ETED	15. DECEDENT'S EDUCA (Specify only highest grade of	kTION ompleted)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina mo		16b. KIND OF BUS	SINESS/INDUSTI	ΥΥ	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		relied.) City Gu	nard	Telev	rision	Station	
ONCE.	17. FATHER'S NAME (First, Middle, Last)		50002	. 107 00		ME (First, Middle, Maiden	Surname)		
E G	William E. Kers	shaw, Sr.			Emma				
<u>a</u>	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street o		Route Number, City or Tow	n State Zin Code		
들	Mary Catlett							re, MD21230	
2	20a METHOD OF DISPOSITION	201	D. PLACE AND DATE OF				CATION — City	<del></del>	
Tan E	1-Sizeuriei 2 Cremetion 3 Remov	rai from State cen	notoni aromatoni ar athi	or place)		ry3/11Cro			
9	21. SIGNATURE OF FURETINE SERVICE-LICE	NSEE	10 1110 111	22. NAME AP	ND ADDRESS OF FA	CILITY			
exami	1001	Pod		Char1	les L. : E. For	Stevens F t Ave., P	unera:	l Home, Inc. ore,MD 21230	
E	23. PART L Enter the diseases, or co	mplications that cause	the death. Do no	t enter the mo	de of dying, suc	h aa cardiac or raapi	ratory errest,	Approximate	
any Injury, or other traumatic event, the medical examiner must be notified at once.  JICAL CERTIFICATION  TO BE COM	shock, or heart failure. Li IMMEDIATE CAUSE (Finel disease or condition			- ORRI	DIGITALOC	WLGR Pl	C-AST	Interval Between Onset and Death	
ent,	resulting in death)		A CONSEQUENCE OF		V (OV 052-C	4001- 80	00 H306		
일	Commentally list conditions D.								
r other traumatic	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF)						
취임	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF						
5 E	resulting in death) LAST							Į	
	d.								
를	PART II. Other significent conditione	contributing to deeth t	out not resulting in	the underlyin	g ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ws any Inju						1 YES 2		COMPLETION OF CAUSE OF DEATH?	
ME						/ \		1 YES 2 NO	
AN: M									
Item 2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)			
	1 CO CONT I CO CO	1 Inpatient 2 ER/Out		OTHER: 4  Nursing Hom	ne 5 KResidence	6 Other (Specify)			
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME INJU		JURY AT	28d. DEŞCRIBE HOW I	NJURY OCCURE	D	
BY PF	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆					
# O	3 Suicide 6 Could not be	26e. PLACE OF INJURY building, atc. (Spe	Y — Al home, ferm, ste	reet, fectory, offic	•	26f. LOCATION (Street City or Town, State)		ural Route Number,	
	4 Homicide determined								
F 1		AN: To the best of my know	vledge, death occurred	at the time, date	end place, and due	to the cause(e) and mai	nner as stated.		
OMPL	2 X MEDICAL EXAMINER	On the basis of etherination	on end/or investigation	, in my opinion, d	seath occured at the	tims, date end place, en	d due to the ce	use(e) end manner ee stated.	
E C	290 SHORATURE AND TITLE OF CHRONICEN	00 ()	h		29c. LICENSE NUI	мвея	29d. DATE SIG	NED (Month, Day, Year)	
로   m	www.	alle A	J-		O.C.M.	E.		08 1994	
일	36, NAME AND ADDRESS OF PRISON WHO								
)	MAKED F= GUILLE			reet, Ba	altimore,	Maryland	21201.		
	31. DATE FILED (Minth, Day, Year)	32. REGISTRAR'S SIGN	NATURE						

HYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

NOF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OF A TO THE FUNERAL DREED BE filed within 72 man

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

MAR 1. 0 1994

1 -

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH March 7, 1994 DOROTHY LAWRENCE Dorothy Irene Lawrence 994 3-00 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign Country) 1 M 2 X F 212-09-4777 Apr 1, 1911 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE CITY Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 - YES 2 NO Maryland Baltimore Co. Pikesville permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 131 Brightside Ave. 21208 USA retained by the hospital or attending physiclan. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2 NO Specify ΒY Specify: 3℃ Widowed 4 □ Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify Seton Psychiactric Elementary/Secondary (0-12) funeral director, page 5 should be detached for Coffege (1-4 or 5+) 12 years Hospital Medical Secretary 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) F Richard Thomas Moran Blanche Ulhorne BE notified t9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rev. Richard T. Lawrence 120 N. Front St. Baltimore, MD 21202 Раде 6 тау be pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE 20s. METHOD OF DISPOSITION

15 Burial 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) must Druid Ridge Cemetery 3-10 Pikesville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEIN examiner 22. NAME AND ADDRESS OF FACILITY hours after death. Filled in by the funeral LORING -BYERS FUNDRAL SERVICE Ernon LIBERTY RO RANDAUS YOUN MD medical 23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feilure. List only one cause on each line Interval Between 6 IMMEDIATE CAUSE (Fine) Onset and Death the cremation, disease or condition resulting in death) and completely file to burial, cremation SEPSIS event, ONE WEEK DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): traumatic DIFFICILE CERTIFICATION CLOSTRI DIVM ONE WEEK Sequentially liet conditions, 2 DUE TO (OR AS A CONSEQUENCE OF): anding physician a Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST attending 6 been signed by the attent it. of Health and Mental I Injury, PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? The law requires that the MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO any ACUTE RENAL FAILURE, HYPERTENSION COMPLETION OF CAUSE 1 - YES 2 NO shows a APLASTIC ANSMIA, LIO ANGINA, DIABSTES 1 TYES 2 NO NO ATRIAL FIBRILLYTION-CONVERTED TO NSR IN PAST certificate has be PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 □ Nursing Home 5 □ Raafdenca 8 □ Other (Specify) 1 TES 2 NO HOSPITAL OR AFTENDING PHYSICIAN: Inpetient 2 ER/Outpetient 3 DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT this c 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accider 5 Pending М 1 YES 2 NO BY After Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) Sulcide 281. LOCATION (Street and Number or Rural Route-Number, City or Town, State) 60 COMPLETED 8 Could not be DIRECTOR: hours after of 4 Homicide 28 Item 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL I = 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE New AT 243 8946 03 194 07 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOSPITAL, MEDICINE BALTIMORE, MD 21218 INTERN) N. KIRIND UNION MEMORIAL

PERESIDENT SIGNAME

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

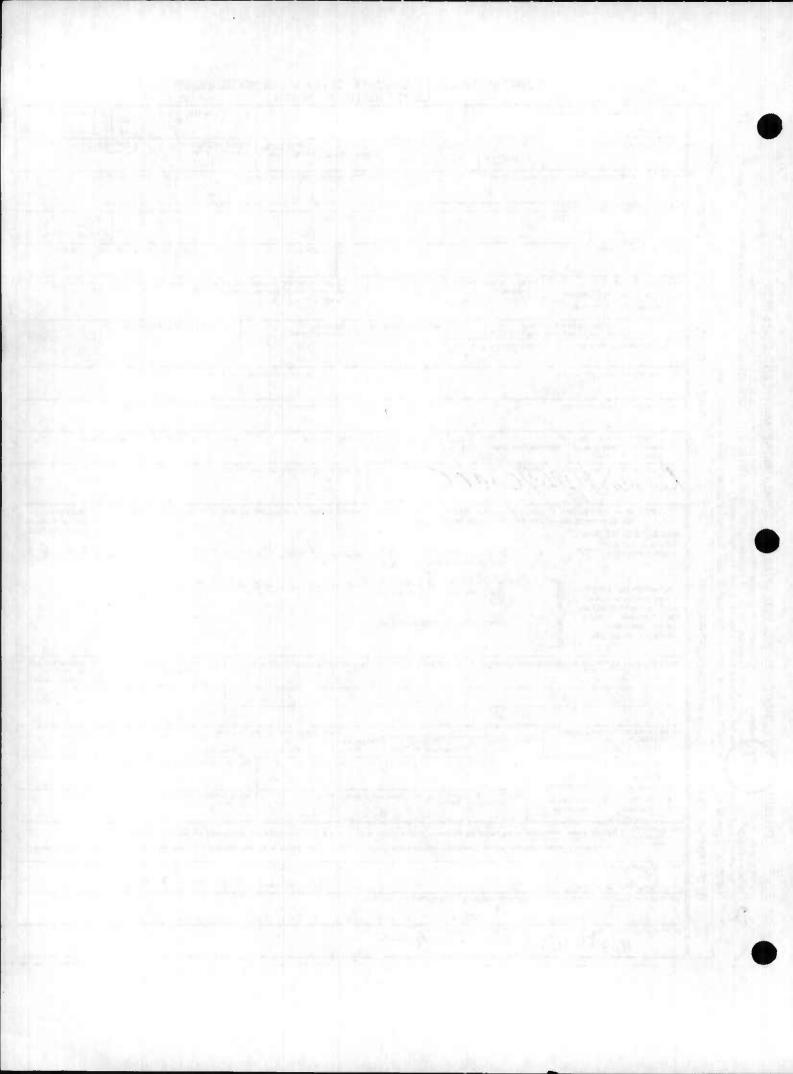
94

PM

REG. NO.

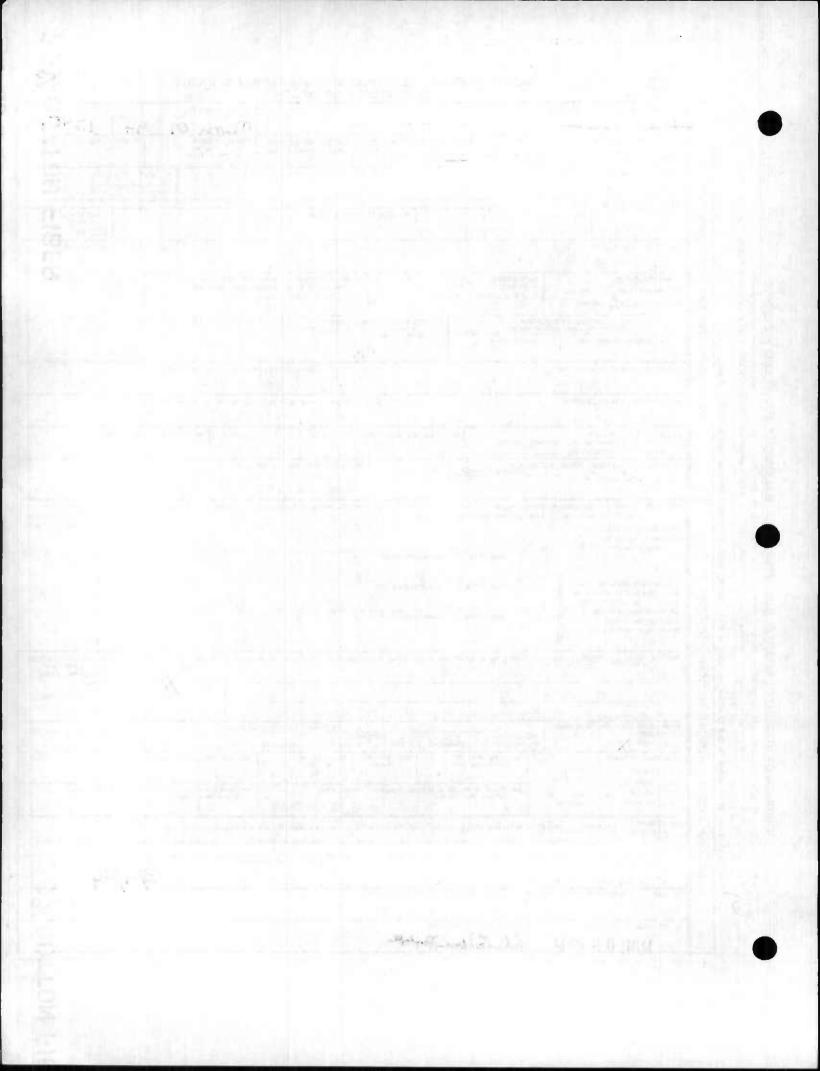
~	- 4
2	2
B	270
	- Super
0	Dec
0	+
iñ	das
ő	2
~	40
0	ŧ
Ö	267
Ш	2
Œ	2
7	8
2	2
7	a set statement he law requires that the death certificate he a
P	1
15	E
۳	3
7	annie :
9	š
S	B
5	3
DIVISION OF WIAL RECORDS, P.O. BOX	5
_	3
	- 50
	9

	REGISTRAR		CERTIF	FICATE OF	DEATH	REG.	NO.				
115	1. DECEDENT'S NAME (First, Middle, Last)	Α.	Λ			2. DATE OF DEATH		EAR 3. TI	ME OF DEATH		
	7 7 7 7 - 477	ALTER IV	lore			March	05 199		56 PI		
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLAC	E (State or Foreign		
	216-52-6584	1)(M 2   F	45 YRS.	MONTHS DAYS	HOURS MIN,	September	18,1948	New YO	rk		
	9e. FACILITY NAME (If not institution, give	street end number)		96. CITY, TOWN	OR LOCATION OF D			OF DEATH			
OR	207 West Lanval	e Street		BAL	TIMORE		N	/A			
RECTOR	RESIDENCE OF DECEDENT										
2			10c. CI	TY, TOWN OR LOCA				10d.	INSIDE CITY LIMITS?		
ā	Maryland	N/A		Baltim			YES 2 NO				
₹ I	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZEI	N OF WHAT	COUNTRY?		
i i	207 West Lanv	· -			2121	7		USA			
FUNERAL	11. MARITAL STATUS  1 ( ) Never Married 2 Married	12. WAS DECEDENT EVER	R IN U.S. ARMED			NIC ORIGIN? (Specify m, Puerto Rican, etc.)	Yea or No- 14	. RACE - AI Black, Whit	mericen Indian, te, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF			3 2 NO Specif			Specify:			
	15. DECEDENT'S EO	I	Las proconur			I	I		hite		
COMPLETED	(Specify only highest grad	le completed)	(Give kind of	S USUAL OCCUPATI work done during m	ost of working	166. KIND OF	BUSINESS/INDUS	THY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	Directo	r"TT Inf	ormation	Amousias	n Doughin	tuin A	coosistion		
ME	17. FATHER'S NAME (First, Middle, Lest)	3+	<u> </u>	cents		ME (First, Middle, Mel		ttric A	ssociation		
	William Lynn Mor						,				
BE	19a. INFORMANT'S NAME (Type/Print)	е		0.4000000000000000000000000000000000000		y Agnes R					
2						Route Number, City or		,	04047		
	Thomas H. Powell					eet Balti					
	1 - Burial 2 X Cremation 3 - Re	movel from Style	cometery, cremetory or GreenMou	other place)	ame of		LOCATION — CIT				
	4 Donation 5 Other (Specify)	County /	Greenmon				ltimore	, MAr	yland		
17	22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home										
	Dennis Steph	en Xenakis	M0064	0 6500		d Baltimo		_			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infileted events resulting in death) LAST	b. A CAUITE OF A DUE TO (OR A D	S A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE		ency S	ssociated androm	Vemen e	tia	2 months 1 y L		
	PART II. Other aignificant condition	ona contributing to deet	but not reaulting	In the underlyin	g cause given in	Part I. 24a, WAS	AN AUTOPSY	24b. WERI	E AUTOPSY FINDINGS		
: MEDICAL						PER	FORMED?	COMI OF D	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 (1) NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	neck only one)					
SIC	EXAMINER?	HOSPITAL:	hybratical 2 DOA	OTHER:		6 Other (Specify)					
H	27. MANNER OF OEATH	28e. DATE OF INJUR			JURY AT	28d. DESCRIBE HO	W INJURY OCCU	RED			
	1 Netural 5 Pending	(Month, Day, Yea		UURY W	YES 2 NO						
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJI.	JRY — At home, farm			28f. LOCATION (Str	net end Number or	Burel Boute I	Number		
ED	4 Homicide 8 Could not be determined	building, etc. (S	specify)	,,,,		City or Town, S		110181 710010	(Value ) responsible		
H	29e. CERTIFIER							_			
COMPLET	(Check only	SICIAN: To the best of my kn NER: On the besis of examina							manner ee stated.		
BE C	296. SHOWATURE AND TITLE OF CERTIFI	9			29c. LICENSE NU	MBER		HONED (Mon			
0	July Nalta	en My			Maryland	- V43444	M	arch.	5,1444		
	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF		1.4	1/	1	. D		NA		
	GERALD J. DALFAN	ND HEYER		ins Hodei	n Mospita	600NW	lfe St, Ba	timo	y MD		
	MAR 1 0 199	4 Julia Dan	don-Randal	e '	J				1		
	MAR 1 0 199	10	,								

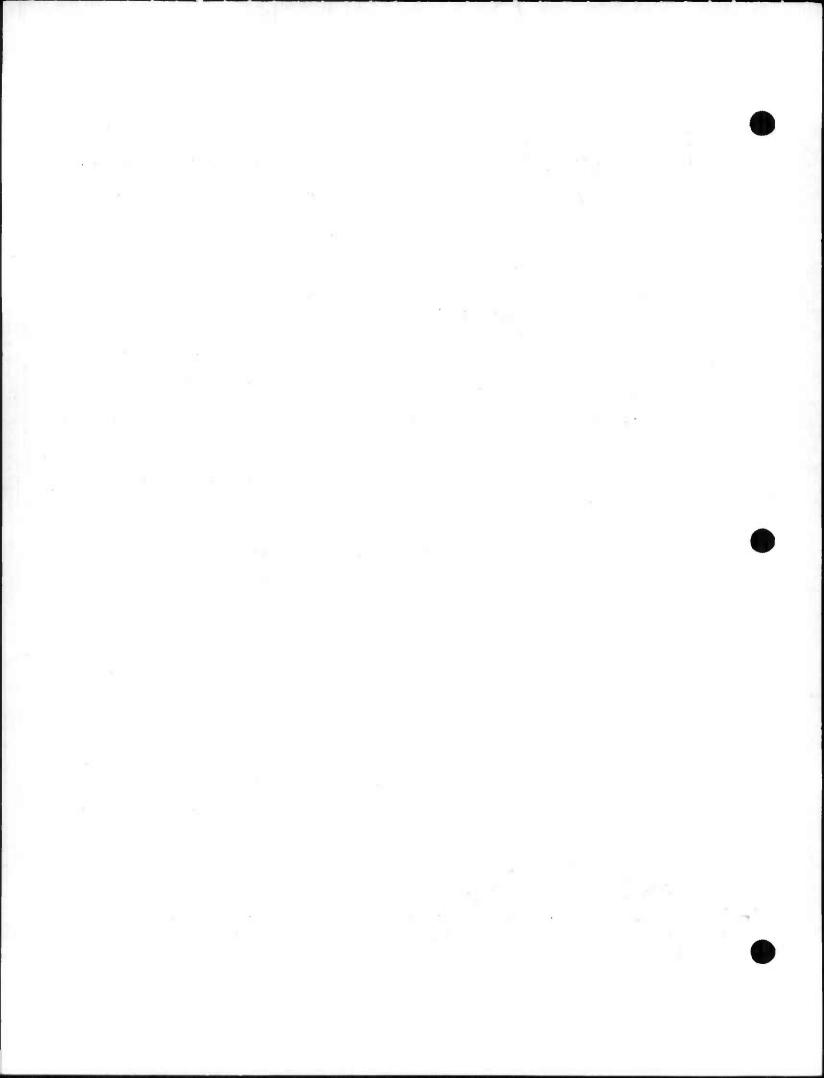


-	를	
Z	dsou	
4	the 1	
7	7	
œ	8	
MA	retain	
In.	2	
E E	шаў	
0	9	
Σ	Page	
BALTIMORE, MARYLAND	death.	
m	the	
	NOUTS	
	3	
50,	within	
JHDS, P.O. BOX 68760,	that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	
3	2	
'n	ate	
-	rific	,
۲.	8	
J.	death	
	9	
H	that	

1	1. DECEDENT'S NAME (First, Middle, Las		iam Earle M	Innison		2. DATE	REG. NO.		RAB	TIME OF DEAT	
-	William Merrison					Mo	och 09	94	4	1240	
	4. SOCIAL SECURITY NUMBER 217-62-3653		GE (In yrs. lest birthday YRS.	MONTHS DAYS		(Mon	OF BIRTH		Country)	CE (State or Fo	
- [	9a. FACILITY NAME (If not institution, give		The.	AL OUTY TOWN	OR LOCATION OF D		13/57			yland	
Œ	Stella Maris Hos			Towson		EAIN			of DEATI		
DIRECTOR	RESIDENCE OF DECEDENT			TOWSOIT		_		W1. C1	HIOLC		
H	10a. STATE 10b. COU			ITY, TOWN OR LOC				LIM		I. INSIDE CITY	
		nne Arunde	1							YES 2 X	
FUNERAL	10e. STREET AND NUMBER	D 1		1	Of. ZIP CODE		100	10g, CITIZEN OF WHAT COUNTR			
N.	7749 Meadow				2112				USA	TTTT	
BY FU	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYE FORCES? 1 XY IF YES, GIVE WAR O 197	ER IN U.S. ARMED ES 2 NO R DATES 5-1977	If yes, a	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci		lo— 14.	Specify:	American Ind hite, atc.		
COMPLETED	15. DECEDENT'S EI (Specify only highest gra			'S USUAL OCCUPAT		161	. KIND OF BUSINES	S/INDUST			
	Elementary/Secondary (0-12)	idery (0-12) College (1-4 or 5+)									
MP		2		Artist			Fr	eel	ance	9	
00	17. FATHER'S NAME (First, Middle, Last)						Middle, Malden Surns				
BE		Ward Morr					ine Dod			rkley	
10	19a, INFORMANT'S NAME (Type/Print)				t and Number or Rural					1 01	
	Katherine D.				w Road		sadena,				
	20s. METHOD OF DISPOSITION 1 Burisl 2 A Cremetion 3 Re		20b. PLACE AND DATE cometery, cremetory or			DAT					
	1   Burfel 2 A Cremetton 3   Removal from State   Commetory or other place   Metro Crematory, Inc. 3/10   Baltimore, MD2122   21. SIGNATURE OF SUNERAL SERVICE ALCENSISE   22. NAME AND ADDRESS OF FACILITY										
	18002 2	- har with		Cre	nation S	Soci	ety of	Md.	, Inc	c.	
	George E.	MacNabb		000			D 1 D 1				
		or complications that cause o			Freder					Approxin	
ICATION	shock, or heart fellur iMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	e. List only one cause of a .ATDS  DUE TO (OR /	AS A CONSEQUENCE	o not anter the m  OF):						Approxir Interval	
ERTIFICATION	shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	e. List only one cause of a .ATDS  DUE TO (OR /	n each line.	o not anter the m  OF):						Approxin	
S	shock, or heart fellur immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. List only one cause of a .ATDS  DUE TO (OR /  DUE TO (OR /  C	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF):  OF):	noda of dylng, su	ch se car	diac or reapirator	ppsy	24b. WE	21.22 Approximinterval E Onset an	
CAL CE	shock, or heart fellur immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. List only one cause of a .ATDS  DUE TO (OR /  DUE TO (OR /  C	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF):  OF):	noda of dylng, su	ch se car	diac or reapirator	oppsy ?	24b. WEI	Approxin Interval 8 Onset en	
CAL CE	shock, or heart fellur immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. List only one cause of a .ATDS  DUE TO (OR /  DUE TO (OR /  C	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF):  OF):	noda of dylng, su	ch se car	diac or reapirator	oppsy ?	24b. WEI AWA COIL OF	Approxin Interval I Onset an Onset an RE AUTOPSY IILABLE PRION OF DEATH?	
MEDICAL CE	shock, or heart fellur immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.	e. List only one cause of a .ATDS  DUE TO (OR /  DUE TO (OR /  C	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF):  OF):	noda of dylng, su	ch se car	diac or reapirator	oppsy ?	24b. WEI AWA COIL OF	Approxin Interval & Onset an Onset an RE AUTOPSY I ILLABLE PRIOF MEATH?	
MEDICAL CE	shock, or heart fellur immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and in the conditions is a sequential or conditions.	e. List only one cause of a. AIDS  B. DUE TO (OR /  C. DUE TO (OR /  d. Lione contributing to deat	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting	o not anter the m  OF):  OF):  Given the underlying in the underly	noda of dylng, su	oh se car	24a. WAS AN AUTC PERFORMED  1 YES 2	OPSY	24b. WE AMA COI OF	Approxim Interval E Onset en  RE AUTOPSY I ILLABLE PRINOF	
MEDICAL CE	shock, or heart fellur iMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and in the conditions in the conditi	e. List only one cause of a. ATDS  B. DUE TO (OR /  C. DUE TO (OR /  d. DUE TO deat  HOSPITAL: 1   Inpetient 2   ER/	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting	OF):  OF):  OF):  OF):  OTHER: 4 □ Nursing Ho	ng cause given in	Part I.	24a, WAS AN AUTO PERFORMED 1 PYES 2 N	OPSY ?	24b. WEL	Approxin Interval I Onset an Onset an RE AUTOPSY IILABLE PRION OF DEATH?	
CAL CE	shock, or heart fellur iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation investigation in the initiation of the	e. List only one cause o  a. AIDS  DUE TO (OR /  b. DUE TO (OR /  c. DUE TO (OR /  d. DUE TO (OR /  In partial 2 DEM  Linpetlant 2 DEM  Li	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  Dutpetient 3 □ DOA  RY 28b. Ti	OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing Ho INE OF   28c. IF NURY   M   1	ng cause given in	Part I.	24a. WAS AN AUTO PERFORMED 1 VES 2 N	OPSY ?	24b. WE AMA COOK	Approxision of the second of t	
ED BY PHYSICIAN: MEDICAL CE	shock, or heart fellur iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are conditionally as a sequential condition of the condition of	B. AIDS  B. DUE TO (OR /  C. DUE TO (OR /  D	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  Dutpetient 3 □ DOA  RY  28b. Till  URY — At home, ferm	OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing Ho INE OF   28c. IF NURY   M   1	ng cause given in	Part I.	24a, WAS AN AUTO PERFORMED 1 PYES 2 N	OPSY ?	24b. WE AMA COOK	Approxision of the second of t	
ETED BY PHYSICIAN: MEDICAL CE	shock, or heart fellur iMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of the condit	B. AIDS  B. DUE TO (OR /  C. DUE TO (OR /  D	AS A CONSEQUENCE  AS A CONSEQU	OF):  OF):  OF):  OF):  OF):  OTHER: 4  Nursing Ho INE OF 1	ng cause given in  PLACE OF DEATH (C.  Dome 5 Residence NJURY AT VORK?  YES 2 NO  Ica	Part I.  Deck only of the Cald, DE 28d, DE 28d, Loc Chy a to the call	24a, WAS AN AUTO PERFORMED 1 Ser (Specify) HOS SCRIBE HOW INJUR ATION (Street and Nor Town, State)	OPSY ? NO SPICI	24b. WEL AWA COI OF 1 [	RE AUTOPSY ILLABLE PRIOR MPLETION OF DEATH?  YES 2	
ED BY PHYSICIAN: MEDICAL CE	shock, or heart fellur iMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of the condit	B. DUE TO (OR A  C. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  lone contributing to deat  POSPITAL: 1   Impertant 2   ERA  200. DATE OF INJU (Month, Day, 16.  100  200. PLACE OF INJ Duilding, etc. (A)  YSICIAN: To the best of axamin	AS A CONSEQUENCE  AS A CONSEQU	OF):  OF):  OF):  OF):  OF):  OF):  OF):  OTHER: 4 □ Nursing Ho  IME OF NURY M 1 □ Imed at the time, de  tion, in my opinion,	ng cause given in  PLACE OF DEATH (C.  Dome 5 Residence NJURY AT VORK?  YES 2 NO  Ica	Part I.  Part I.  Deck only of the case time, date	24a. WAS AN AUTO PERFORMED 1 YES 2 N N N N N N N N N N N N N N N N N N	OPSY ? NO SPICING OCCURATION OF A STATE OF A	24b. WEI AMA COI OF 1 C	RE AUTOPS INLABLE PRI MPLETION (DEATH?  YES 2 [	

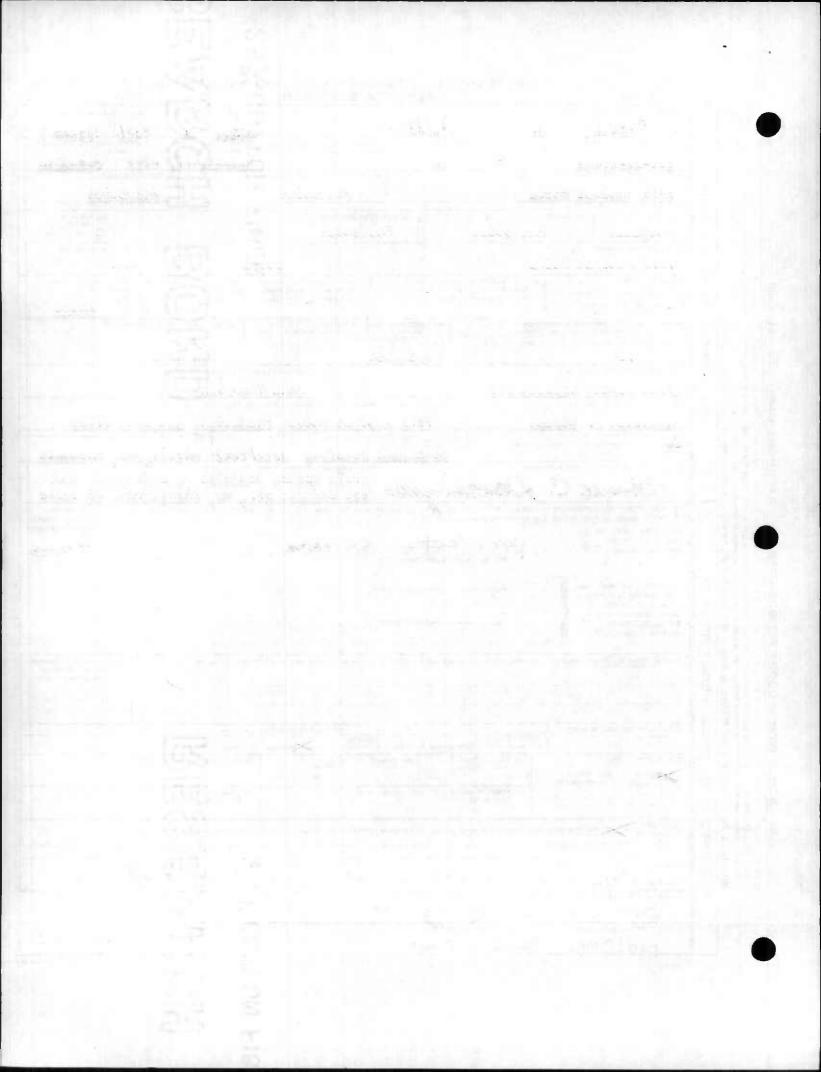


	REGISTRAR  1. DECEDENT'S NAME (First,	Middle Leath			CENTIF	ICAII	E OF	DEAT	H		REG. NO.		0		
	'Security and the second	MHOCHE, LEST)						<b>~</b>		MONTH			YEAR	. TIME OF DEATH	
1	LOUIS  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  6. SOCIAL SECU	ER I	A. 5. SEX	6 AGE (In	MACKI yrs. lest birthday)			Sr.	As lime	MAR	CH 3	1994		3:04	P
	217 24 70		1 🕅 M 2 🗆 F	64	The state of the s	MONTHS	DAYS	HOURS	MIN.	(Month	, Day, Year)		Country)	ACE (State or Fore	ugn
	9a. FACILITY NAME (If not ins			04		9b. CITY	r. TOWN (	OR LOCATIO	ON OF DEA		08/19	9c. COUNT		/land	_
R C	ST.AGNES HOS	זאידדם				BALTIMORE ======						•••			
СТОВ	RESIDENCE OF DEC	EDENT													
IRE(	Marriland	10b. COUNTY				Baltimore								Dd. INSIDE CITY LIMITS?	
L DI	Maryland					arti		I. ZIP CODE				T 40- 01717		TYES 2 N	0
ERA	312 South	Furro	w Street				100	212					·S·A		
FUNE	11. MARITAL STATUS	Turio	12. WAS DECEDEN	T EVER IN U		13.	WAS DEC			C ORIGIN	? (Specify Yes		4. RACE -	- American Indian	
	1 Never Married 2 X		FORCES? 1 IF YES, GIVE W				If yes, sp	2 DENO	n, Mexicen	Puerto F	tican, etc.)		Black, 1 Specify:	White, etc.	
) BY	3 Widowed 4 Divor		Korean											White	
ETED	(Specify only	DENT'S EDUCA highest grade of		'	Give kind of life. Do NOT	work done	during mo	ON est of workin	ng	16b.	KIND OF BUS	SINESS/INDU	STRY		
1 - 1	8th Grade		College (1-4 or 5 -	-)	Drive						Truck	ing C	ompar	ny	
COMP	17. FATHER'S NAME (First, Min	ddle, Lest)					_	18. MOTH	HER'S NAM	E (First, A	Aiddle, Maiden	Surname)		_	_
ш		S	amuel A.	E. N	lackenz	ie			Mar	у І	Sm Sm	ith			
TO B	19a. INFORMANT'S NAME (%)										er, City or Town				
F	Dorothy E	• MacK	enzie		312 8	South	Fur	row	Stre	≘t	Balt	imore	, Ma	ryland :	212
	20a. METHOD OF DISPOSITE 1 Surial 2 Cremation	LACE ANO DATE					OATI		CATION - C			,			
	1 XBuriel 2 Cremetion 3 Removel from State 4 Donation 6 Other (Specify)  21. Supertine of United Assemble Licenses									3/				Marylan	na
	George J. Gonce Funeral Home P.A								P.A	•					
	Honor	aM	Sran	uso	ush									. 21225	
	23. PART i. Enter the disahock, or he IMMEDIATE CAUSE (Findisease or condition	art fallure	at only one cau	t caused t se on asc	he death. Do h line.	not enter	the mo	de of dyl	Ing, such	aa card	llac or reapi	ratory arre	at,	Approximatintarvai Bet Onset and I	weet
	resulting in death)	<b>→</b> a	Arterios DUE TO		OTIC CO		vasc	ular	Dise	ease					
RTIFICATION	Sequentially list condition if any, leading to immediate	llate	COMPLICA OUE TO	(OR AS A C	BY A FA	LL I	NTO_	A_HO	LE						
TIFICATION	CAUSE (Disesse or injui		DUE TO	(OB AS A O	ONSEQUENCE (	MD.								-	
Ē	that initiated events reaulting in death) LAST		502.10	(ON AS A C	ONSECUENCE (	<i>r</i> ry:								İ	
AL CERTIF		d.												+	
	PART II. Other algolificat	nt conditions	contributing to	death but	not reaulting	In the u	nderlyln	g cause g	given in P	art i.	24a. WAS AN PERFOR		A	ERE AUTOPSY FINE	)
MEDICA										-	XXYES 2	□ NO		OMPLETION OF CAI F DEATH?	USE
Σ										-			1	YES 2 NO	)
		MEDICAL T					20 DI	LACE OF D	EATH (Char		-				
AN: N	25. WAS CASE REFERRED TO						Wer L.	DACE OF D	EATH (C/Iec	a only on	9)				
SICIAN: N	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	ED/Output	amt 2 - DOA	OTHE				/ n.					
IYSICIAN			1 Inpetiant 2	INJURY	26b. TII	4 - Nu	rsing Hon	IURY AT				NJURY OCCI	JRED		
HYSICIAN	EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Natural 5 5	Pending	1 Inpetiant 2	INJURY ay, Year)	26b. TII	4 - Nu	28c, INJ	IURY AT		26d. DES	CRIBE HOW I			hole	
BY PHYSICIAN	EXAMINER?		1 Inpetiant 2 5 26a. DATE OF (Month, D) 3-3-94 28e. PLACE O	INJURY ay, Year) F INJURY —	26b. TII	4 - Nur ME OF JURY OWIY	28c. INJ WC 1	IURY AT ORK? YES 2	X NO S	26d. DES	ect fe	ll in	to a		
TED BY PHYSICIAN	EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Natural 5 8 2 X Accident  3 Suicide 6 0	Pending nvestigation	1 Inpetiant 2 5 26a. DATE OF (Month, D) 3-3-94 28e. PLACE O	INJURY ay, Year)	26b. TII	4 Number of JURY OWIY	28c. IN. WC 1	IURY AT ORK? YES 2	X NO S	26d. DES	ect fe	ll in	to a	Ral to	ME
ETED BY PHYSICIAN	EXAMINER?  VXYES 2 NO  27. MANNER OF DEATH  1 Natural 5 8 2 X Accident 3 Suicide 6 0	Pending nvestigation Could not be letermined	1 □ Inpetient 2 €  26a. DATE OF (Month, D)  3 − 3 − 9 4  26a. PLACE O building.	INJURY ay, Year) F INJURY — etc. (Specify,	26b. TII nukn At home, ferm, Gas S	4 - Num ME OF JURY OWITH street, fac	28c, INJ WC 1 ttory, offic	URY AT ORK? YES 2/0	K NO S	26d. DES Subje 281. Loc. 564(	ect fe ATION (Street a or Town, Stete)  RITC	ell in and Number of HIE H	to a Runal Rou IGHW	Ral to	.MC
WPLETED BY PHYSICIAN	EXAMINER?  VXYES 2 NO  27. MANNER OF DEATH  1 Natural 5 S 2 X Accident 8 3 Suicide 6 0 4 Homicide 6  29a. CERTIFIER (Check only 1 CERTI	Pending nvestigation Could not be letarmined	1 Inpetiant 2 5 26a. DATE OF (Month, D) 3-3-94 28e. PLACE O	INJURY ay, Year)  F INJURY — etc. (Specify, my knowled	26b. TII nukn At home, ferm, Gas S	4 Num NE OF JURY OWITH street, fac tatic	28c, INJ WC 1 Tory, office	PURY AT DRK? YES 200	NO S	26d. DES Subje 281. Loc. 261. Colly 564(	ect fe ation (Street a or Town, Stete) RITC	ell in and Number of HIE H	to a Rural Rou IGHW  1.	Balto.	_
WPLETED BY PHYSICIAN	EXAMINER?  VXYES 2 NO  27. MANNER OF DEATH  1 Natural 5 S 2 X Accident 8 3 Suicide 6 0 4 Homicide 6  29a. CERTIFIER (Check only 1 CERTI	Pending nvestigation Could not be letarmined IFYING PHYSIC CAL EXAMINER	26e. DATE OF (Month), D 3 - 3 - 9 4  28e. PLACE O building.	INJURY ay, Year)  F INJURY — etc. (Specify, my knowled	26b. TII nukn At home, ferm, Gas S	4 Num NE OF JURY OWITH street, fac tatic	28c, INJ WC 1 Tory, office	PURY AT PRIX PRIX PRIX PRIX PRIX PRIX PRIX PRIX	NO S	Subjection of the cause of the	ect fe ation (Street a or Town, Stete) RITC	and Number of HIE H	to a  FRUTE! ROU  IGHW  1.  COUDO(0) 0	Balto.	_
BE COMPLETED BY PHYSICIAN	EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Netural 5 8 2 Accident 3 Suicide 6 6 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDIC  29b. SIGNATURE AND TITLE	Pending nvestigation Could not be letermined IFYING PHYSIC CAL EXAMINER	28e. DATE OF (Month, D 3 - 3 - 9 4 28e. PLACE O building.	INJURY ay, Year)  F INJURY — etc. (Specify, my knowled xamination a	26b. Till hukm At home, ferm, Gas S ge, deeth occur nd/or investiget	4 □ Num ME OF JURY OWIN street, fac tatic red at the 1 on, in my o	28c, INJ WC 1 Tory, office	PURY AT PRIN	, and due I	26d. DES Subjection of the cause of the caus	ect fe ation (Street a or Town, Stete) RITC	ell in and Number of HIE H	to a  FRUTEL ROU  IGHWA  1.  COUDD(0) C	Balto.	_
COMPLETED BY PHYSICIAN	EXAMINER?  VXYES 2 NO  27. MANNER OF DEATH  1 Natural 5 8 2 Accident 3 Suicide 6 6 4 Homicide 6 6  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE  30. HAME AND ADDRESS OF	Pending Investigation Could not be Interest between the person who	28e. DATE OF (Month, D 3-3-94) 28e. PLACE O building.  JAN: To the best of complete of experience of experience of the building.	INJURY ay, Year)  F INJURY — etc. (Specify  my knowled  examination a	28b. Till nukn At home, ferm, Gas s ge, deeth occur nd/or investigat	4   Num WE OF JURY OWTM street, fac tatic red at the toon, in my o	28c, INJ WC 1 Urory, office OD Itlme, date opinion, d	e end place, leath occur	, and due is red at the it	26d. DES Subjection of the cause of the caus	CRIBE HOW III PCT FE  ATION (Street a FOR TOWN, Stele) PRITC  REG(s) and mar and place, an	HIE H  There are state- and due to the  29d. DATE  MA	to a  FRUTEL FROM  IGHWA  1.  COUDD(0) 0  SIGNED (A	Manner ae star	_
BE COMPLETED BY PHYSICIAN	EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Netural 5 8 2 X Accident 3 Suicide 6 0 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDIC  29b. SIGNATURE AND TITLE	Pending Investigation Could not be letarmined IFYING PHYSIC CAL EXAMINER OF CERTIFIER PERSON WHO	28e. DATE OF (Month, D 3 - 3 - 94)  28e. PLACE O building.  IAN: To the best of experience of experi	INJURY ay, Year)  FINJURY etc. (Specify)  my knowled  xamination a	26b. Till hukm At home, ferm, Gas S ge, deeth occur nd/or investiget	4 Numer of July Street, factor	28c, INJ WC 1 Urory, office OD Itlme, date opinion, d	e end place, leath occur	, and due is red at the it	26d. DES Subjection of the cause of the caus	CRIBE HOW III PCT FE  ATION (Street a FOR TOWN, Stele) PRITC  REG(s) and mar and place, an	HIE H  There are state- and due to the  29d. DATE  MA	to a  FRUTEL FROM  IGHWA  1.  COUDD(0) 0  SIGNED (A	Manner ae star	_

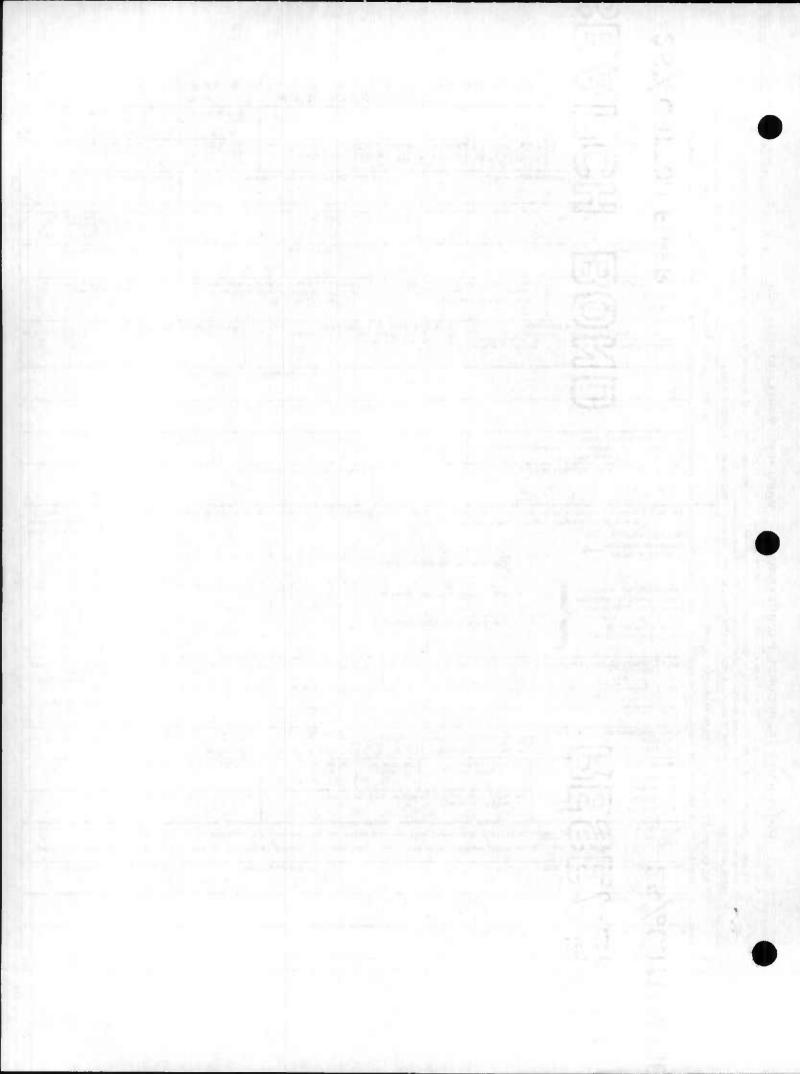


DIVISION OF VITAL REC		, .
DIVISION OF VITAL	C	) 3
DIVISION OF VITAL	H	
DIVISION OF VITA		- 2
DIVISION OF VI	A	
DIVISION OF	F	. F
DIVISION OF	>	. 4
DIVISION	뜻	
DIVISIO	-	
DIVISIO	ô	á
2 €	ž	1
-	Ĕ	1
- INTO	Ξ	3
-		
		Lig

			LAND / DEPARTM CERTIFICA	TE OF DEATH	REG. NO.	-94	0/1	
	1. DECEDENȚ'S NAME (First, Middle, La:		MILLER		2. DATE OF DEATH	YEAR 3.	11.00	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF L	NDER 1 YEAR IF UNDER 24 HRS.	March 6, 7. DATE OF BIRTH (Month, Day, Year)		11:00 ACE (State or F	
	222-09-7240A  Se. FACILITY NAME (# not institution, gir	1 🗆 M 2 🔀 F	80 YRS. MON		January 11,	1914 1	Delawa	
TOR	7915 Juniper Di		96.	Frederick		Frederic		
DIRECTOR	10e. STATE 10b. COU			WN OR LOCATION		10d		
	Maryland  100. STREET AND NUMBER	Frederick	Fre	derick	100	1 € YES		
VERAL	7915 Juniper Dr	iive		217		USA	COONTHIT	
BY FUNI	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR S	2 X NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 X NO Specify	n, Puerto Rican, etc.)		American Ind Thite, etc.	
ETED	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. DECEDENT'S USU/ (Give kind of work of life. Do NOT use retir	lone during most of working	18b. KIND OF BUSINESS	S/INDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemaker	<i>ad.</i> ,	Own Home	0		
COMP	17. FATHER'S NAME (First, Middle, Last)			A	ME (First, Middle, Malden Surnan			
BE	John Wesley Hol	sten III			hompson			
2	Kathleen J. Mil	Ron		RESS (Street and Number or Rural liper Drive. Fr			1702	
	20a. METHOD OF DISPOSITION  WXBurlat 2 □ Cremation 3 □ R	20	b. PLACE AND DATE OF DIS	POSITION (Name of	DATE 20c LOCATION	- City or Town	State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		Gracelawn	Cemetery 3/10	/1994 Wilmi	ngton, 1	Delawa	
	+ Sonald (			22. NAME AND ADDRESS OF FA STEIN HEBREW N 232 CARRULL ST	IEMORIAL FUNE	RAL HOME	E, INC	
ERTIFICATION	Sequentially list conditions,	ь	A CONSEQUENCE OF):				/	
RTIFICA	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d		e undarlying cause given in	Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	CO OF	MPLETION OF DEATH?	
MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	dd	but not resulting in the	e undarlying cause given in  26. PLACE OF DEATH (Ch	PERFORMED?	CO OF	MPLETION OF DEATH?	
MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  25. WAS CASE REFERRED TO MEDICAL	dd.	but not reauiting in the	26. PLACE OF DEATH (Chi HER: Nursing Home 5. Residence	PERFORMED?  1 YES 2 NC  eck only one)  6 Other (Specify)	O OF	AILABLE PRIOR MPLETION OF DEATH?	
PHYSICIAN: MEDICAL C	Cause. Enter UNDERLYING CAUSE (Dissease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condits  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  Netural S Pending	HOSPITAL:  1   Inpetient 2   ER/Out  28a. DATE OF INJURY (Month, Day, Year)	but not reauiting in the	26. PLACE OF DEATH (Ch	PERFORMED?  1 YES 2 No	O OF	AILABLE PRIOR MPLETION OF DEATH?	
ED BY PHYSICIAN: MEDICAL C	Cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending	HOSPITAL: 1   Inpetion: 2   ER/Out 28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4 OT NUMBER OF INJURY	26. PLACE OF DEATH (Che Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFORMED?  1 YES 2 NC  eck only one)  6 Other (Specify)	OCCURED	ALABLE PRIOR MPLETION OF DEATH? YES 2	
LETED BY PHYSICIAN: MEDICAL C	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are supported by the conditions of the conditions are supported by the conditio	HOSPITAL:  1   Inpellent 2   ER/Out  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 4 DOA 28b. TIME OF INJURY Y — At home, farm, street,	26. PLACE OF DEATH (Che Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFORMED?  1 YES 2 NC  1 YES 2 NC  2 NC  Chy one)  6 Other (Specify)  28d. DESCRIBE HOW INJURY  28t. LOCATION (Street and Nur City or Town, State)	OCCURED  OCCURED  The stated,	ARLABLE PRIOR MPLETION OF DEATH?  YES 2   Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL C	Cause. Enter UNDERLYING CAUSE (Dissease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Impellent 2 ER/Out  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 4 DOA 4 DOA A TIME OF INJURY  Y — At home, farm, street, city)  Wiedge, death occurred at on and/or investigation, in	26. PLACE OF DEATH (Ch. HER: Nursing Home	PERFORMED?  1 YES 2 NC  1 YES 2 NC  1 YES 2 NC  2 NC	OCCURED  OCCURED  The stated,	yes 2   a Number,	
COMPLETED BY PHYSICIAN: MEDICAL C	Cause. Enter UNDERLYING CAUSE (Dissease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Impellent 2 ER/Out  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 4 DOA 4 DOA A TIME OF INJURY  Y — At home, farm, street, city)  Wiedge, death occurred at on and/or investigation, in	26. PLACE OF DEATH (Chine)  MER: 28c. INJURY AT WORK?  1 YES 2 NO factory, office	PERFORMED?  1 YES 2 NC  1 YES 2 NC  1 YES 2 NC  2 NC	OCCURED  OCCURED  The stated, to the cause(s) and stated and stated.	ARLABLE PRIOR MPLETION OF DEATH?  YES 2   Number,	



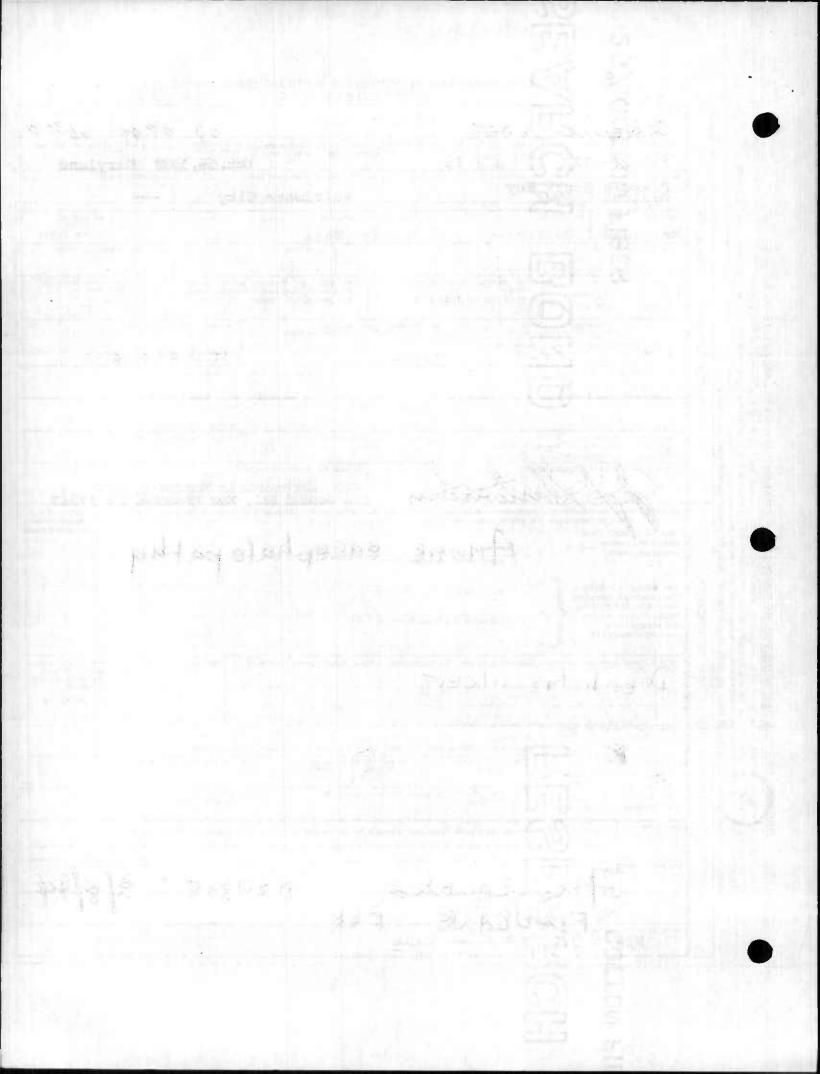
		Mamion	RMA CEC		A MAI	KMI	ON		MOI	TE OF DEATH	3/6	194 94	3. TIME OF DEA	
	4. SOCIAL SECURITY NUMBER	5. 9EX	6. AGE (In yrs. le	S YRS.	IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DAT	TE OF BIRTH	1025	8. BIRTH Counti	PLACE (State or F	
	578-44-1301  Sa. FACILITY NAME (If not institution, g	/-	3.	O THS.	9b. CITY.	TOWN C	R LOCAT	ION OF DE		7-10-		JNTY OF D		
S S	Washington Ad		Hospit	tal				Park					tgomery Co.	
2	RESIDENCE OF DECEDENT				TY, TOWN OF	LOCAT	1011		_					
DIRECTOR		Howard Co	ounty	Columbia								10d. INSIDE CIT LIMITS?		
	10e. STREET AND NUMBER		1.			-	. ZIP COC	DE			10g. CIT	TIZEN OF V	WHAT COUNTRY?	
FUNERAL	8756 Tamar Di	cive					21	045				USA	¥	
COMPLETED BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Norced	NT EVER IN U.S. A 1 YES 345 WAR OR DATES	IRMED	H	yes, spe	ecity Cub	OF NISPAN en, Mexicar Specify	n, Puerl	GIN? (Specify Yo to Rican, etc.)	es or No—	14. RACI Blaci Spec	E — American Ind k, Whita, atc.		
		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a.			Work done du	CUPATIO	ON st of work	ing	1	6b. KIND OF BI	JSINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	isab							n/a			
OME	11th 17. FATHER'S NAME (First, Middle, Lest,		l uı	r is a U	reu		16, M(7)	THER'S NAI	ME (Fire	t, Middle, Maide	,			
BE C	William Norma	an Chambe	ers							ne Ir		Bake	er	
2	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILIN	G ADDRESS	(Street a	ind Numbe	er or Rural F	Route No	imber, City or To	wn, State, Zi	ip Code)		
	Ms. Deanna Ha	anley						ve,		lumbi				
	20a. METHOD OF DISPOSITION	Removal from State	20b. PLACE _cemetery, c	E AND DATE	of DISPOSIT	rion (Na	me of	3			OCATION —			
	Commetten   Commetten   Commetten   Commetten   Commetter   Comm													
	Slack Funeral Home, P.A. 21043													
	23. PART I. Enter the diseases, shock, or haert talls iMMEDIATE CAUSE (Final disease or condition resulting in death)	ire. List only one ce	use on each iin	na.	not enter t	tha mo	de of dy	ying, suci	h aa ci	ardiac or rea	piratory a	rrest,	21043 Approximintarval E Onset an	
RTIFICATION	23. PART I. Enter the diseases, ahock, or haert talk iMMEDIATE CAUSE (Final disease or condition	a. CAK  OUE TO  C. COM	at caused the druse on each line  COCO COR AS A CONSI  COCO COR AS A CONSI  COCO COR AS A CONSI  COCO COR AS A CONSI	WIC EQUENCE OF	orbinot enter t	ita mo	de of dy	ying, suci	h aa ci	ardiac or rea	piratory a	rrest,	Approxin interval E	
: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, ahock, or haert falls iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO  DUE TO  d. OUE TO  C. OUE TO  DUE TO  d. OUE	COLOR AS A CONSI	desth. Do na.  WI C EQUENCE C EQUENCE C EQUENCE C	OF):  O CA  OF):  A COF):	Ha model	ocic	ving, such	N SE	ASE 24a, WAS A	N AUTOPSY PRIMED?	rrest,	Approxin interval E	
MEDICAL	23. PARY I. Enter the diseases, shock, or haert faffic immeDiATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions. The conditions of the conditions of the cause of the c	a. Oue To b. Due To c. Oue To d	COR AS A CONSI	desth. Do na.  WI C EQUENCE C EQUENCE C EQUENCE C	not enter t	LACE CELL PER CELL PE	de of dy	ving, such	N An Co	24a. WAS A PERFC	N AUTOPSY PRIMED?	rrest,	Approxinintaryal E Onset an DA DA DA DA DA DA DA DA DA DA DA DA DA	
MEDICAL	23. PARY I. Enter the diseases, shock, or haert falls immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condits of the conditions of the conditions of the conditions of the c	b. DUE TO  d. HOSPITAL: 1   Inpetient 2	O (OR AS A CONSI	death. Do na.  VI C DEOUENCE C  A DEOUENCE C  R DEOUENCE C  R R R R R R R R R R R R R R R R R R	not enter t	LACE CONTRACTOR CONTRA	g cause	given in	Part i.	24a. WAS A PERFC	N AUTOPSY PRIMED?	rrest,	Approxinintaryal E Onset an DA DA DA DA DA DA DA DA DA DA DA DA DA	
PHYSICIAN: MEDICAL	23. PARY I. Enter the diseases, shock, or haert falls immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the condits of the conditions of the conditions of the conditions of the c	b. DUE TO  d. HOSPITAL: 1   Inperient 2   28e. DATE O	O (OR AS A CONSI	desth. Do na.  VI C SEQUENCE C S SEQUENCE C S S S S S S S S S S S S S S S S S S S	OTHER	LACE CLI CLI CLI CLI CLI CLI CLI CLI CLI CLI	g cause  ACE OF   PACE OF	given in	Part i.	ARC  24a. WAS A PERFC  1   YES	N AUTOPSY PRIMED?	rrest,	Approxinintaryal E Onset an DA DA DA DA DA DA DA DA DA DA DA DA DA	
ED BY PHYSICIAN: MEDICAL	23. PARY I. Enter the diseases, shock, or haert falls immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condits of the conditions of the conditions of the conditions of the c	a. OUE TO b. DUE TO c. DUE TO d	COVOUPERIOR	death. Do na.  VI C DEOUENCE C  REQUENCE C  REQUENCE C  T requiting  A DOA  28b. Till IN	OTHER 4 DURY M	LACE  LACE	g cause  ACE OF   PACE OF	given in	Part i.	24a. WAS A PERFC 1 YES	N AUTOPSY RIMEO? 2 NO	24b	Approximintarval E Onset an DA DA DA DA DA DA DA DA DA DA DA DA DA	
ED BY PHYSICIAN: MEDICAL	23. PARY I. Enter the diseases, shock, or haert faffic imm@piate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigate accident 3 Suicide 8 Could not determine concerning investigate 1 Check only 1 CERTIFYING P.	a. OUE TO b. DUE TO c. DUE TO d	DO COR AS A CONSE O COR AS A COR AS A CONSE O COR AS A CONSE O COR AS A COR AS A COR AS A C	death. Do na.  VI C. EQUENCE C  EQUENCE C  T resulting  A DOA  29b. Till  Nome, term,	OF):  OF):  OF):  OF):  OF):  In the und  OTHER  4   Nursi  ME OF  JUNY  M  Street, factored at the time	LACE  CLI  CLI  CLI  CLI  CLI  CLI  CLI  C	g cause  ACE OF INKY AT INKY 2 2 4 a and place	given in	Part i.	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 NO injury oc	24b	Approxinintarval E Onset an DA DA DA DA DA DA DA DA DA DA DA DA DA	
BE COMPLETED BY PHYSICIAN: MEDICAL	23. PARY I. Enter the diseases, shock, or haert faffic immediate cause. (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the conditions of	b. DUE TO  d. DUE TO	DO COR AS A CONSI O COR	death. Do na.  VI C. SEOUENCE C  REQUENCE	OF):  OTHER 4 Number of July M.  Street, fectored at the time on, in my open.	LACE  CLI  CLI  CLI  CLI  CLI  CLI  CLI  C	g cause  g c	given in	Part I.  281. Lt ofte to the stime, d	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 NO INJURY OCH and Number of and Number of and dua to to	24b	Approxinintarval E Onset an DA DA DA DA DA DA DA DA DA DA DA DA DA	
COMPLETED BY PHYSICIAN: MEDICAL	23. PARY I. Enter the diseases, shock, or haert fafte immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the cause of the conditions of the cause	B. DUE TO  d. DUE TO	DO COR AS A CONSI O COR	death. Do na.  VI C. SEOUENCE C  REQUENCE	OF):  OTHER 4 Number of July M.  Street, fectored at the time on, in my open.	LACE  CLI  CLI  CLI  CLI  CLI  CLI  CLI  C	g cause  g c	given in	Part I.  281. Lt ofte to the stime, d	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 NO INJURY OCH and Number of and Number of and dua to to	24b	Approximintarval I Onset an DA DA DA DA DA DA DA DA DA DA DA DA DA	



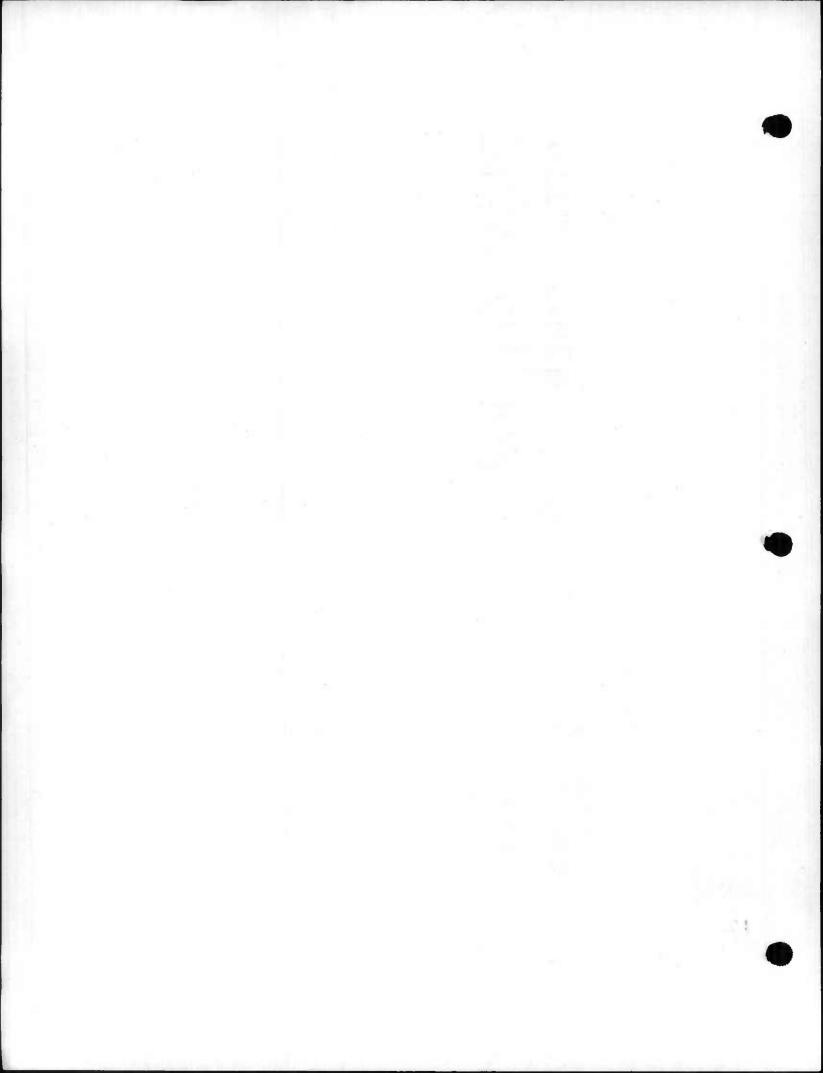
E	RECTO	E E	28
TIME 9	PAL O	72 10	H H
ROSP I	PER I	THE R	RTANT
TH OT	HT OT	be file	MPO

	ALGISTARY			ENTIF	ICALI	E OF	DEA	ın	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  Carrie Newco	mer							2. DATE OF DE	DAY	YEAF		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	ant historiani	IF UNDER	A WEAR	T		Februa:			6:45 A. M	
	229-32-7625	1 🗆 M 2 🔀 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Nov. 16.	Year)	Cod	THPLACE (State or Foreign intry) inginia	
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE			e. COUNTY OF		
DIRECTOR	Montgomery Genera	al Hospita	a1		01n	ey					Montgo	omery	
입	10a. STATE 10b. COUNT	Y		10c CIT	Y, TOWN C	DR LOCAT	TAOM .				I		
E	2000	1284									10d. INSIDE CITY LIMITS?		
4	Maryland Mont	gomery		Ga	ithe					1 V			
1 %						101	. ZIP COD	E	10g. CITIZEN OF WHAT CO			F WHAT COUNTRY?	
l iii	8504 Hawkins Crem	nery Road					208	82			USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Spe	cify Yes or	No- 14. RA	CE — American Indian,	
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	NO			2 X NO		n, Puerto Rican,	etc.)		ock, White, atc. early: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON set of weekle		16b, KIND	OF BUSINI	ESS/INDUSTRY		
Ę.	Elementary/Secondary (0-12)	College (1-4 or 5+	) All	le. Do NOT u	se retired.)			.9					
NO.	17. FATHER'S NAME (First, Middle, Last)		U	nemp1	oyed		40 4407	15010 111	ME (First, Middle,		30.		
	Samuel Newcomer										meme)		
B	190. INFORMANT'S NAME (Type/Print)		1	Oh MAII INC	ADDRESS	P. /Stroot o			a Whort				
2	Pearl Sembower												
	20a. METHOD OF DISPOSITION			AND DATE				ery			ersbur	g, Md.20882	
	1 M Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery co	nematory or o	ther place!			Cem	2/16/9			The state of the s	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1	00 01	22.	NAME AN	O ADDRE	SS OF FA	CILITY	- V	TEWLOW	II, va.	
	* Ry Monice	-			Money & King Vienna Funeral Home, Inc.								
	23. PART I. Enter the diseases, or	complications that	ceused the d	eath. Do r	not enter the mode of dying, such as cardiac or reapiratory arrest, Approximats							Approximate	
	index, or heart fellure.  IMMEDIATE CAUSE (Finel	List only one ceus	e on each lin	ie.								interval Between	
	disease or condition	Cora	cio /	uln	wan	on	ey	Qu	nest			Onset and Death	
	resulting in death)	OUE TO BUL	OR AS A CONSE	EQUENCE O	F):	00	/						
z	The marginals was	Bil	aler	al	. /	IN	2um	ion	ua a.				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSE	OUENCE O	F):								
2	CAUSE (Disease or in)ury	с											
E	that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSE	OUENCE OF	F):								
19		d											
	PART il. Other aignificent condition	s contributing to				derlying	cause g	iven in	Part I. 24a. V	WAS AN AUT		Ib. WERE AUTOPSY FINDINGS	
EDICAL	Interstitude	lung 1	Disea	ol,	Co	A	, 6	30	Christ	YES 2 ()		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	ASA10 2 BI	5 Bloca	el co	n 2	16				_   '	100 2 4		OF DEATH?	
									_			1 TYES 2 THO	
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF D	EATH (Che	ck only one)				
PHYSICIAN	1 TYES 2 TO NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER		• 5 □ Re	sidence	6 Other (Speci	ffy)			
\ \f	27. MANNER OF DEATH	28e. DATE OF I (Month, De	NJURY (. Year)	26b. TIM	_	28c. INJ			28d. DESCRIBE		IRY OCCURED		
B	1 Natural 5 Pending 2 Accident Investigation		20.1		M	1 🗌 Y	'ES 2 [	NO					
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At hete. (Specify)	ome, farm, s	Hreet, facto	ory, office			28f. LOCATION ( City or Town	(Street and i	Number or Rura	l Route Number,	
트	29a. CERTIFIER	CIANI To the best of											
COMPLE		CIAN: To the best of n										(e) and manner as stated,	
	29b. SIGNATURE AND TITLE OF CERTIFIER				in, int my o	pinnon, u							
BE	An I . I .	ess he	1)			Ì	29c. LICE	NSE NUM	BER	29	M. DATE SIGNE	ED (Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WH	Contract of the contract of th	OF OEATH (ITE	EM 27) (Type,	Print)		2	J 7	,0		7	1/14	
	OlineR V. LAu	1/655		380	1 8	trid	esho	ZXIC	rial I	DRW	ie S	wher SPRes	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR											
	MAR 1 0 1994			4									

	1 - STATE REGISTRAR	STATE OF MARYI		TMENT OF H		MENTAL HYG	IENE 94	07157	
ijā	1. DECEDENT'S NAME (First, Middle, Lat	OBER	Catheri			2. DATE OF DEAT MONTH	079	year 1030 4	
	4. SOCIAL SECURITY NUMBER 217-24-0227	1 🗆 M 2 🗶 F 65	(In yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Oct. 26,	1928	BIRTHPLACE (State or Foreign Country) Maryland	
TOR	9a. EACILITY NAME (If not institution, given francis Scot Medical Centeres) RESIDENCE OF DECEMENT	t Key er			timore		9c. COUNT	Y OF DEATH	
DIRECTOR	_	nv ltimore	20.00	ite Ha			10d. INSIDE CITY LIMITS? 1  YES 2 A NO		
FUNERAL	19328 Ensor				1. ZIP CODE 21161		U.S.A.		
B∀	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR I	2 X NO	If yes, sp	CENDENT OF HISPAN Decity, Cuban, Maxicae 3 2 NO Specify	n, Puerto Rican, ato		4. RACE — American Indian, Black, White, atc. Specify: White	
PLETED	15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of with the Do NOT us) Labore	rork done during mo e retired.)	ON ost of working		Proce		
E COMPL	17. FATHER'S NAME (First, Middle, Last)  James Almony				THE RESERVE TO STATE OF THE PARTY OF THE PAR	AE (First, Middle, Mid			
TO B	19a. INFORMANT'S NAME (Type/Print) Earl E. Ober				and Number or Rural F r Rd., I	White H	Hall, M	ID 21161	
	20a, METHOD OF DISPOSITION  1 N Burlei 2 Cremation 3 R. 4 Donation 5 Other (Specify)	moval from State co	BLADIETS	Cemeter	Mai	994	Parktor		
	J.A.X	artense	an	J.J. 24 Se	Hartens econd St.	tein Mo , New F	rtuary, reedom,	Inc. PA 17349	
FICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	bDUE TO (OR AS	A CONSEQUENCE OF	):	epha	lo pa	thy	Interval Betw Onset and De	
CERTIFI	that initiated events resulting in death) LAST	d							
4: MEDICAL	Decubit			n the underlyin	g cause given in i	PE	S AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Input ent 2   ER/Out	petient 3 DOA	OTHER:	LACE OF DEATH (Che		)	1	
ву РНУ	27. MANNER OF DEATH  1 Matural 5 Pending 2 Accident Investigation	26e. DATE DF INJURY (Month, Day, Year)	26b. TIMI	E OF 26c. IN.	JURY AT DRK? YES 2 NO		OW INJURY OCCU	RED	
	3 Suicide 6 Could not t 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, a loffy)	treet, factory, offic	:a	261. LOCATION (St. City or Town, St.		Rural Route Number,	
COMPLETED	one) —	YSICIAN: To the best of my known NER: On the basis of examination							
BE	29b. SIGNATURE AND TITLE OF CERTIF	nucan	eus		29c. LICENSE NUM	H334	29d. DATE !	SIGNED/(Month, Dely, Year)	
2	30. NAME AND ADDRESS OF PERSON	NHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print) FSK					
	MAR 10 1994	A. REGISTRAR'S SIG							

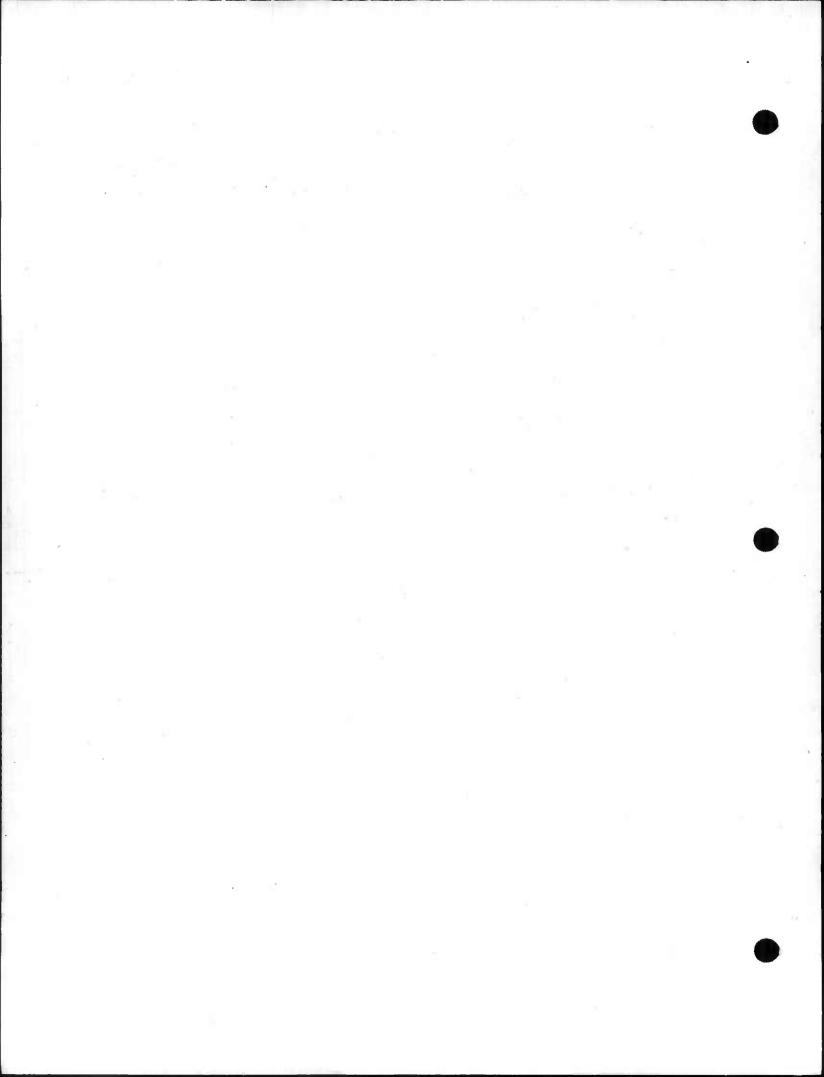


THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within events after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPI	TO THE FUNER be filed within	IMPORTANT:

FOR STATE REGISTRAR	STATE OF MARYI		CATE OF		MENTA	REG. NO.																				
1. OECEOENT'S NAME (First, Middle, Last	)					OF DEATH	v	3. TIME OF DEATH																		
GEORGE	EDWARD	PHELPS			MAR			7.20 -																		
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6. E	BIRTHPLACE (State or Foreign																		
216-12-6115		5 YRS.	MONTHS DAYS	HOURS MIN.	04	h, Day, Year) -09-19	917	Maryland																		
9a. FACILITY NAME (If not institution, give	street and number)			OR LOCATION OF D			9c. COUNTY																			
THE JOHNS HO		ITAL	BALTI	MORE CI	TY		N,	/A																		
10e. STATE 10b. COUN	TY	toc. CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?																		
Maryland Bal	timore Co.	C	atonsv	ille				1 YES 2 NO																		
10e. STREET AND NUMBER				. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?																		
719 Raynor Av	anua			212	28		USZ	7																		
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WAS DEC	CENDENT OF HISPA		12 (Specify Vee		RACE — American Indian.																		
1 Never Married 2 Married	FORCES? 1 TYES	2 X NO	If yea, sp	ecify Cuban, Maxico	an, Puarto			Black, White, etc.																		
3 Widowed 4 N Divorced	IF YES, GIVE WAR OR I	DATES	1 TYES	2 Specif	ly:			Specify: White																		
15. DECEDENT'S ED	HICATION	16a. DECEDENT'S	HELIAL OCCUPATION	ON	1 404	. KIND OF BUS	INESS (INDIST																			
(Specify only highest grad	de completed)	(Give kind of w	vork done durina ma	ost of working	100	. KIND OF BUS	MESS/INDUS I	HY																		
Elementary/Secondary (0-12)	College (1-4 or 5+)																									
8th		Truck	priver					rnment																		
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First,	Middle, Maiden	Sumame)																			
Lawrence I.	Phelps			Lill	ie I	Mae Fa	agan																			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Num	ber, City or Town	n, State, Zip Coo	<sup>(6)</sup> 21043																		
Mr. Ronald Ph	elps	8369	01d F	rederic	k Ro	oad.E1	llicot	tt City, MI																		
20a. METHOD OF DISPOSITION	**	b. PLACE OF DISPOS			74 3.64			or Town, State																		
1 X Burial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	movel from State	other place)			7, 3			icott City																		
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	300 Sile	DITET O	ND ADDRESS OF FA	y J.	-0-94	<u> </u>	ICOUL CITY																		
21. Ordinate of Tolleran Delivior	DOLINOLL /		EE. NAME A	UN VARIATION OF LA	Water I I																					
./////////			C1.	ade Fun	222	Lowe	D 7	۸																		
22 PART I Enter the diseases	18-00	M005	35 El	ack Fun	City	v. Mar	cyland	3 21043																		
23. PAPT I. Enter the diseases, o shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition	complications that cause. List only one cause on	ed the deeth. Do n	35 El:	licott	City	v. Mar	cyland	3 21043																		
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in daeth)  Sequentially list conditions,	a. Circles DUE TO (OR AS	ed the death. Do n	35 E13	licott	City	v. Mar	cyland	3 21043 Approximate Interval Batw																		
23. PAPT I. Enter the diseases, o shock, or heart fellure immediate CAUSE (Final disease or condition resulting in daeth)	a. Orlean  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	35 E13	licott	City	v. Mar	cyland	3 21043 Approximate Interval Batw																		
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Carlian DUE TO (OR AS DUE TO (OR AS C. Carributing to death Otherwise	A CONSEQUENCE OF A CONS	and she was a sh	licott  ode of dying, suc	City ch as can	v. Mar	AUTOPSY MED?	Approximate Interval Batwonset and De Onset and De																		
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Carlian  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF A CONS	and she was a sh	licott  ode of dying, suc	City ch as can	diac Dr respiration of the control o	AUTOPSY MED?	Approximate Interval Batwonset and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest a																		
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in daeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions	a. Carlian DUE TO (OR AS DUE TO (OR AS C. Carributing to death Otherwise	A CONSEQUENCE OF A CONS	and some the modern the modern the underlying Dei	licott  ode of dying, suc	City ch as can	diac Dr respir	AUTOPSY MED?	Approximate Interval Batwonset and De Onset and De																		
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or conditions in death can be conditionally in death. LAST	a. Carlian DUE TO (OR AS DUE TO (OR AS C. Carributing to death Otherwise	A CONSEQUENCE OF A CONS	and some the modern the modern the underlying Dei	licott  ode of dying, suc	City ch as can	diac Dr respir	AUTOPSY MED?	Approximate Interval Batwonset and De Onset and De																		
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or conditions in death can be conditionally in the conditions of the conditions of the cause of the cau	a. Carliar DUE TO (OR AS  c. Caranat DUE TO (OR AS  d. DUE TO (OR AS  d. Due To (OR AS  d. Due To (OR AS  d. Due To (OR AS  d. Due To (OR AS  d. Due To (OR AS	A CONSEQUENCE OF A CONS	and some the modern the modern the underlying the University Direction of the Universi	licott  ode of dying, suc	City ch as car  Part I.	diac pr respiration of the control o	AUTOPSY MED?	Approximate Interval Batwonset and De Onset and De																		
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are significant conditions. If the conditions is a significant conditions are significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions in the conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions in the conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions in the conditions is a significant condition in the conditions is a significant condition in the conditions is a significant condition in the conditions in the conditions is a significant condition in the conditions is a significant condition in the conditions in the conditions is a significant condition in the conditions in the conditions is a significant condition in the conditions in the conditions is a significant condition in the conditions in the condition in the condition in the condition in the condition in the condition in the condition in the c	Done contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death	A CONSEQUENCE OF A CONS	and some the model of the underlying December 26. P	eg cause given in	City ch as car in Part I.	diac pr respiration of the control o	AUTOPSY MED?	Approximate interval Batwonset and Donest an																		
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are conditions. In the cause of the ca	Done contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death	A CONSEQUENCE OF A CONS	and sher the model of the underlying the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying	ig cause given in  LACE OF DEATH (C	City ch as car in Part I.	diac or respiration of the second of the sec	AUTOPSY MED?	Approximate interval Batwonset and Donest an																		
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are conditions. In the cause of the ca	Due To (OR AS  Due To	A CONSEQUENCE OF A CONS	and some the model of the sound	I COTT  Date of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, and dying a control of dying, and dying a control of dying and dying a control of dying and dying a control of dying and dying a control of dying and dying a control of	City ch as can  Part I.  beck only o  Coth  284, DE	diac Dr respiration of the control o	AUTOPSY MED?	Approximate interval Batwonset and Donest an																		
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or conditions in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	b. Due to (or as b. Due	A CONSEQUENCE OF A CONS	and some the model of the sound	I COTT  Date of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, and dying a control of dying, and dying a control of dying and dying a control of dying and dying a control of dying and dying a control of dying and dying a control of	City ch as can  Part I.  beck only o  Coth  284, DE	diac Dr respiration of the control o	AUTOPSY MED?	Approximate Interval Batwonset and Delinterval	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the cond	Due To (OR AS  Due To	A CONSEQUENCE OF A CONS	and sinter the model of the sinter the model of the sinter the model of the sinter the model of the sinter the model of the sinter the sinter the model of the sinter	I COTT  Date of dying, such a control of the contro	City  the as can  Part I.  beck only o  Goth  286, DE	diac Dr respiration of the control o	AUTOPSY MED?  NJURY OCCUR  and Number or F	Approximate Interval Batwonset and Delinterval	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the cond	Due to (or as b. Due to	A CONSEQUENCE OF A CONS	and anter the model of the street, factory, officed at the time, date	I COTT  Date of dying, such a control of the contro	City  the as can  Part I.  Part I.  6 □ Oth  286, DE	diac or respiration of the control o	AUTOPSY MED?  NJURY OCCUR and Number or R	Approximate Interval Batwonset and Donest an
23. PART I. Enter the diseases, or shock, or heart failure immediate cause or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending investigation in investigation in investigation in investigation in investigation in investigation investigation in invesion in investigation in investigation in investigation in inve	DOES CONTRIBUTED STATE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)	A CONSEQUENCE OF A CONS	and anter the model of the street, factory, officed at the time, date	I COTT  Date of dying, such a control of dying	City ch as car  Part I.  Part I.  28d, DE  28f. LO(Ch)  to the ca e time, dat	diac or respiration of the control o	AUTOPSY MED?  NJURY OCCUR.  Ind Number or R.  There is stated.  Ind due to the ca	Approximate Interval Batwonset and De Interval Batwonset and De Interval Batwonset and De Interval Batwonset and De Interval Batwonset and De Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Inter																		
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the cond	DOES CONTRIBUTED STATE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)	A CONSEQUENCE OF A CONS	and anter the model of the street, factory, officed at the time, date	I COTT  Date of dying, such a control of the contro	City ch as car  Part I.  Part I.  28d, DE  28f. LO(Ch)  to the ca e time, dat	diac or respiration of the control o	AUTOPSY MED?  NJURY OCCUR.  Ind Number or R.  There is stated.  Ind due to the ca	Approximate Interval Batwonset and Donest an																		
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or conditions in the conditions of t	DOES CONTRIBUTED STATE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)  28e. PLACE OF INJURY (Month, Dev. Year)	A CONSEQUENCE OF A CONS	and anter the model of the street, factory, officed at the time, date	I COTT  Date of dying, such a control of dying	City ch as car  Part I.  Part I.  28d, DE  28f. LO(Ch)  to the ca e time, dat	diac or respiration of the control o	AUTOPSY MED?  NJURY OCCUR.  Ind Number or R.  There is stated.  Ind due to the ca	Approximate Interval Batwonset and De Interval Batwonset and De Interval Batwonset and De Interval Batwonset and De Interval Batwonset and De Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Province Interval Inter																		
23. PART I. Enter the diseases, or shock, or heart failure immediate cause. Enter the disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the	DUE TO (OR AS  DUE TO	A CONSEQUENCE OF A CONS	and site of the street, factory, office, in my opinion, in my opin	I COTT  Date of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, and due to death occurred at the control of dying, such a control of dyin	City  the as car  Part I.  Part I.  Control  286, DE  287, LOC  City  e to the ce  e time, dat	diac pr respiration of the control o	AUTOPSY MED?  NJURY OCCUR  and Number or E	Approximate Interval Batwonset and Delinterval																		


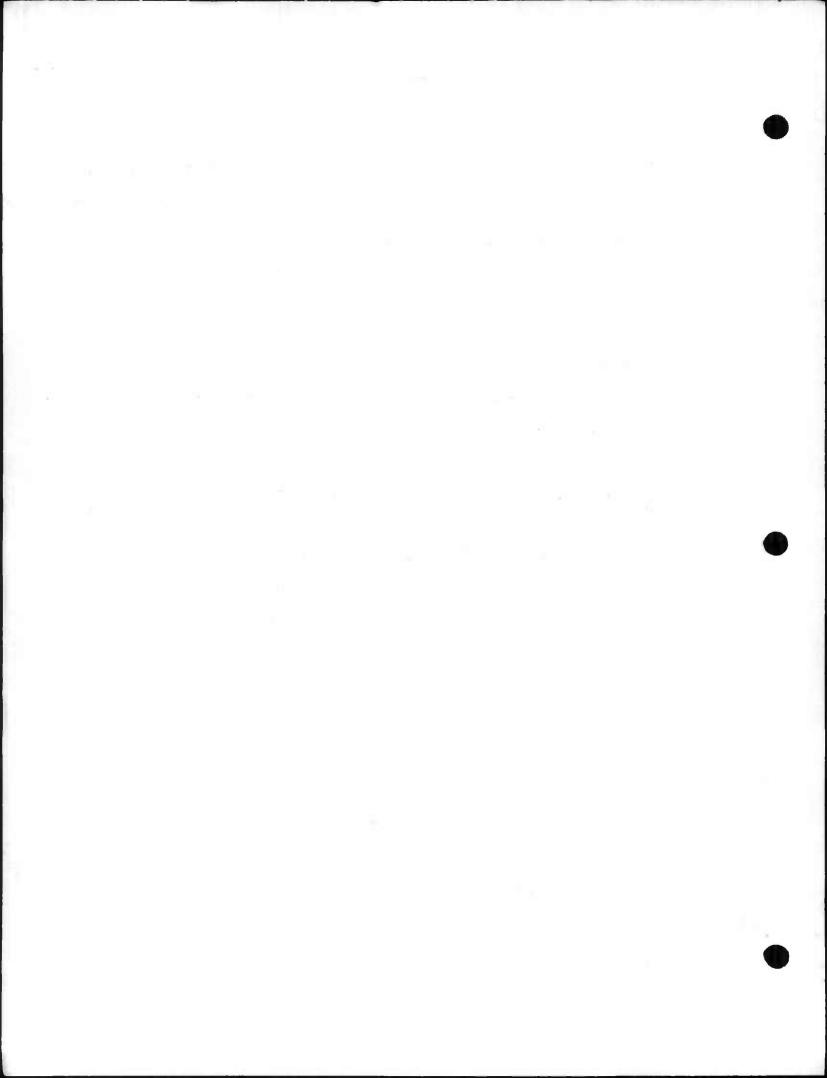
•
-
0
9
68
9
30X
0
m
ш
-
0
•
ш.
- 05
DS
8
0
O
ŭ.
R
ш.
AL
-
=
ш.
U.
0
7
=
O
U)
_
ō

		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPAR	TMENT OF	HEALTH AND F DEATH	MENTA	L HYGIEN	<b>E</b> 9	is 1	07159
		1. DECEDENT'S NAME (First, Middle, Leet) BEULAH HELEN V	HOFMEIST	FR /	DIAN	ITTED		2. DATE MONT	7- 19	åa '	YEAR 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 215-40-1510		(In yrs. last		IF UNDER 1 YEAR		7. DATE	OF BIRTH		Country)	ACE (State or Foreign
2, 3 should	стоя	9a. FACILITY NAME (If not institution, give some of the source of decement		100			n or Location of D ltimore C	EATH		9c. COUNT		ТН
f. Pages 1,	DIREC	10e. STATE 10b. COUNTY	timore		t0c. CITY		Parkville					d, INSIDE CITY LIMITS?  YES 2XXNO
n. ansit permit.	FUNERAL	8220 Oakley Rd.					101. ZIP CODE 21234					T COUNTRY?
Z I 3-UUZU attending physician. ise as the burial-transit	B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 N	MED O	If yes,	ECENDENT OF HISPAI specify Cuben, Mexico ES 2 NO Specifi	n, Puarto		or No-	I. RACE — Black, W Specify:	American Indian, white, etc.
D 21 spital or ed for u	COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondery (0-12)	CATION completed)  College (1-4 or 5+)	(Gh				164	KIND OF BUS	emakir		
ज दे द	BE CON	17. FATHER'S NAME (First, Middle, Last) Dillie Grubb					18. MOTHER'S NA Berth		Middle, Maiden atrice		ar	
40 44	TO E	190. INFORMANT'S NAME (Type/Print)  Cynthia A. Henric			8220	Oakley			re, Ma	ryland	d 2]	1234
age 6 m director,		20e. METHOD OF DISPOSITION  1	oval from State ce			ensposition	Inc. 3.	-9-9 <sup>4</sup>		timore		aryland
death.  the funeral.  examin		Lasseln Fe	merce >+			Las 740	and address of Fa sahn Fune 11 Belair	eral Rd.	Baltim	ore, l	۷d. ۵	21236
within cours at pletely filled in by cremation, or remorement, the medica		23. PART I. Enter the diseasea, or cashock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause List only one cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of the cause	each lina.		ot anter tha r	node of dying, auc	h as cer	diac or respi	ratory arres	t,	Approximate Interval Between Onaet and Death
certificate be execution of physician and hygiene prior to burner other traumatic	RTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS									
requires that the been signed by the t. of Health and M	1: MEDICAL CE	PART II. Other eignificant condition Neore from Diabetes	a contributing to death  fascuri  MUULIFUS	but not re	eaulting i	n tha undariy	ing cause given in	Part I.	24a. WAS AN PERFOR 1 — YES 2	MED?	AM CC DF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO
SICIAN: The law certificate has be the State Dept. , or item 23 s	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out	Ipetient 3	DOA	QTHER:	PLACE OF DEATH (Ch					
The with	ву Рну	27. MANNER OF DEATH  1	28e. DATE OF INJURY (Month, Day, Year)		28b. TIME	OF 28c, I	NJURY AT WORK?	_	SCRIBE HOW II	NJURY OCCUI	RED	
TTENDI TOR: A after de	ETED E	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At hon	ne, ferm, s	treet, fectory, of	fice	281. LOC City	CATION (Street a or Town, Stete)	and Number or	Rural Rout	e Number,
<b>₩</b>	COMPL		CIAN: To the best of my known R: On the beele of examination									id menner ee stated.
TO THE HOSP TO THE FUNEI De filed within	TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	Jun				29c. LICENSE NUI		)	29d. DATE S	IGNED (M	onth, Day, Year)
7		Dr. George Lowe	5810 Belain	Rd.	27) (Type, Bal	rint) timore	, Md. (426	6-529	99)			



ૠ	THE	be filed	MPOR
2	2	P	2
~		t	
 0	1	1	

		FOR 1 - STATE REGISTRAR	STATE OF I							MENTA		E	94	0/161
		1. DECEDENT'S NAME (First, Middle, Las	•				: UF	DEA	I H	MONT	OF DEATH		YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX			1		-		4, 2331				М
		218 18 0650	1 🔀 M 2 🗆 F	69	AT S ROMANO  In yra. last birthday)   F. UNDER 1 YEAR   F. UNDER 24 MRS.   7. DATE OF BIRTH (Morth, Day, Med.)   12/17/1924    9b. CITY, TOWN OR LOCATION OF DEATH   Se. COUNT   Marley Park   10c. CITY, TOWN OR LOCATION    10c. CITY, TOWN OR LOCATION   Marley Park   10f. ZIP CODE   10g. CITIZE    21060   U.S. ARMED   13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 11   YES 2 NO Specify: 1   YES 2 NO Specif	Country)	ACE (State or Foreign							
pino		9e. FACILITY NAME (If not institution, giv		05		9h CITY	TOWN (	OR LOCATI	ON OF D		/1//19			land
, 2, 3 should	TOR	109 A First								EAIN .				inde1
Pages 1,	DIRECTO	10e. STATE 10b. COUR	10c. CIT	Jc. CITY, TOWN OR LOCATION								Id. INSIDE CITY		
permit. Pa	AL DIF	Maryland A:	ryland Anne Arundel Marley Park										LIMITS?	
. usit	FUNERA	109 A First A						210	060			U.	S.A.	
MARYLAND 21215-0020  retained by the hospital or attending physician.  5 should be detached for use as the burial-transit notified at once.	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 D Divorced	IF YES, GIVE V	NT EVER IN U.S. A 1 X YES 2 X WAR OR DATES WAR II			f yes, sp	ecify Cube	n, Mexica	n, Puerto		or No— 1	I. RACE — Black, V Specify:	American Indian, white, etc.  White
r attending	G	15. DECEDENT'S E	DUCATION	16a, D	ECEDENT'S	USUAL OC	CCUPATIO	ON		168	. KIND OF BUS	INESS/INDUS	STRY	MILLE
ND 212 hospital or a ached for us	LET	Elementary/Secondary (0-12) 7th Grade					Iffe, Do NOT use retired.)				BARBERTNG			
AND.  the hospit detached once.	COMP	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First.				
YLA by the be det	BE C		Pasquale	Roman	10				_					
MAR retained 5 should notified		19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	(Street a	nd Number	or Rural I	Route Num			ode)	
E, M y be ref sage 5 :	2	Anthony J. Ron	nano		3028	Woods	ide	Ave	nue	Ba	ltimor	e, Mai	rylar	nd 21234
		20a, METHOD OF DISPOSITION 1  Burlel 2  Cremetton 3  Re 4  Donatton 5  Other (Specify)	movel from State	cemetery, ci	rematory or o	ther place)				DAT	E 20c. LO	CATION - CH	y or Town	State
FIR Page Page Page Page Page Page Page Page		21. SIGNATURE OF EUNERAL SERVICE	DIDENSEE	) ,	01.00	22.1	NAME AP	ID ADDRE		CILITY				Charle Managhan
BALTIMORE after death. Page 6 may by the funeral director, pa noval. cal examiner must to		· gickard	Lexi	bro		40	001	Ritc	hie :	Hwy.	Balt	imore	Md.	
24 nours / filled in the tion, or rectified.		23. PART I. Enter the diseases, or complications that ceused the desth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert feliure. List only one ceuse on eech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  END STAGE EMPHYSEMA AND BRONCHITS												
	z		DUE TO	O OR AS A CONSE	EOUENCE O	F):	-	BNE	^ער	~~~	iA.			
Sor he De	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	OF AS A CONSE	EOUENCE O	F):								
P.O. Th certific ending planting	ERTIFI	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	EOUENCE O	F):								
DS, P. he death the attent Mental H njury, or	Ö	PART II. Other significant conditi	ons contributing to	death but not	resulting	In the up	doclulos		aluan In	Don't I				
RECORD  quires that the  signed by the  Health and IA  hows any Ini	MEDICAL								314611 111	PERFORMED?			THE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
REC Purity Signature Signa	M									_	V		1	YES 2 NO
Dept. by	AN	N. W. C. C. C. C. C. C. C. C. C. C. C. C. C.												
4 11 11	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outputlant	2 000		l:	1			·			
1	H	27. MANNER OF DEATH	28a. DATE OF	FINJURY	28b. TIM	E OF	28c. INJ	URY AT	eldence			JURY OCCU	RED	
Z E H	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, D	Day, Year)	INJ	WORK? M 1 YES 2 NO								
DIVISION OR ATTENDOR DIRECTOR: hours after the term 28 is not a secondary.	<b>a</b>	3 Suicide  8 Could not be building, atc. (Specify)  28e. PLACE OF INJURY — At home, tarm, streat, factory, offica building, atc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 10 9 1 1 1 TAVENUE					
DIN OR A DING Hours	2	290. CERTIFIER Check only	SICIAN: To the best of	f my knowledge, d	eath occum	ed at the th	me, date	and place,	and due	to the car	use(a) and man	ner ss stated.		
THE HOSPITAL THE FUNERAL (filed within 72 h	COMPLET	2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIF	NER: On the besis of a					enth occur	ed at the	time, date		due to the o	euse(s) ar	
TO THE HOSPITY TO THE FUNERA DE filed within 7 IMPORTANT: I	TO BE	graful o	ate!	M.D.				29c. LICE	371	IBER		≥ 3	BIGNED (M	onth, Day, Year)
21.			PATEL				MI	m	moy	~DS	CN	BA	(7)	1225
		31. DATE FILED (Month, Day, Year) 3 / MART 1 9 199	32. pregistra	AR'S SIGNATURE	present									
_														



Pages 1, 2, 3 should

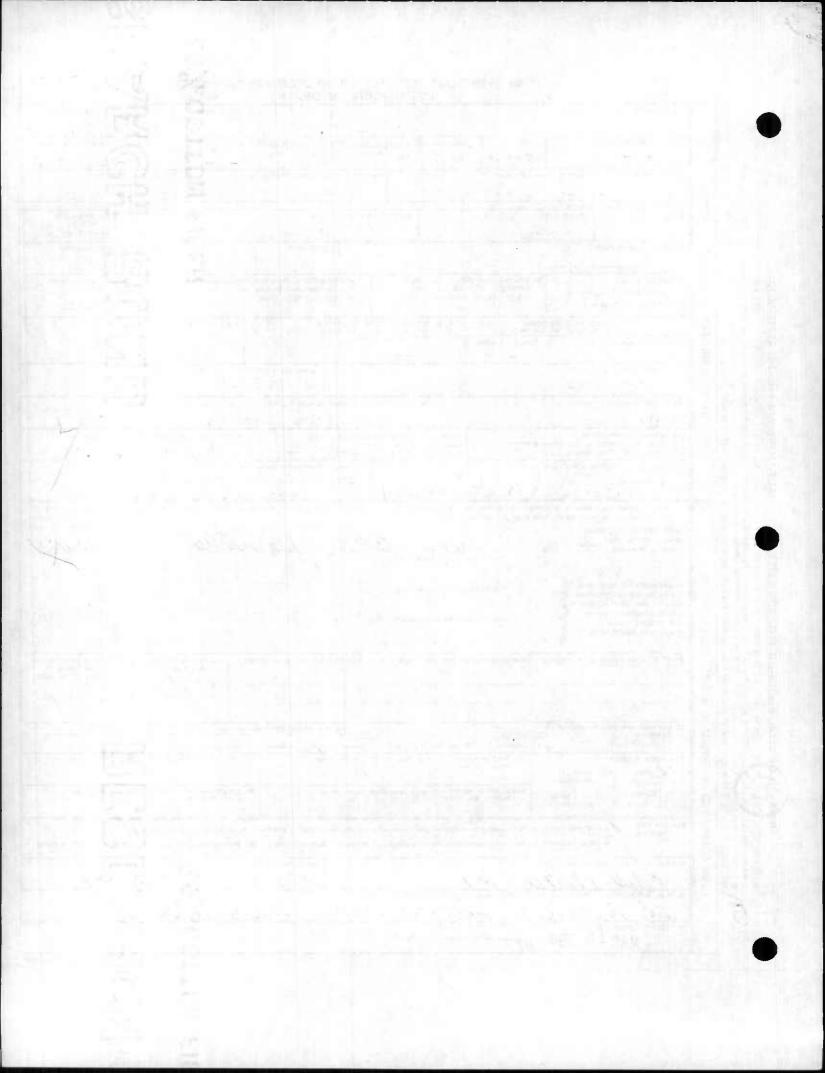
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	be filed within 72 hours after death with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTENT to them 20 to months of an internal an other bosomed a months and an analysis of market as and the months of months as and
---	---	--	--

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR ERTIF	TMENT OF	HEALTH	AND N	MENTAL	HYGIEN REG. NO.		91.	07161
	1. DECEDENT'S NAME (First, Middle, Last)	olds			2. DATE OF DEATH MONTH 3-09-1994			3. TIME OF BEATH 0				
	4. SOCIAL SECURITY NUMBER 217-36-3369	1XXM 2 □ F	5. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAY	B HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 - 24 - 1940		a. BIRTHPLACE (State or Foreign Country) Maryland		
TOR	SINAI Hospital			96. CITY, TOW Ba	n or Location 1 time		ATH		9c. COUNTY OF DEATH			
DIRECTOR	Maryland 10b. county		10c. CITY, TOWN OR LOCATION Balt					e	10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 3112 Keswick Road 101. ZIP COC							21211 10g. CITIZEN OF WHAT COUNTRY? USA				
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed ANDIvorced	EVER IN U.S. AR YES 2 XN R OR DATES	NO It yes, specify Cuban, Maxica				an, Puerto Rican, etc.)				RACE — American Indian, Black, Whita, atc. Spacify: white	
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 11th	(Gi	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)  Tree Trimmer				16b. KIND OF BUSINESS/INDUSTRY  Landscaping					
BE CO	17. FATHER'S NAME (First, Middle, Last)  Homer Reynolds  16. MOTHER'S NAME (First, Middle, Maiden Surname)  Minnie Heverle											
10	Joseph Reynol	ds	198	116	ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21904 Chief Mountain Lane Port Deposit, MI							21904 posit,MD
	20a. METHOD OF DISPOSITION  N. Burlai 2 Cremation 3 Removal trom State  4 Donetion 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of MeadOwridge Memorial 3/11 Dorsey, Ma											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Road Baltimore, MD 21211											
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximete interval Between Onset and Deeth disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):											
MEDICAL	DART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert i.							24b.	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO OTHER:  1 A longitum 2 FR/Outpetlant 1 DO OTHER:											
PHYS	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  26a. DATE OF INJURY (Month, Diply, Year)  26b. TIME OF INJURY WORK?  28c. INJURY AT WORK?										
ED BY	Neturel 5 Pending Accident Investigation  Suicide 6 Could not be	INJURY — At ho	M 1 VES 2 NO			-	261. LOCATION (Street and Number or Rural Route Number,					
LETE	4 Homleide detarmined City or rown, State)											
COMPLET	CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(s) and manner as stated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED  7/0								SIGNED	(Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print) William Hopks Tower los Johns Herrital										1.71	
	31. DATE FIRST ART POW 1994	32. JEGISTRAB	S SIGNATURE			- (//	<u> </u>	-/	/1 (h	<u> </u>	16.7	1100

1	-	STATE REGISTRAR
1	. D	ECEDENT'S NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

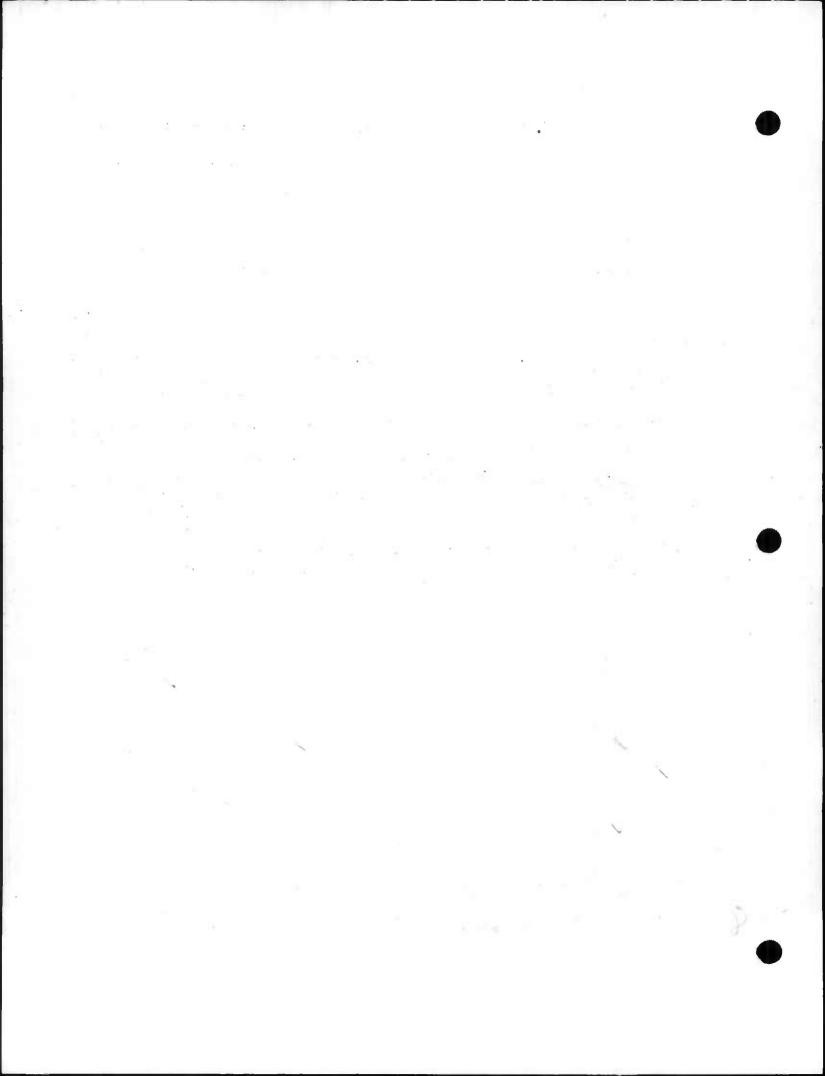
	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE O	F DEATH	lv .	YEAR 3	. TIME OF DEATH
	Jo					umar	SR	7.		_3	10	19	94	12:30 a M
	4. SOCIAL SECURITY NUM 174-30-9236	99.17	5. SEX	6. AGE (In yrs. II	est birthday) YRS.	MONTHS	1 YEAR	HOURS	R 24 HRS.		Day, Ybar)		Country)	ACE (State or Foreign
	90. FACILITY NAME (If not is			33	YHS.	AL CITY	***************************************	OR LOCAT	1211 OF DE		0-193			ttstown, Pa
H						1		or Locat	ION OF UE	ATH		9c. COUNT		тн
DIRECTOR	414 Bauers											nail		
IRE	10a. STATE	10b. COUNT				ry, rown o Edger		Md s Dr						Od. INSIDE CITY LIMITS?
	Md 100. STREET AND NUMBER		ford		4	14°B		S Dr				I ton CITIZE		YES 2 NO
ERA	414 Bauers							2104				IVII. OTTICA	USA	
FUNERAL	ti. MARITAL STATUS		12. WAS DECEDE	NT EVER IN U.S. A				CENDENT	OF HISPAN	IC ORIGIN?		or No- 1	A RACE -	American Indian
B⊀	t Never Merried 225 3 Widowed 4 Div	proed	IF YES, GIVE	1 YES 2 WAR OR DATES	ξwo			pecify Cub S 23 NO		n, Puerto Ric	an, etc.)		Specify:	White
ETED		EDENT'S EDU		1	Give kind of	Work done	CCUPATI during m	ION lost of work	ing	16b. H	IND OF BUS	SINESS/INDU	STRY	100
	Elementary/Secondary (	0-12)	College (1-4 or 5	+)	le. Do NOT i						0			
COMPL	1.7. FATHER'S NAME (First, A	fiddle, Last)		Liè	abore	r	-	T 18. MOT	HER'S NAM	ME (First, Mic		ructi	on	
ш	George Sh									Susic		Surreim,		
00	19a. INFORMANT'S NAME (	Type/Print)		1	9b. MAILIN	G ADDRES	S (Street	and Numbe	r or Rural R	Route Number	City or Tow	n, State, Zip C	Code)	
2	Marcia Shuma				414	Baue	cs I	rive	Edg	gewoo	d, Md	210	40	
	20a, METHOD OF DISPOSIT	ION on 3 - Ren	noval from State	20b. PLACE cemetery, co	rematory or	other place)				DATE		CATION — CI		
	4 Donation 5 Other	r (Specify)		_ Lafay	yette	Mem	oria	AL Pa		1	Bri	er Hi	11, I	?a
	ZI, SIGNAL	T SELLY	()	1. 1		S					neral	Home		
_	23. PART I. Enter the d	NO.	Man.		10001	7	36 E	Edmon	dson	Ave.	Balt	imore	, Md	21228
CERTIFICATION	disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):													IZIMOS
			d											+
: MEDICAL	PART II, Other algorifica	int conditio	na contributing to	death but not	reaulting	in the u	nderlyir	ng cause	given in i		4a. WAS AN PERFOR	MED?	A C	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED 1	O MEDICAL		774		_	26. P	PLACE OF 0	DEATH (Che	ck only one)				
SIC	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE	R: sing Hor	me C R	esidence	6 Other (	Specify)			
BY PHY	27. MANNER OF DEATH  1 Natural 5  Accident	Pending Investigation	28e. DATE Of (Month, i	F INJURY Day, Year)	28b. TH	ME OF JURY M	W	JURY AT ORK? YES 2 [	□ NO	28d. DEŞC	RIBE HOW II	NJURY OCCU	RED	
ETED E	a District	Could not be determined		OF INJURY — At h	ome, ferm,	street, fac	ory, offi	ce		281. LOCAT City or	ION (Street o Town, Stete)	end Number o	r Rural Rou	te Number,
COMPLE			BICIAN: To the best of											nd manner ee stated.
BE C	296. SIGNATURE AND THE	OF CERTIFIE	ja –	1.0	671			29c. LIC	ENSE NUM	IBER		29d, DATE	SIGNED (N	fonth, Day, Year)
2	1/11/	100	10 110	<i>(</i> )				P5	05 5	5		3/	10/	99
	30. NAME AND ADDRESS O	Mail	250	BALTY	EM 27) (Typ	e, Print)	84		PAUL	L Ca	And	N		/
	31. DATE FILED (Month, Day,	0 1994	32 AEGISTA	AR'S SIGNATURE	addl.			1						
- 81	MAN -	9 1007	(/	,										



	i
$\sim$	
CA	
0	
<u></u>	
~	
	4
72	
_	
N	
_	
÷.	٠
64	•
_	:
	1
7	
_	
est .	Ν
-	
_	
>	
<b>MARYLAND 21215-002(</b>	-
ш	ľ
1	-
-	- 2
5	- 3
111	
-	1
ш.	
_	
$\circ$	-
~	
_	ď
_	0
F	
	4
_	- 1
A	1

FOR STATE REGISTRAR

											-				100	11110	_
		1. DECEDENT'S NAME (First, Mi		37 . 7 .			~	-				2. DATE OF MONTH	0.41	·	YEAR	3. TIME OF DEATH	
				Natalie		nn		11w	ood			March	19,			2:45	1 N
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (	(In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	y, Year)		8. BIRTHE	PLACE (State or Foreign	7
9		213-52-548		1 □ M 2 <b>X</b> ) F		46	YRS.	-ONTHA	UNITS	HOURS	mire.	08/0	14/4	7		ryland	
should		9a. FACILITY NAME (If not institu	tution, give s	treet and number)				9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUN	TY OF DE	ATH	
2,	8	427 Wingat	e Ro	ad					В	alt:	imor	e			_		
	5	RESIDENCE OF DECE	DENT			-											
Pages	DIRECTOR		0b. COUNTY				10c. CIT	Y, TOWN (	OR LOCA							10d. INSIDE CITY	
ŧ		Maryland										imore	2			1 X YES 2 NO	
permit.	3AL	10e. STREET AND NUMBER							10	f. ZIP COD	_			10g. CITIZ	EN OF W	HAT COUNTRY?	
020 physician. burial-transit	FUNER	427 Wingat	e Ro	ad							21	210			U	SA	
rial-tr	15	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER II	N U.S. ARI	MED					IC ORIGIN? (S		or No —	14. RACE Black	- American Indian, White, afc.	
the but	BY I	1 Never Married 2 Me 3 Widowed 4 Divorce		IF YES, GIVE V						2 X NO			1, 810.)		Specifi	<i>(</i> :	
215-0020 attending physician ise as the burial-trai				1				- 1								White	_
3	ETED	15. DECEOI (Specify only hi	ENT'S EDU			(Gh	VE kind of	work done	CCUPATION TO COLUMN TO COLUMN THE	ON ost of working	ng	16b, KIP	ID OF BUS	INESS/INDU	JSTRY		
tal or	2	Elementary/Secondery (0-12)	2)	College (1-4 or 5	+)	IITO.	Do NOT us		_								
AND the hospital detached for	COMPL			1				Tea	che						hoo	L	
	COM	17. FATHER'S NAME (First, Middl								ts. MOT	HER'S NAI	ME (First, Midd					
	BE			. Seman	ıs,							Ann		nyer			
MAR retained 5 should	TO B	19e. INFORMANT'S NAME (Type		-								loute Number, (	City or Town	, State, Zip	,		
ay be re		Hugh R. Sm.				4	<u>27 v</u>	Ving	ate	Roa	ad	Balti	more	e, M	D :	21210	
2 2	-	20a. METHOD OF DISPOSITION 1  Burlel 2 Cremation	3 □ Ram	oval from Stata			ND DATE					OATE	20c. LOC	ATION — C	ity or Tow	n, State	
		4 Donation 5 Other (Sp	pecify)		- Me	etro	Cr	emat	ory	y, In	c	3/9	134	Balt	imo	re, MD	
TIM	CAGE	21, SIGNATURE OF FUNERAL S	SERVICE LIC	ENDED M	la 1	Res		22. C	NAME A	ND ADDRE	SS OF FAC	CILITY		LW 3		T <sub>m</sub> o	
ALTI death. P. funeral	YOU	Coore	E	MacNah	h	1		3	rem	Emac	)II 9	ociet ck Ro	y 0.	D <sub>-</sub> 1	• , .		21
		23. PART I. Enter the dise				d the de	eth Do r									, MD 212	<u>Z</u>
ours after	3	shock, or heer	rt fellure.	List only one can	use on e	ech line.				oue or uy	mg, suci	i as coluise	or reapir	atory sire	yat,	Intervel Betw	
file tion,		IMMEDIATE CAUSE (Finsi diseese or condition		114	to.	1	1 -									Onset and De	
within mpletely cremat	,	resulting in desth)	1	e. / /2	100 40	CONSEC	TIENCE O	- C2	ex	con	00	Ca-				TIKORD	7
				e. OUE TO	da a	CONSEC	IDENCE O	r).		21	1 1	2				4 Mores	
executed and col	RTIFICATION	Sequentially list condition	18,	b. DUE TO	(OR AS A	CONSEC	UENCE O	TUL	6	7/10	6.0	ereg				year	-
ician pe	AT	If sny, lesding to immedie ceuse. Enter UNDERLYING						,.				0					
ertificate ng phys giene p	FI	CAUSE (Disease or Injury that initiated events	5	OUE TO	(OR AS A	CONSEC	UENCE O	F):		-						+	
· 0 8 3 .		resulting in deeth) LAST															
	' I W I			d													
The state of the s	OICAL C	PART II. Other algnificent	condition	e contributing to	death b	out not re	eulting	In the ur	derlyln	g ceuse	given in	Part I. 24	. WAS AN A			WERE AUTOPSY FINDIP	4GS
ORD that the ned by th	DICAL												YES 2			COMPLETION OF CAUS	E
RECO requires the														20	- 1	OF DEATH?	
- > A												_					
Se as a	IAN	25. WAS CASE REFERRED TO M	MEOICAL						26. PI	LACE OF D	EATH (Che	ick only one)					
SICIAN: The certificate I the State	SICI/	EXAMINER?		HOSPITAL:	ED/Oute	antinot 2	□ DOA	OTHE	A:	-		6 Other (Sc					_
the the	PHYSICI	27. MANNER OF DEATH		28a. DATE OF		Janes C	26b. TIM	-		JURY AT	sidence	28d. OESCRI		LILIBY OCC	URED		_
NG PHYS Ne this c	4	1 Natural 5 Per		(Month, E	Day, Year)		INJ	URY	WC	ORK? YES 2	ON						
0 = 4 5		3 Suiside	eatigation	28a. PLACE C	F INJURY	_ At hor	ne, ferm,	street, fact			7 110	281. LOCATIO	N (Street or	nd Number	or Rural Br	ura Alumbar	_
TTENDIN TOR: Aft after dea	E		uld not be termined	building,	etc. (Spec	cify)	,		. ,				wn, State)	io momber (	Dr Phoreir Pho	ole Nomber,	
DIVISION  DR ATTENDING  DIRECTOR: After hours after death	∈liuil	29e. CERTIFIER			-	-				1.17							
A A B	d d	(Check only		CIAN: To the best of													
		2 MEDICA	L EXAMINE	R: On the besis of e	xaminatio	n and/or li	nvestigatio	en, in my o	pinion, o	death occur	red at the	time, data and	place, end	dua to the	cause(s)	and manner as atated	1.
TO THE HOSP! TO THE FUNEF be filed within	Ш	29b. SIGNATURE AND TITLE OF	POERTIFIE	3>						29c. LIC	ENSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)	
DE THE	8	Mars 3	5-0	mes	Per	m	D			DI	07	16		<b>P</b> 0	3/09	9/94	
	일	30. NAME AND AGORESS OF PI	ERSON WH	O COMPLETED CAU	SE OF DE	ATH (ITEN	1 27) (Type	Print)			-			- 0	5/0.	177	
(/		William G.	Spe	ed. M.D		670	1 N.	Ch	ar1	es S	St.	Rm.51	40	Ba1	to.	MD 2120	)4
P		31. DATE FILED (Month, Day, Yea	nr)	Plate or													_
		MAR 1 0 199	94	Juis Barre		Lucas											
				or I													



		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF CERTIFICATE OF		J = 0   1   1   1   1   1   1   1   1   1
		1. DECEOENT'S NAME (First, Middle, Last)	SPELL		DAY YEAR 3. TIME OF DEATH 5. 250
should		4. SOCIAL SECURITY NUMBER  213-16-5714  98. FACILITY NAME (If not institution, give st	5. SEX 6. AGE (In yrs. lest birthdey) 1 M 2 F 8 YRS. MONTHS DAYS	FUNDER 24 MIN.  HOURS MIN.  ONLY OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Foreign
1. 2, 3	стов	HARBOR HOSPITA	AL	N OR LOCATION OF DEATH	BALT IM ORE
permit. Pages	AL DIRE	10a. STATE 10b. COUNTY	Balte	ATION	10d. IMSIDE CITY DIMITET 1 YES 2 NO
cian. -transit	FUNERA	2912 Mal	View Kd	ECENDENT OF HISPANIC ORIGIN? (Specify V	es or No.— 14. RACE — American Indian.
21215-0020 al or attending physician for use as the burial-fra	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 NO If yes, IF YES, GIVE WAR OR DATES	specify Cuban, Maxican, Puarto Rican, etc.) ES 2 NO Specify:	Black, White, atc. Specify: Dack
21 al or for u	COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade:	ATION completed)  Coffege (1-4 or 5+)  16e. DECEDENT'S USUAL OCCUPA (Give kind of twork done during in life. De-NOT use retired.)		USINESS/INDUSTRY
MARYLAND 2- retained by the hospital of 5 should be detached for notified at once.	ш	17. FATHER'S NAME (First, Middle, Last)	unch	18. MOTHER'S NAME (First, Modie, Meibe	in Surname)
RE, MAR may be retained or, page 5 should ist be notified	TO B	Cardy Sp	el 12912 M	al VIEW ROLL BY	110, md 21231
Page 6 may al director, p		20a METHOD OF DISPOSITION  1 Spurial 2 Cremation 3 Ramo 4 Donation s Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	[Martina]	11em PK. 3/9/94 (	acation - city or Town, Stata
death. death. e funer al.		► Wheele	Edmon Mo	and appress of Facility wast for the Wast	ue.
with hours with hours pletely filled in cremation, or re rent, the med		23. PART i. Enter the diseases, or c shock, or haert failure. I iMMEDIATE CAUSE (Final disease or condition resulting in daeth)	omplications that saused the death. Do not enter the nuist only one cause on each line.  SUDDEN DEA  OUE TO (OR AS A CONSEQUENCE OF):		piratory arrest, Approximate interval Betwee Onset and Deal
ficate be execuphysician and ne prior to burner traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Supected FAT ET  DUE TO (OR AS A CONSEQUENCE OF):  RFEMUR FRACTURE  DUE TO (OR AS A CONSEQUENCE OF):		Bend.
al Hy		resulting in death) LAST		WAT DUNG	
DIVISION OF VITAL RECORDS, DR ATTENDING PHYSICIAN: The law requires that the de DIRECTOR: After this certificate has been signed by the al hours after death with the State Dept. of Health and Ment Item 28 is marked, or item 23 shows any injury.	MEDICAL	DIABET	Scontributing to death but not resulting in the underlying to MELLITUS TEN SLON.		IN AUTOPSY DRIMED?  2 NO  2 NO  24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
/ITAL N: The law N: The law State Dept Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO	HOSPITAL: OTHER:	PLACE OF OEATH (Check only one)	
OF VIT PHYSICIAN: The this certificate with the State rked, or item		27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	DOME 5 Residence 6 Other (Specify)  NJURY AT 28d. DESCRIBE HOW ORK?  VES 2 57 NO.	
DIVISION OF DR ATTENDING PHYSI DIRECTOR: After this of hours after death with item 28 is marked,	TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	FEB 25. 1994 12:30 PM- 26s. PLACE OF INJURY — At home, farm, street, factory, of building, atc. (Specify)  AT HOME	29°1 2 mm A	t and Number or Rural Route Number, LLVIEW ROAD
	COMPLET		CIAN: To the best of my knowledge, death occurred at the time, do	ite and place, and due to the cause(s) and m	
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 P	H	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year)  • 03-09-94
5	5	M. St	O COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)		
		MAR 1 0 1994	32 BEGISTRAR'S SIGNATURE		

1 - FOR STATE REGISTRAR

Pages 1, 2, 3 should

permit

IPPIN DF VITAL RECORDS, P.O. BOX 68760.

HOSPITA	7	2	E	DING	E.	ICIA.	Ž.	MP 6	requ	Saul	that	the d	leath	certific	ate	90	лэах	
FUNERAL DIRECTION THE SETTIFICATE has been signed by the attending physician and o	1	P. F. C.	1	١	this	ertif	cate	has b	eeu	signe	d by	the	atter	ding ph	ySic	lan	and	ಾ
within 72 hours when teach with the State Dept. of Health and Mental Hygiene prior to bunka	2 1	Duri	事	death	ij	the	State	Oept.	of	Health	and r	Me	ntal	Hygiene	prio	or to	pnq	100
fANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic	=	E	28	E S	rked	0	Hem	23	sho	WS 3	Iny	20	y, 0	r othe	1	TO.	atic	

THE J

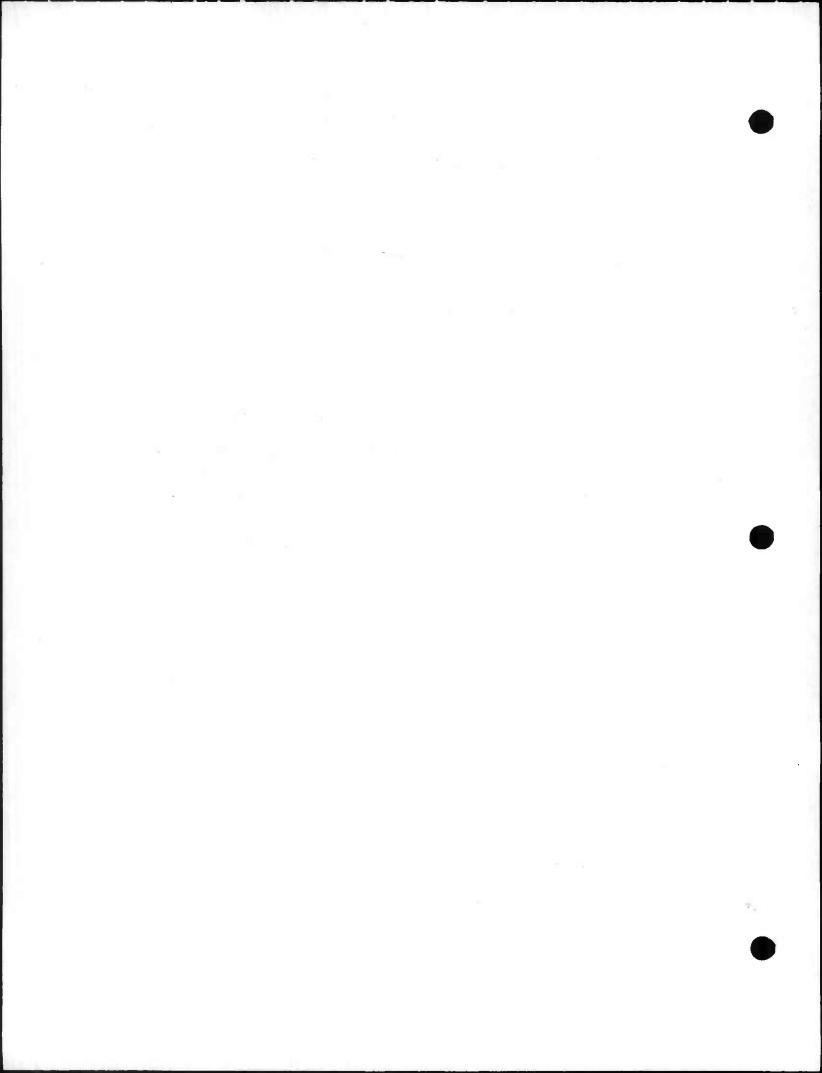
2 2 3

MARIO 31. DATE FILED (Month, Day

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY ANTHONY M. SMITH 12:30A MAR 08 1994 7. DATE OF BIRTH
(Morth, Day, Year)
05/15/1937 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday 8. BIRTHPLACE (State or Foreign 218 34 0585 1 M 2 F 56 YRS. Maryland 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH Se COUNTY OF DEATH HARBOR HOSPITAL E.R. Baltimore City. DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Riviera Beach 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 8584 Creek Road 21122 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 TES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced 1960 - 1964 White 60 15. DECEDENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT usa retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only high ET Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Truck Driver 17. FATHER'S NAME (First Middle Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Ħ Anna Smith **BE** notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara Smith 8584 Creek Road Riviera Beach, Maryland 21122 pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Buriel 2 Cremstion 3 Removal from State Md. State Veterans Cem. 4 Donetion 5 Other (Specify) 3/14 Crownsville, Maryland examiner 21. SIGNATURE OF FUNERAL-SERVICE LIGHTSE 22. NAME AND ADORESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete interval Between shock, or haart failure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final disasse or condition resulting in death) ARTERIOSCUEROTIC CARDIOVASCULAR DISEAST event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: X ER/Outpetient 3 DOA OTHER 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO INJURY Natural 5 Pending Investigation м 1 YES 2 NO BY Acciden 28e. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 X MEDICAL EXAMINER: OR westigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated MPORTANT HE AND TITLE OF GENTIEUE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. MAR 08 1994 9 WHO COMPLETED CAUSE OF CEATH (FEM \$7) (Type, Print)

JR-W111 Penn Street, Baltimore, Maryland 21201.

32. MEGISTRAR'S SIGNATURE ilis Dendem- Re



Pages 1, 2, 3

permit.

BALTIMORE, MARYLAND 21215-0020 20 death. Page 6 may ours after death certificate be executed with

DIVISION OF VITAL RECORDS, P.O. BOX 68760 The law

be detached for use as the burial-transit the hospital or attending physician. once. To retained by notified a funeral director, page 5 should pe must examiner in and completely filled in by the to burial, cremation, or removal. medical the event. traumatic attending physician ntal Hygiene prior to other 10 signed by the atter Health and Mental any Shows peen has b. Dept. 23 certificate h 5 this c marked. After OR ATTENDING DIRECTOR: Afthours after de item 28 is r FUNERAL I within 72 h TANT: If If HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

Item9b 3-10-94 FilmG709 W.H. Per F/H 94 07166 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WAYNE SNYDER MARCH 7, 1994 10:20 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 218 42 6254 DAYS HOURS MIN. 8/30/46 47 1 X M 2 | F YRS Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BURNIE DIRECTOR NORTH ARUNDEL HOSPITAL ANNE ARUNDEL 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Baltimore 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CDDE 10g. CITIZEN OF WHAT COUNTRY? 7919 Sea Breeze Drive 21226 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ND IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If was specify Cuban, Mexican, Puerto Rican, etc.) ☐ YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION COMPLETED 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done durin life. Do NOT use retired.) Volunteer Elementery/Secondary (0-12) College (1-4 or 5+) Plumbing Insp. & Fireman Anne Arundel County 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Surname) Dennis Snyder Patricia BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret Snyder 7919 Sea Breeze Drive Baltimore, Maryland 21226 20a. METHOD OF DISPOSITION
1 💢 Burtal 2 🗆 Cremation 3 🗀 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Glen Haven Memorial Park 4 Donation 5 Other (Specify) 3/11 Glen Burnie, Maryland 21. SIGNATURE OF FUNERAL SERVICE/DICENSE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between ahock, or heert fellure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final disease or condition ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (DR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE DF): thet initisted events resulting in deeth) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 ND OF DEATH? t TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: TX YES 2 - ND 1 Inpatient 2 X ER/Outpatient 3 I DOA me 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE DF INJURY 28h TIME DE 28c. INJURY AT WORK? 28d. DEŞCRIBE HDW INJURY OCCURED INJURY 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis ion and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE O.C.M.E. MARCH 8, 1994 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201



MARIO

31. DATE FILED (Month

GOLLE

NYO

32 REGISTRAD'S SIGNATURE

MAN CONTRACTOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1	1 - STATE REGISTRAR		CEF	RITIFICATE	OF	IEALTH AND I		EG. NO.	24	0/16/			
- 1	1. DECEDENT'S NAME (First, Middle, Last)		o Clush	442			2. DATE OF MONTH	, DA	,	3. TIME OF DEATH			
	Laura A. Scott						Mar.			4 03:30			
			(In yrs. last b	YRS. IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da	y. Year)	- 1	BIRTHPLACE (State or Ford Country)			
	415-32-6004  9e. FACILITY NAME (If not institution, give	/	<u>'0                                    </u>				May 1	5, 1		Kentucky			
SR	Union Memorial					or location of de			9c. COUNT	Y OF DEATH			
ן ק	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT												
DIRECTOR	Tennessee	Unicoi		Oc. CITY, TOWN O	R LOCAT	TION				10d. INSIDE CITY LIMITS?  1 YES 2 N			
	10e. STREET AND NUMBER	OHICOI		OHICOI	101	. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?			
FUNERAL	General Delivery	1			3	7692				USA			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I				ENDENT OF HISPAN			or No — 14	I. RACE — American Indian Black, White, etc.			
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES			ecify Cuben, Mexicar 2 NO Specify		1, BIC.)	ŀ	Specify:			
	15. DECEDENT'S EDU	ICATION	180 DECE	DENT'S USUAL OF	NO IDATIO	Su.			<u> </u>	white			
	(Specify only highest grade Elementary/Secondary (0-12)	e completed)	(Give	kind of work done of NOT use retired.)	during mo:	st of working	160. KIN	U OF BUS	INESS/INDUS	THY			
COMPLET	Crementary/Secondary (0-12)	College (1-4 or 5 +)	S	chool Te	each	er		Fr	ducati	ion			
Š	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	ME (First, Middl			.011			
BE	Isaac Slusher					Gladys H	Hyden	Slush	ner				
<u> </u>	19e. INFORMANT'S NAME (Type/Print)		19b. A	AILING ADDRESS	(Street e	nd Number or Rural R				ode)			
-	Amelia Jill Scott	Piner	85	45 Greer	nbel	t Rd., A	ot. 2,	Gree	enbelt	, Md. 20770			
	20g. METHOD OF DISPOSITION  1 Sourcet 2 Cremetion 3 Rem	novat from State Car	b. PLACE AND	DATE OF DISPOS	ITION (Na	me of	DATE	20c. LOC	ATION - CIT	ly or Town, State			
	4 Donetion 5 Other Specify)		tacke	tory or other place)				Bla	acksna	ake, Kentuck			
	21. SIGNATURE OF ROBERAL SERVICE D	CESTELY L	1			L. Kaufma		Conol	Homos				
	- Lary	d. Lough	men			Main St.				21227			
CERTIFICATION	IMMEDIATE CAUSE (Final diaease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
C	PART II. Other algolficent condition	na contributing to death t	but not res	uiting in the un	derlying	cause given in !	Part I. 24e	. WAS AN A	UTOPSY	24b. WERE AUTOPSY FIN			
and the	ELEVATED PRO							PERFORE		AVAILABLE PRIOR TO			
2		. 400					1.7	VEC 0	No.	COMPLETION OF CA			
AEDIC/	Hyperbilinnubi	NETID					_ 10	YES 2	Nio	COMPLETION OF CA OF DEATH?			
	Hyperbilinnubi	NENID					10	YES 2	<b>M</b> o	COMPLETION OF CA			
	Hyperbilinrubi	NETILA			26. PL	ACE OF DEATH (Che	_	YES 2	NO NO	COMPLETION OF CA OF DEATH?			
SICIAN:	Hyperbilinnubi	HOSPITAL:	patient 3 🗆	DOA 4 INUN	26. PL	ACE OF DEATH (Che	ck only one)		Nio .	COMPLETION OF CA OF DEATH?			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH	NET ( D		DOA 4 Num	26. PL	s 5 🗆 Residence	ck only one)	ecify)		COMPLETION OF CA			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL: 17 Inpettent 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)	2	Bb. TIME OF INJURY	26. PL I: ling Homi 28c. INJI WOI 1 Y	ury AT RK?	ck only one)  6  Other (Sp	ecify)		COMPLETION OF CA			
D BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Neturel   5   Pending Investigation   2   Accident   Investigation   3   Suicide   6   Could not be	HOSPITAL:   HOSPITAL:   TA Inpetient 2	Y — At home	Bb. TIME OF INJURY	26. PL I: ling Homi 28c. INJI WOI 1 Y	ury AT RK?	ck only one)  6 Other (Sp 28d. DE\$CRIE	ecity) BE HOW IN	JURY OCCUP	COMPLETION OF CA			
D BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined	HOSPITAL:    Superitary   Description   Description	Y — At home	DOA 4 Num 8b. TIME OF INJURY M , farm, street, fector	26. PL t: ling Home 28c. INJI WOI 1  Y	B 5 Residence URY AT RK? (ES 2 NO	6 Other (Sp 28d. DESCRIE 28f. LOCATIO City or To	ecify) BE HOW IN N (Street er	JURY OCCUP and Number or	COMPLETION OF CA OF DEATH?  1  YES 2 V NC  RED  Rural Route Number,			
D BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  290. CERTIFIER (Check only)	HOSPITAL:    North   Description   Description	Y — At home, ocity)	DOA 4 Num  Nob. TIME OF INJURY M  Tarm, street, fector  Occurred at the til	26. PL 1: ling Home 28c. INJ WOI 1 Y Pory, office	s 5 Residence URY AT RK7 (ES 2 NO	ck only one) 6 Other (Sp 28d. DESCRIB 28f. LOCATIO City or To	ecity)  BE HOW IN  N (Street er w/n, Stete)	JURY OCCUP and Number or	COMPLETION OF CA OF DEATH?  1  YES 2 V NC  RED  Rural Route Number,			
COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural	HOSPITAL:  17 Inputient 2 ER/Out  28s. DATE OF INJURY  (Month, Day, Year)  28s. PLACE OF INJURY building, etc. (Spe	Y — At home, ocity)	DOA 4 Num  Nob. TIME OF INJURY M  Tarm, street, fector  Occurred at the til	26. PL 1: ling Home 28c. INJ WOI 1 Y Pory, office	a 5   Residence	ck only one)  6  Other (Sp 28d. DESCRIB 28f. LOCATIO City or To	ecity)  BE HOW IN  N (Street er w/n, Stete)	JURY OCCUP  Id Number or  ther se stated, due to the c	COMPLETION OF CA OF DEATH?  1  YES 2 NO  RED  Rural Route Number,  Cause(e) end manner se state			
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  290. CERTIFIER (Check only)	HOSPITAL:    HOSPITAL:   The impatient 2	Y — At home, ocity)	DOA 4 Num  Nob. TIME OF INJURY M  Tarm, street, fector  Occurred at the til	26. PL 1: ling Home 28c. INJ WOI 1 Y Pory, office	s 5 Residence URY AT RK? RES 2 NO end place, end due esth occured at the 29c. LICENSE NUM	ck only one) 6 Other (Sp 28d. DESCRIE 28f. LOCATIO City or 70 to the cause(s)	ecify) SE HOW IN N (Street er wrn, Stete) ) end menr place, end	JURY OCCUP  Id Number or  ther se stated, due to the c	COMPLETION OF CA OF DEATH?  1  YES 2 V NC  RED  Rural Route Number,			
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. DIGNATURE AND TITLE OF CENTIFIER	HOSPITAL:  1 Alipetient 2 ER/Out  28s. DATE OF INJURY  (Month, Day, Year)  28s. PLACE OF INJURY building, etc. (Spe	Y — At home, scity)	DOA 4 Num  8b. TIME OF INJURY M  farm, street, fector occurred at the tilestigation, in my o	26. PL 1: ling Home 28c. INJ WOI 1 Y Pory, office	a 5   Residence	ck only one) 6 Other (Sp 28d. DESCRIE 28f. LOCATIO City or 70 to the cause(s)	ecify) SE HOW IN N (Street er wrn, Stete) ) end menr place, end	JURY OCCUP  Id Number or  ther se stated, due to the c	COMPLETION OF CA OF DEATH?  1  YES 2 NO  RED  Rural Route Number,  Cause(e) end manner se state			
TO BE COMPLETED BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural	HOSPITAL:  17 Inputient 2 ER/Out  28s. DATE OF INJURY  (Month, Day, Year)  28s. PLACE OF INJURY building, etc. (Spe	Y — At home, city)  Y in the city of the c	DOA 4 Num  No. TIME OF INJURY M.  Tarm, street, fector  occurred at the tilestigation, in my on the street of the street occurred at the tilestigation.	26. PL t: ling Home 28c. INJ Tory, office me, dete	a 5   Residence URY AT RKY (ES 2   NO  end place, end due esth occured at the last occ	ck only one)  8  Other (Sp 28d. DESCRIB 28f. LOCATIO City or To to the cause(s) time, date end BER	ecity)  SE HOW IN  N (Street erawn, Stete)  ond manning piece, end	JURY OCCUP  In All Mumber or  Ther se stated.  I due to the c  29d. DATE S	COMPLETION OF CA OF DEATH?  1  YES 2 NO  RED  Rural Route Number,  Cause(e) end manner se stal  SIGNED (Month, Day, Year)			

1 - FOR STATE REGISTRAR

ч	
-5	4
0	.2
9	2
~	- 2
00	4
io	S
687	deline both water
$\sim$	4
~	- 2
U	Cate h
m	2
0000	- 6
_'	4
0	2
٠.	- 4
Δ.	4
_	6
RECORDS, P.O. BOX 68760	receipte that the death serti
97	d
ă	- 4
nr.	
_	2
$\circ$	+
ō	9
$\cup$	- 5
ш	2
00	ğ
_	-
	2
_	9
94	- 2
ITAL	-
_	÷
>	8
	C
ш.	- 0
n.	a
~1	w
7	W
=	1
ō	4
-	3
5	æ
9	r E
	- 90

							10/11				REG. I	10.			
		1. DECEDENT'S NAME (First,	, Middle, Last)	C 5	Simo	1.					2. DATE OF DEATH	DAY QL	YEAR	3. TIME OF DEATH	
	51	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. le		IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH	- 70	8. BIRTHE	PLACE (State or Foreign	_
P		493 36 166	7	1 □ M 2 🛣 F		34 YRS.	MONTHS	DAYS	HOURS	MIN.	March 28	,1909	Country	w York	
3 should	~	9a. FACILITY NAME (If not in Suburban Ho					1			ION OF DE	ATH	47.	NTY OF DE		
1, 2, 3	СТОВ	RESIDENCE OF DEC	-	T.			Be	thes	sda			Mo	ntgon	nery	
Pages	뿐	10a. STATE	10b. COUNT				Y, TOWN							10d. INSIDE CITY LIMITS?	
permit. P	IL DI	Maryland  10a. STREET AND NUMBER	Mon	tgomery		R	ockv.					_		tXXYES 2 □ NO	
	ERA	6060 Califo	ornia	Circle				10	f. ZIP COD 208	_				hat country? States	
020 physician. burial-transit	FUN	11. MARITAL STATUS	,	12. WAS DECEDENT			13,	WAS DEC	CENDENT (	OF HISPANI	C ORIGIN? (Specify			- American Indian, White, atc.	_
215-0020 attending physician ise as the burial-tra	D BY F	1 Never Married 2		FORCES? 1 [ IF YES, GIVE WA		rio .			2 X 40		, Puerto Ricen, etc.)			icasian	
or after	ETEC	(Specify only	EDENT'S EDU y highest grade		/(	ECEDENT'S live kind of to Do NOT us	work done	CCUPATION OF THE COURT OF THE C	ON ost of working	ing	16b. KIND OF I	BUSINESS/IN	DUSTRY		
the hospital or detached for u	PLE	Elementary/Secondary (0	1-12)	College (1-4 or 5 +)		each					Publi	.c Sch	വിട		
The hospil detached once.	COMPL	17. FATHER'S NAME (First, M									NE (First, Middle, Msid			Y	
ज दे द	BE (	Jacob Epste								lly E					
E, MAK y be retained sage 5 should be notified	5	Barbara Ric	lberg								oute Number, City or T				
e 6 ma rector, p		20 METHOD OF DISPOSITION Burial 2 Cremation 4 Donation 6 Other	(Specify)		20b. PLACE complety, cr		non (	Ceme	tery		3-7-94	LOCATION — Adelpl			
AL I death. funera		21. SIGNASSIRE OF FUNERA	SERVICE CO	CENSEE			22.	Ives Fal	Pear 1s C	ss of fac rson nurch	Funeral	Homes 046			
Ours after of in by the or removal.		23. PART Enter the d	seases, or	complications that	caused tha d	eath. Do r							reat,	Approximate	_
filled in on, or re		IMMEDIATE CAUSE (Fin	aart fallure.	List only one caus	e on each lin	B.								Onset and De	
ely t		disease or condition resulting in death)	<b>→</b>	ACUTE	WAPER	GAS	TRO	NE	BIN	42 /	HONOR	HAGE		8 HRS	
executed with and complete b burial, crem	_			(	= THRO									6 mas	
OX 68 be execut sician and o nor to burit traumatic	TIO	Sequantially list conditi if any, leading to imme-	diete	DUE TO (	OR AS A CONSE	QUENCE O	F):							2 20(1)	
certificate to ding physic lygiene price rother tra	FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury) that Initiated eventa  CAUSE (Disease or Injury)  DUE TO (OR AS A CONSEQUENCE OF):													
h certing Hygie	CERTIFICATION	resulting in death) LAST													
the death y the attend Mental H		PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDS												00	
that that he do by	EDICAL	STAPHYLOCOCCAUSEPSLS  PERFORMED?  I VES 2 X NO DE DE DE LA											AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Sign Health	MEC	<b>E</b> 10										DF DEATH?			
AL KE he law requ has been Dept. of n 23 sho															
GICIAN: The certificate hit ine State C	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 A10												_	
SICIAL Centification	PHYS	27. MANNER OF DEATH		28a. DATE OF I	NJURY	28b. TIM	E OF	26c. INJ	JURY AT		28d. DESCRIBE HO	V INJURY OC	CURED		_
After this closes with	ВУ Р		Pending Investigation	(Month, Day	y. rear)	in.	JURY M		YES 2	NO					
28 tr O tr	ETED		Could not be determined	28a. PLACE OF building, a	INJURY — At he tc. (Specify)	ome, larm,	street, fact	ory, offic	a		281. LOCATION (Stree City or Town, Sta	et snd Number fe)	r or Rural Ro	ute Number,	
AL DIRECTOR A DIRECTOR	1 13			ICIAN: To the best of r											
THE HOSP THE FUNE filed within	COMPI	2 MEDI			imination and/or	Investigation	on, in my o	pinion, d	leath occur	red at the t	lme, data and place,			and manner as stated.	
TO THE HOS TO THE FUN TO THE FUN THE FILE WITHIN	) BE	296. SIGNATURE AND TITLE	of CERTIFIE	9) Dagoy 1	MIL				29 LICI	INSE NUMI	RT R	29d. DAT	E SIGNED	Month, Day, Year)	
- (10	10	30 HAME AND ADDRESS OF	PERSON WH	COMPLETED CAUSE	OF DEATH (ITE	8 PH	Print)	724	( DAK	E K	OCKVILI	= (1/1)	71	250	
40		MAR 1 0 19		32. HEGISTHAR	SIGNATURE		1000				3000100	7000	-	,0,00	_
1		MIAK ~ 0 13.	7		1.44	4									

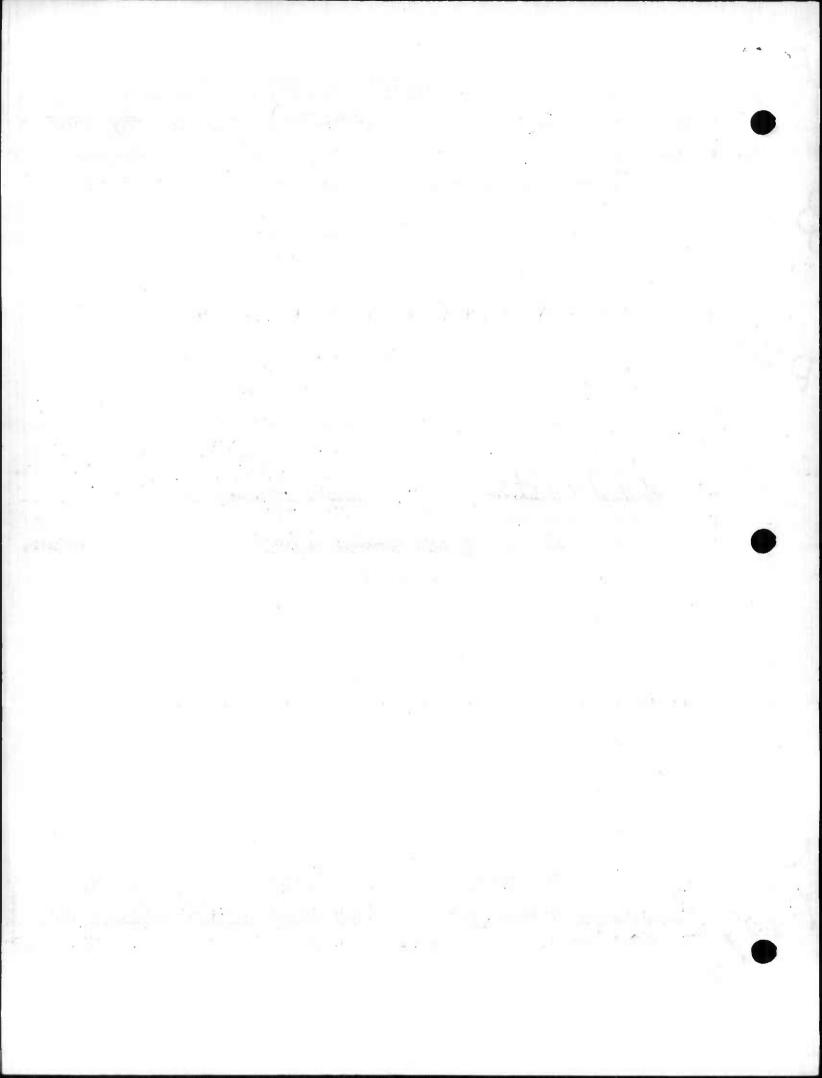
OHMH-16 Rev 1/89

. 1

death	fune:	ехаш
s after	by the	dicai
nour	led in	THE C
9	ely fil	Ĕ.
d with	mplet,	event
cecute	and co	atle
pe e	ician nor to	manu
tificate	one p	ther
h cer	Hygin	0 0
TO THE MICHIER MITENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
that	ed by	any
quires	n sign	SWOI
W Le	s bee	88
The	te ha	E
AN	tifica e Sta	=
YSIC	s cer	ë.
NG PH	fter thi	mark
END	R. A.	-50
1	ECTC S aff	n 28
1	Pour Pour	ite
I	ERAI n 72	17
Æ	FUN	M
0 THE	THE OF	MPOR
)	,- 2	10
	10	

	1 -	STATE REGISTRAR		STATE OF A	MAKTL					DEA		MENTA	REG. NO		91,	07160
		DECEDENT'S NAME (First,				-		1			1	2. DAT	E OF DEATH	50	3	TIME OF DEATH
	Wa	alter Frede	erick	Smith				(-)	5/NJ	LT+	+)	F	EB.	28	1994	1405 M
		SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE	(în yrs. last t	oirthday)	IF UNDER			24 HRS.	7. DATI	OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign
	21	15-12-6140		1 💯 M 2 🗌 F		72	YRS.	MONTHS	DAYS	HOURS	MIN.	4/8	17 1921		Mary.	land
		FACILITY NAME (If not in						9b. CITY			ON OF DE	ATH		9c. CO	UNTY OF DEA	
5	III.	ENINSULA R		AL MEDICA	L CE	NTER			SAL	ISBU	RY				WICO	MICO
		SIDENCE OF DEC	10b. COUNT	ry			10c. CIT	Y, TOWN C	OR LOCAT	ION		-	-		Τ,	0d. INSIDE CITY
DIRECTOR	De	laware	Susse	x				Lsboı								LIMITS?
	-	. STREET AND NUMBER						20001	_	ZIP COD	E			10a, Cl		AT COUNTRY?
FUNERAL	34	Hub-Court								19	966			US		
S	11.	MARITAL STATUS		12. WAS DECEDEN									IN? (Specify Ye	s or No-	14. RACE -	- American Indian,
BY F		Never Merried 2		FORCES? 1 IF YES, GIVE W	X YES	2 NO					n, Mexical Specify		Rican, etc.)		Black, Specify:	White, etc.
	3	Widowed 4 Divo		<u> </u>												White
TEC			EDENT'S EDU y highest grad			(Give	kind of	USUAL O	CCUPATIO	ON all of worki	ng	16	b. KIND OF BI	USINESS/IN	NDUSTRY	
빌		Elementary/Secondary (0	)-12)	College (1-4 or 5 i	)			se retired.)	1				1	. 1		
COMPLETED	17 8	FATHER'S NAME (First, M	liddle Leet)			frei	giit	COIR	iuct		MEDIO NA		ailroa			
COM	11	ymond Smit								33.24			ngton	n sumame)		
		. INFORMANT'S NAME (7)				19b.	MAILING	ADDRESS	(Street a				nber, City or To	wn Stata 7	7in Code)	-
5		th Tull Pa											Del.			
TO BE	20a	. METHOD OF DISPOSITI	ION		20b	PLACE AN					2000.	_			- City or Towr	n, State
E		Burial 2 Cremetic Donation 5 Other		noval from State	J cen	nelery, cremi erusa	lem	ceme	ter	У	3	3/3/	94 Par	csons	burg,	Md.
	21.	SIGNATURE OF FUNERAL	SERVICE L	ICENSEE /				22.	NAME AN	ND ADDRE	SS OF FAC	CILITY				
EXA		PAP. V.	T.	Stano									me, In			
medical examiner	23.	. PART I. Enter the di	Iseases, or	complications the	t caused	d the deat	th. Do r								rrest	Approximate
		ahock, or he MEDIATE CAUSE (Fin	eart fellure.	Liat only one cau	se on e	ach line.										interval Between Onset and Death
event, the	dis	sease or condition			5	NO	5	770	30	Co	00	)				> 10 years
Nem'	l res	nuiting in death)		DUE TO	(OR AS A	CONSEQU	ENCE O	F):	<u> </u>		/					1
				b		ND CONSEQUENCE C19	175	relle	, (	ise						
CERTIFICATION	If a	quentially list conditi any, leading to imme	diete	DUE TO	(OR AS A	CONSEQU	ENCE O	F):								
2	CA	use. Enter UNDERLYI USE (Disease or inju		c	(OB 46 4	CONSEQU	ENGE O									-
		at initiated eventa sulting in death) LAS	т	DOE 10	(OR AS A	CONSECU	ENCE U	-):								
5 5	I _			d												1
CAL C	PA	RT II. Other significa	int conditio							cause	given in	Part I.	24a. WAS A	N AUTOPSY		VERE AUTOPSY FINDINGS
DIC I	-			HF Se	ceny	long 1	0	Col	00				1 🗆 YES	_	C	OMPLETION OF CAUSE OF DEATH?
ME															1	YES 2 NO
YSICIAN: MEDIC	l															
PHYSICIAN: MEDI		WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				OTHER		ACE OF D	EATH (Che	eck only o	one)			
	II —	1 YES 2 NO		1 Inpetient 2							sidenca		er (Specify)			
BY PH	fil .	_	Pending	(Month, D			26b. TIM INJ	URY		PK?	ا میر	28d. Di	SCRIBE HOW	INJURY O	CCURED	
		Pulatia -	Investigation	26a, PLACE O	F INJURY	— At hom	e, ferm.	rtreat, fact				28/ 10	CATION (Street	and Numb	er or Rural Rou	itin Ali irrihar
TED 78	HE .		Could not be determined	building,	atc. (Spec	cify)			.,,	_		Cit	or Town, State	9)	or or riginal rigin	no mon,
	29a.	CERTIFIER 1 CERT	TIEVING PHYS	CIAN: To the best of	in because	dadaa daad										
<b>₹</b>				BICIAN: To the best of ER: On the basis of a												and menner as stated.
	29h.	. SIGNATURE AND TITLE										_		_		
B B	6		100	m to "	no				10.		39E			29d. DA	3/	Aonth, Day, Year)
2	30, 1	NAME AND ADDRESS OF		A CONTRACTOR OF THE STATE OF	SE OF DE	ATH (ITEM	27) (Type	Print)	- 35-						-/1/	7
		micha	el F	Hans	MD		,,	111	14	Her	althi	w.	Dr.	S	linh.	ry Md.
	31. 0	DATE FILED (Month, Day,	Year)	32-REGISTRA	R'S SIGN	ATURE		1	/	,			12.	Coll	CAO 1100	2
1	1	MAR 101	994	Tel sen	en-	Culed	_									

DHMH-16 Rev 1/89

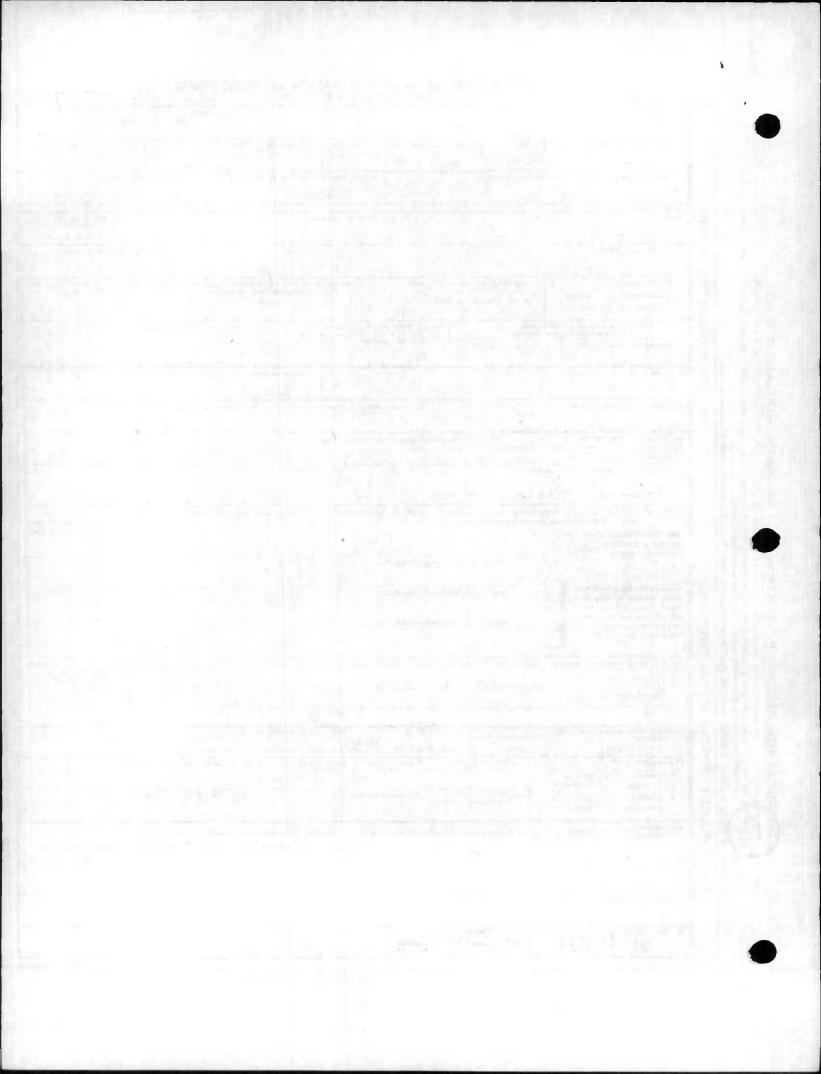


FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

90,	with
DIMISION OF VITAL RECORDS, P.O. BOX 68760,	CHILL THE THE DING PHYSICIAN: The law requires that the death certificate be executed with
×	600
0	ď
Ď	cate
o	certif
٩	ath
S	de
0	#
C	that
ŏ	ires
2	reor
_	34
Z	The
5	AM:
L	2
ō	PHYS
Z	9
0	ē
0	僧
5	7
5	B
-	4
/	H
-	9

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEA MONTH	DAY	YEAR	. TIME OF GEATN
	Charles 4. SOCIAL SECURITY NUMBER	S. SEX	SCHOTT		IF UNDER	1 7540	IF UNDER	94 140-0	March 7. DATE OF BIRT	05, 1		ACE (State or Forei
		1X M 2 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Ye	ear)	Country)	
	9a. FACILITY NAME (If not institution, give stre	et and number)	0.5		9b. CITY	TOWN C	OR LOCATION	ON OF DE	Sept. 2		Mary INTY OF DEA	
8	Franklin Square Ho						ssvi					County
RECTO	RESIDENCE OF DECEDENT	OPIULI						110		IDal		
E I				10c. CIT	Y, TOWN			,				Dd. INSIDE CITY
AL DI	Maryland Balt 100. STREET AND NUMBER	imore			P	7	Hal			100 00		T YES 2 X I
EBA	5111 E. Joppa Rd.					"		1128		log. Cit	USA	AI COUNTHY?
FUNE		12. WAS DECEDEN					ENDENT C	F NISPAN	NC ORIGIN? (Speci		14. RACE -	- American India
BY	1 Never Married 2 Narried 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	NO		If yes, spo 1 TES	ecify Cuba	n, Maxica Specifi	n, Puerto Rican, et	c.)	Black, N Specify:	White, etc.
ETED	15. OECEDENT'S EDUCA (Specify only highest grade or		(	ECEDENT'S	work done			ng .	16b. KINO O	F BUSINESS/IN	DUSTRY	
ا لا	Elementary/Secondary (0-12)	College (1-4 or 5	·)	b. Do NOT u								
COMPL	8th grade			Plumb	er		40 1107	IEDIO MA	ME (First, Middle, M		coving	Ground
E C	John Schott								oline Fr			
00	19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADDRES	S (Street a			Route Number, City of		p Code)	
2	Mrs Frances C Sch	ott		5111		oppa			rv Hall			
	20a METHOD OF DISPOSITION 10 Burial 2 Cremation 3 Ramov		20b. PLACE	ANDDATE	OF DISPOS	ITION /Na	me of	_FEI		c. LOCATION -		, State
	4 Donation 5 Other (Specify)	ai Irom Stata	Holl	y Hil	1 Ce	mete	ery	3-8-	-94	Baltimo	ore, M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICE		1				D ADDRE		CILITY			
	Lasselm Tues	ual,	HomE		Lassahn Funeral Home 7401 Belair Rd. Balto., Md. 21236						6	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		(OR AS A CONSI									
	PART II. Other aignificant conditions	contributing to	death but not	resulting	in the ur	declylno	n cause	alven in	Dart I 24a Ma	AS AN AUTOPSY		ERE AUTOPSY FI
MEDICAL	COPD, Hypernatre							g. voir 111	PE	ERFORMED?	C	WAILABLE PRIOR TO OMPLETION OF C F DEATH?
~						00.5	100 00 -				-	
~	25 WAS CASE DEFENDED TO MEDICAL				OTHE	R:			eck only one)			
~		HOSPITAL:	ED/Outeralland	2 🗆 804		sine Hom	16 5 ∐ Re	sidence	6 Other (Specify	y)		
~	EXAMINER?	28a. DATE OF	INJURY	28b. TIN	4 🗆 Nur	28c. INJ			28d. DESCRIBE N	NOW INJURY OF	CURED	
PHYSICIAN: N	EXAMINER?  1 YES 2 Y NO  27. MANNER OF DEATH  1 X Netural 5 Pending	1 Inpatient 2	INJURY	28b. TIN	4 🗆 Nur	28c. INJ WO	URY AT PRK7 YES 2	] NO	28d. DESCRIBE	NOW INJURY OC	CURED	
D BY PHYSICIAN: A	EXAMINER? 1 ☐ YES 2 ☐ NO  27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b. TIN	4 - Nur IE OF JURY M	28c. INJ WO 1 1	YES 2	] NO	281. LOCATION (S City or Town,	Street and Numbe		te Number,
D BY PHYSICIAN: A	EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	28a. DATE OF (Month, D 28a. PLACE C bullding.	INJURY ey, Year)  F INJURY — At It etc. (Specify)  my knowledge, c	28b. Till IN.	4 Nur  NE OF JURY M  street, fact ed at the t	28c. INJ WO 1 1 1 tory, office	PRK7 YES 2 a	, and dua	261. LOCATION (S City or Town,	Street and Number State) od manner ea sta	or or Rural Rou	
COMPLETED BY PHYSICIAN: A	EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	28a. DATE OF (Month, D 28a. PLACE C bullding.	INJURY ey, Year)  F INJURY — At It etc. (Specify)  my knowledge, c	28b. Till IN.	4 Nur  NE OF JURY M  street, fact ed at the t	28c. INJ WO 1 1 1 tory, office	PRK7 YES 2 a	, and dua	281. LOCATION (S City or Town, to the cause(a) en time, data and place	Street and Number State) and manner ea state, and due to t	or or Rural Rou sted. the cause(s) a	
D BY PHYSICIAN: A	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER:	28e. PLACE OF (Month, D. 28e. PLACE Of building,	INJURY ay, Year)  IF INJURY — At 1 etc. (Specify)  my knowledge, c xxamination and/or	28b. Till IN.	4 Nur BE OF JURY M  street, fact  and at the toon, in my of	28c. INJ WO 1 1 1 tory, office	PRK7 YES 2 a	, and dua	281. LOCATION (S City or Town, to the cause(a) en time, data and place	Street and Number State) and manner ea state, and due to t	or or Rural Rou sted. the cause(s) a	nd manner sa st



1 - FOR STATE REGISTRAR

A SOCIAL SECURITY NUI

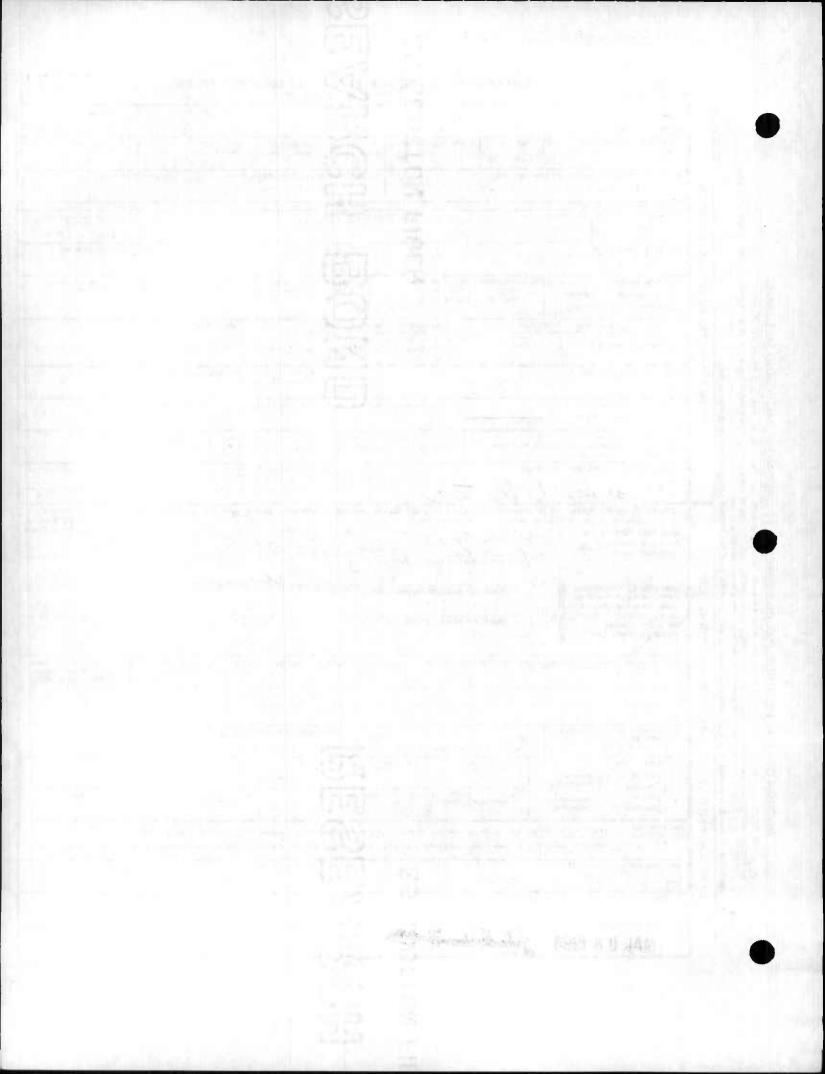
1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (MONTH, Day, Year)
MAR 0 9 1994

7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 217 20 9655 69 YRS. DAYS 1 M 2XX Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR University Hospital Baltimore RESIDENCE OF DECEDENT Md. Baltimore permit. 543 Dolphin St. FUNERAL 21217 burial-transit Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specific BY use as the ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF B funeral director, page 5 should be detached for entary/Secondary (0-12) College (1-4 or 5+) Janitor/Custodian COMPL Balto once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maide Skinner Catherine Thomas 76 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or To **Skinner** 2 Mr. Carlo 543 Dolphin St., Balto., è 20a\_METHOD OF DISPOSITION
1\*E Burial 2 □ Cremellon 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. L DATE must Ring Memorial Park 3/11 Ba 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY
James A. Morton & ames 1701 Laurens St. signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. 23. PART Lighter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reschools, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Carollo the disease or condition event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO OR AS A CONSEQUE NCE OF: Caux traumatic CERTIFICATION Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS A PERFO MEDICAL shows any 1 TYES has been a PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate h Item HOSPITAL 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 8 ☐ Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28c. INJURY AT WORK? 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 1 Natural 5 Pending 1 YES 2 NO DIRECTOR; After the hours after death was BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street 3 Suicide 28 ls S Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and m 2 MEDICAL EXAMINER: On the basis of exam ation and/or investigation, in my opinion, death occured at the time, data and place, a 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 50 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

REGISTRAR'S SIGNATURE

			-		MENTA			94	07171
						E OF DEATH		2 YEAR	3. TIME OF DEATH
(In yrs. les 69	t birthday) : YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	-25	8. BIRT Coun	HPLACE (State or Foreign Md.
		96. CITY					9c. CO	UNTY OF I	DEATH
	10c. CIT	Bal	Eim	iore					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
Hi		16	2	1217					WHAT COUNTRY?
2 X			If yes, s	pecify Cuben, Mexi	cen, Puerto		on or No	Spec	
- (G	to kind of a	work done se retired.)	during m	ost of working				NDUSTRY	
		F							
e r 191		DO	lph	in St.	, Ba	nber, City or To	wn, State, 2 Md	. 21	.217
									own, State
N									Md. 21217
A CONSEC	DUINCE OF	Zan Pi: Co	a-	rest ci	F.	En 3	)mi	At.	Approximata interval Betwee Onset and Daat
A CONSEC	DUENCE OF	F):	t						
but not r	esuiting	in the ur	nderlyir	ng cause given i	n Part I.	PERF	PRMED?	Y 24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
	_	4 🗆 Nur	R: sing Ho	me 8 🗆 Residenc	8 Oth	er (Specify)	I IN ILITY O	COURED	
tY — At ho	INJ	M	1 🗆	ORK? YES 2 NO	28f. LO	CATION (Street	t and Numb		Route Number,
wledge, de					ue to the co	ause(a) and m	anner sa si		
OIT BRIDGIOF	investigatio	m, in my o	pinion,	death occured at I	ne time, del	e and place, s	and due to	The cause	s) and manner as stated.
	E (In yra. less 69 69 16a. DE (In yra. less 69 16a. DE (In yra. less 2 17a 17a 17a 17a 17a 17a 17a 17a 17a 17a	CERTIF  lia Smith  E (In yrs. lest birthday) 69 YRS.  10c. CIT  10	CERTIFICATI  I a Smith  E (In yrs. lest birthday) 6 9 YRS.  10c. CITY JOWN 9 b. CITY 10c. CITY JOWN 10c. CITY J	CERTIFICATE OF  I a Smith  E (In yrs. lest birthday) 6 9 YRS.  9 CITY, TOWN Ba  10c. CITY JOWN OR LOCA Ball till  22  IN U.S. ARMED 8 2 NO DATES  13. WAS DE 11 yes, so 1 yes, s	CERTIFICATE OF DEATH  Italia Smith  E (In yrs. lest birthday)  E (In yrs. lest birthday)  B UNDER 1 YEAR  F UNDER 1 YEAR  F UNDER 24 HRS.  69 YRS.  9b. CITY, TOWN OR LOCATION OF BAILTIMO'R  10c. CITY_TOWN OR LOCATION OF BAILTIMO'R  10c. CITY_TOWN OR LOCATION OF BAILTIMO'R  10c. CITY_TOWN OR LOCATION  B If yes, specify Cuban, Maxing Ity yes, specify Ity yes, specif	CERTIFICATE OF DEATH	CERTIFICATE OF DEATH    2. DATE OF DEATH   2. DATE OF DEATH   MONTH   2. DATE OF DEATH DAY   PUNDER 1 YEAR   PUNDER 24 MRS.   7. DATE OF BIRTH (MOTH DAY)   96. CITY, TOWN OR LOCATION OF DEATH   96. CITY TOWN OR LOCATION OF DEATH   96. CITY TOWN OR LOCATION OF DEATH   96. CITY TOWN OR LOCATION OF DEATH   96. CITY TOWN OR LOCATION OF DEATH   96. CITY TOWN OR LOCATION OF DEATH   96. CITY TOWN OR LOCATION OF DEATH   96. CITY TOWN OR LOCATION OR DEATH   96. CITY TOWN OR LOCATION OR DEATH   96. CITY TOWN OR LOCATION   96. CITY TOWN OR LOCATION   109. CITY TOWN OR LOCATION   10	CERTIFICATE OF DEATH  REG. NO.  Lia Smith  L	



J.W.R

ITEMS: 23 PART I, 27, PER MEO FILM G-710 4/8/94 t.t.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH CHARLES H SCOTT MAR. 80 94 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 5/25/58 Ň.Y. DAYS HOURS MIN 1 📈 M 2 🗌 F 114 50 4896 VRS 35 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARBOR HOSPITAL E.R. BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION
Baltimore 10d. INSIDE CITY LIMITS? Md. 1 XYES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 21225 10g. CITIZEN OF WHAT COUNTRY? USA 926 Church Street funeral director, page 5 should be detached for use as the burial-transit urs after death. Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? PAYES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 YES XXNO Specify: 1 Never Merried MMerried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Fireman Merchant Seaman 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Marie De Verges 17. FATHER'S NAME (First, Middle, Last) Charles C. Scott BE notified 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
926 Church St. Balto., Md. 21225 2 Diane Scott pe 20e. METHOD OF DISPOSITION

XXBuriel 2 Cremetion 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Laurel Hill Church Cem Mineral, Va. 4 Donation 8 Other (Specify) 21. SIONATURE OF JUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons 23. PART I. where the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, 1701 Laurens St., Balto., Md. 21217 the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. medical Approximate Interval Batween **Onset and Death IMMEDIATE CAUSE (Final** the disease or condition resulting in desth) e. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE event, requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, lesding to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 any injury, PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse givan in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the YES 2 - NO is certificate has been signed ith the State Dept. of Health ed, or item 23 shows an Health OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: DR ATTENDING PHYSICIAN: XX YES 2 NO 1 Inpatient 2 XER/Outpatient 3 I DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY this c 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1) Natural м 1 YES 2 NO BY After 1 death 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, fectory, office building, etc. (Specify) DIRECTOR: Aft hours after desirtem 28 is n 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 🗌 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. FUNERAL Within 72 h HOSPITAL TO THE FUNERA be filed within 7. MIX MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(e) and menner se stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE O.C.M.E MAR. 09, 1994 2 AND ADDRESS OF PERSON WHO COM LETED CAUSE OF DEATH (ITEM 27) (Type, Print) no LOCKE 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year)

0 1994

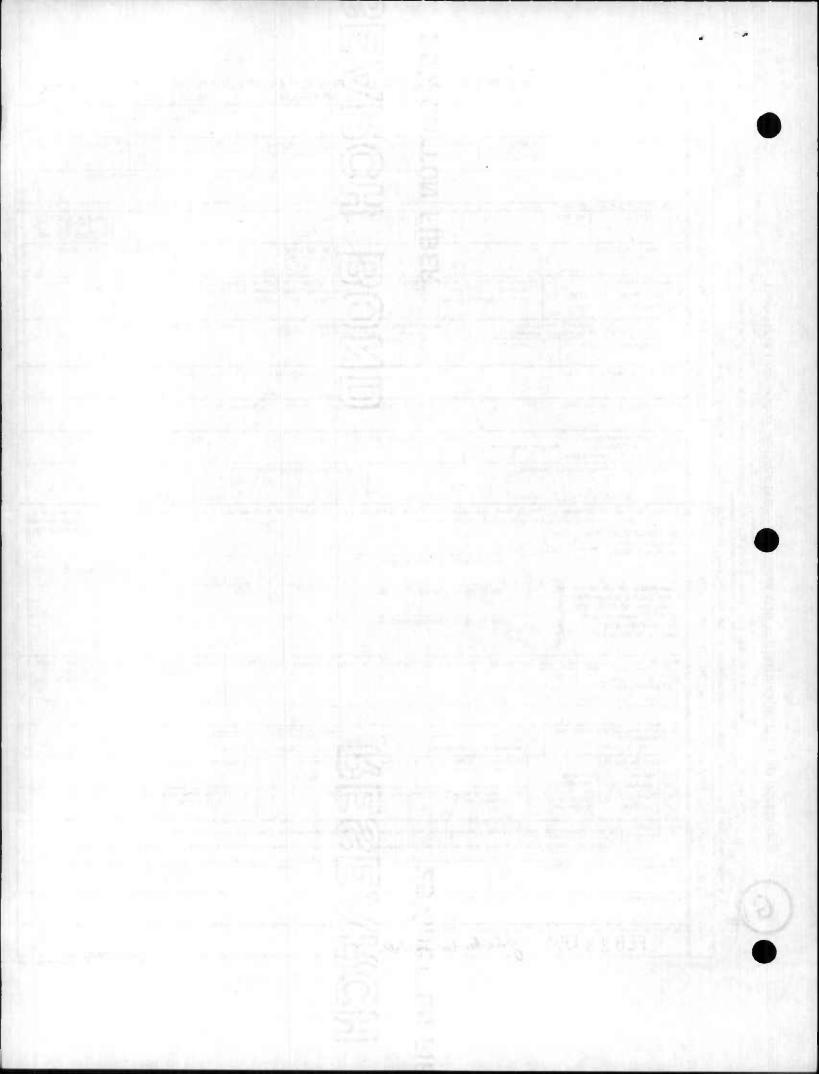
**DHMH-16 Rev 1/89** 

A • 5 5 

ITEM: 2 per M.D. G-709 3/10/94 reb

SOCIAL SECURITY NAMES   S. SEZ   S. ADE (in yrs. late brindow)   F. SECS   S. SEZ   S. ADE (in yrs. late brindow)   F. SECS   S. SEZ   S. ADE (in yrs. late brindow)   S. CIT, TOWN ON LOCATION   S. CIT, TOWN ON			T'S NAME (First, Middle,								MONT			YEAR	3. TIME OF DE
212-20-4314  S. PACHEN HORDORY DIVENDED BY SERVICE OF DEATH SECONDATION			ECURITY NUMBER	JURNER 5. SEX	8. AGE (In yrs. In:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.					
S. PACLITY ANABLE (or o instruction, pure service and number)  S. COUNTY OF DEATH  S.	3	212-2	0-4314	1 🗆 M 2 🖫 F				-	+		(Mont	h, Day. Year)		Country)	
10. STATE   10. COUNTY   10. CITY, TOWN OR LOCATION   10. STATE				give etreet and number)	1 69		96. CIT	Y, TOWN	OR LOCATI	ON OF DE		-1924	9c. COUNT		
The STREET AND NUMBER  The STREET AND NUMBER	OR	ST.	AGNES HOS	PTTAT.				DATT	TMODI	e cra	137				
DE STEET AND NUMBER    101. STREET AND NUMBER   102. WAS DECEDENT EVER IN U.S. ANNED   103. WAS DECEMBER OF WHAT COUNTY (Specify the or No.)   104. AND COUNTY (Specify the or No.)   105. AND DECEMBER OF WHAT COUNTY (Specify the or No.)   105. AND DECEMBE	CT		ICE OF DECEDEN	IT		I so or									
ON. STREET AND NUMBER  501 DOLPHIN STREET, APT. #615  11. MARIAL STATUS  11. MARIAL STATUS  11. MARIAL STATUS  12. MARIAL STATUS  13. MARIAL STATUS  14. MARIAL STATUS  15. MARIAL STATUS  15. MARIAL STATUS  16. NOVE Married  27. MARIAL STATUS  17. MARIAL STATUS  18. MARIAL STATUS  19. MARIAL STATUS	SIR	Hi -	100			100.01				0.75	13.7				10d. INSIDE CI
Sequentially list conditions, resulting in death) LAST   Sequentially list conditions, later and sequentially in the underlying cause given in Part I.   Sequentially list conditions, later and sequentially list conditions, later and sequentially list conditions, later and sequentially list conditions, later and sequentially list conditions, later and sequentially list conditions, later and sequentially list conditions, later and sequentially list conditions are sequentially list conditions, later and sequentially list later and sequentially list later and sequentially list later and sequentially l					- 12	-					Y		10g, CITIZE		AT COUNTRY
Type   Department   Department   Pyes, GIVE WAR OR DATES   1   Security   S	ER/	50:	l DOLPHIN	STREET. AP	T. #615				2:	217					
Sequentially list conditions,   Sequentially list conditions	S	11. MARITAL	STATUS	12. WAS DECEDE	NT EVER IN U.S. AF	PMED	13.	WAS DEC	CENDENT (	F HISPANI	CORIGI	17 (Specify Ye		4. RACE -	- American In
Tea DESCRIPT'S DUAL OCCUPATION   Tea DESCRIPT'S DUAL OCCUPATION						NU						Rican, etc.)		Specify	*
Secondary Contribution   State   Secondary Contribution   State   Secondary Contribution   State   Secondary Contribution   Secondary Contributi	0			R EDUCATION	160 00	CERENTY	D HOUSE C	VOCUBATION OF THE PERSON OF TH	011		Len	VIND OF THE	000000000000000000000000000000000000000		CK
HOMEMAKER  17. FATHER'S NAME (First, Middle, Last)  19. INFORMANT'S NAME (First, Middle, Mailton Chamber's Name of the Mailton Chamber's Name of the Mailton Chamber's Name of the Mailton Chamber's Name of the Mailton Chamber's Name of the Mailton Chamber's Name of the Mailton Chamber's Name of the Mailton Chamber's Name of the Mailton Chamber's Name of the Mailton Chamber's Name of the Mailton Chamber's Name of the Mailton Chamber's Name of the Mailton C	TE	F71	(Specify only highest	grade completed)	(G	live kind of	work done	during mo	ost of working	ng	160	. KIND OF BU	ISINESS/INDU	STRY	
Hannah Chambers  Hannah Chambers  Was INFORMANT'S NAME (TyperPrint)  198. MAILING ADDRESS (Street and Number or Rural Routen Number. City or Town. State, Zp. Code)  VIRGIE PRYOR  209. PLACE AND DATE OF DISPOSITION (Number. City or Town. State)  209. PLACE AND DATE OF DISPOSITION (Number. City or Town. State)  209. PLACE AND DATE OF DISPOSITION (Number. City or Town. State)  209. PLACE AND DATE OF DISPOSITION (Number. City or Town. State)  209. PLACE AND DATE OF DISPOSITION (Number. City or Town. State)  209. PLACE AND DATE OF DISPOSITION (Number. City or Town. State)  209. PLACE AND DATE OF DISPOSITION (Number. City or Town. State)  209. PLACE AND DATE OF DISPOSITION (Number. City or Town. State)  209. PLACE AND DATE OF DISPOSITION (Number. City or Town. State)  209. PLACE AND DATE OF DISPOSITION (Number. City or Town. State)  209. PLACE AND DATE OF DISPOSITION (Number. City or Town. State)  209. PLACE AND DATE OF DISPOSITION (Number. City or Town. State)  209. PLACE OF DEATH (Disposition)  210. Sequentially list conditions, or resulting in death)  220. PART II. Other alignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  221. WAS CASE REFERENCE TO MEDICAL Examples of DISPOSITION (Number. City or Town. State)  222. WAS CASE REFERENCE TO MEDICAL Examples of DISPOSITION (Number. City or Town. State)  223. WAS CASE REFERENCE TO MEDICAL Examples of DISPOSITION (Number. City or Town. State)  224. WAS CASE REFERENCE TO MEDICAL Examples of DISPOSITION (Number. City or Town. State)  225. WAS CASE REFERENCE TO MEDICAL Examples of DISPOSITION (Number. City or Town. State)  226. WAS CASE REFERENCE TO MEDICAL Examples of DISPOSITION (Number. City or Town. State)  227. WANNER OF DISPOSITION (Number. City or Town. State)  228. WAS CASE REFERENCE TO MEDICAL Examples of DISPOSITION (Number. City or Town. State)  229. WAS CASE REFERENCE TO MEDICAL Examples of DISPOSITION (Number. City or Town. State)  229. WAS CASE REFERENCE TO MEDICAL Examples of DISPOSITION (Number. City or T	PLE	Elements	iry/Secondary (0-12)	College (1-4 or 5		OMEM	VKED								
Hannah Chambers  Hannah Chambers  Hannah Chambers  Hannah Chambers  The NFORMANT'S NAME (TyperPrint)  19b. MAILING ADDRESS (Street and Number or Rural Routen Number. Chy or Town. State, Zp Code)  VIRGIE PRYCR  20b. METHOD OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. METHOD OF DISPOSITION  20b. METHOD OF DISPOSITION  20b. METHOD OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. METHOD OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. METHOD OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. METHOD OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. METHOD OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20b. LOCATION OF DISPOSITION  20	OM	17. FATHER'S	NAME (First, Middle, Las	st)		OTIDIL	AKISK		18. MOT	HER'S NAM	NE (First,	Middle, Meiden	Surname)		
198. IMALING ADDRESS (Stored and Number or Rural Roots Number, City or Dem., State, 2p Code)	_		Vir	gil Brown						Hani	nah	Chambe	ers		
VIRGIT   PRYOR   20a. MEDICAL   PROVIDE   PR		19a. INFORM	IANT'S NAME (Type/Print)	)	19	b. MAILIN	G ADDRES	S (Street a	and Number	or Rural A	oute Num	ber, City or Tov	vn, State, Zip C	Code)	-VIII
20a. METHOD OF DISPOSITION   TO BETT   2   Cernametron 3   Removel from State   2   Cernametron 3   Cernametron	F	VIRO	GIE PRYOR		12 / 5	501	DOLPH	IIN	STREE	ET. #	406	BALT	IMORE.	MD.	2121
A   Donation   Other (Specify)		1% Burlet	2 Cremetion 3 🗆						ame of						
JOSEPH H. BROWN JR. FUNERAL HOME, P  1913 W. BALTIMORE ST. RALTIMORE M  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Final desease or condition resulting in death)  25. VERE CARDIAC OYSFUNCTION FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  26. DUE TO (OR AS A CONSEQUENCE OF):  27. MANIER OR DEATH  DUE TO (OR AS A CONSEQUENCE OF):  28. WAS CASE REFERRED TO MEDICAL EXAMINER: ON DEATH  DUE TO (OR AS A CONSEQUENCE OF):  28. WAS CASE REFERRED TO MEDICAL EXAMINER: ON DEATH  1 Natural 5 Pending  29. Accident 1 Notices  1 Notices  20. DATE OF INJURY AI HOME, FERRONIED AND THE STORY AND TO STORY AND TO STORY AND TO STORY AND TO STORY AND TO STORY AND TO STORY AND TO STORY AND THE STOR					- MT.	CALV	ARY C	EME			1	GLE	N BURN	IIE,	MARYL
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart felture. List only one ceuse on each line.  IMMEDIATE CAUSE (Final desease or condition resulting in death)  BUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR		21. SIUNAPU	HE OF FUNEHAL SERVE	CE LICENSEE		1				SS OF FAC	ILITY				
23. PART I. Cither lagnificent conditions, that required to death but not resulting in the underlying cause given in Part I.  246. WAS AN AUTOPSY PERFORMED?  25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY  28. PLACE OF DEATH (Check only one)  28. PLACE OF INJURY OF DEATH  28. PLACE OF INJURY OF DEATH  29. CERTIFIER  (Check only and sold and the destermined and sealed of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as atsetd.  29. CERTIFIER  (Check only and particular of the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as atsetd.  29. CERTIFIER  (Check only and particular of the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as atsetd.			11/10.		1/ L	1				BROW	N TI	FIIN	EDAT U	OME	D A
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PERFORMEC?   1   YES 2   NO   Natural   YES 2   NO   Natural   YES 2   NO   Natural   YES 2   NO   Natural   YES 2   NO   YES 2   NO   YES 2   NO   Natural   YES 2   NO   YES 3   YES 3   NO   YES 3   Y		IMMEDIAT	ahock, or heart fell E CAUSE (Final r condition	lure. List only one ce	ouse on each line	Ð.	JO not ente	SEPI 013 V	H H.  N BA  ode of dy	I.TTM Ing, such	ORE	ST diac or reap	RALTIM Directory arrest	IORE	MD Approxi
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1   Natural   September   Septemb	RTIFICATION	IMMEDIAT disease or resulting I Sequentia if any, lee cause. En CAUSE (D that initiat	ahock, or heart fel E CAUSE (Final r condition n death)  illy list conditions, ding to immediate ter UNDERLYING seesee or injury led events	a. SEV DUE TO DUE TO C.	ERE CONSE	ARDOUENCE C	JO 10 not ente	SEPI 013 V	H H.  N BA  ode of dy	ITTM ing, such	ORE as car	ST diac or reap	RALTIM Directory arrest	IORE	MD Approxi
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?    YES 2   NO		IMMEDIAT disease or resulting i Sequentia if any, lea cause. En CAUSE (D that initiat resulting i	ahock, or heart fell E CAUSE (Final r condition in death)  Illy list conditions, ding to immediate ter UNDERLYING leese or injury led events in death) LAST	a. SEV  DUE TO  DUE TO  d. DUE TO	ERE CONSE	OUENCE C	IAC  PF):	OSEPI 013 tribe mo	H H.  N. BA  ASFU	I.TIM Ing. such NCT	ORE 10N	ST. diac or reap  FTES	RALTIM Piratory arrest	E)	Approxi Interval Onset a
27. MANNER OF DEATH  1 Natural  28e. DATE OF INJURY (Month, Dey, Year)  28e. INJURY AT WORK?  1 YES 2 NO  28e. INJURY AT WORK?  1 YES 2 NO  28e. LOCATION (Street end Number or Rural Route No City or Town, State)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner ea stated.	: MEDICAL	IMMEDIAT disease or resulting if say, leer cause. En CAUSE (D that initial resulting if	ahock, or heart fel E CAUSE (Final r condition n death)  lity list conditions, ding to immediate ter UNDERLYING isease or injury led events n death) LAST	a. SEV  DUE TO  C. DUE TO  d. ditiona contributing to	ERE CONSE	OUENCE C	IAC  PF):	OSEPI 013 tribe mo	H H.  N. BA  ASFU	I.TIM Ing. such NCT	ORE 10N	ST. diac or reap  FTES	RALTIM Piratory arrea ALLUR	(ORF mt,	Approxi interval Onset a Onset a Management of the Management of t
27. MANNER OF DEATH  1 Natural  28e. DATE OF INJURY (Month, Day, Year)  28e. INJURY AT WORK?  1 YES 2 NO  28e. INJURY AT WORK?  1 YES 2 NO  28e. LOCATION (Street and Number or Rural Route No City or Town, State)  29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.	: MEDICAL	IMMEDIAT disease or resulting if say, lee cause. En CAUSE (D that Initial resulting if PART II. O	ahock, or heart fel E CAUSE (Final r condition in death)  Illy list conditions, ding to immediate ter UNDERLYING leese or injury leed events in death) LAST  Other algnificent conditions  SE REFERRED TO MEDIC  SE REFERRED TO MEDIC	b. RENDUE TO  d.  ditions contributing to	ERE CONSE	OUENCE C	IAC  PF):	OSEPI 913 Ur the mo	H H.  N. BA  ode of dy  ASFU	ITIM Ing, such INCT	ORE INCOME	ST. diac or reap  ETES  24e. WAS APPENFO 1   YES	RALTIM Piratory arrea ALLUR	(ORF mt,	Approxi- Interval Onset a  Onset a  WERE AUTOPSY AMALABLE PRIC COMPLETION OF DEATH?
2 Accident 3 Suicide 4 Homicide 4 Homicide 5 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) end manner ea stated.    Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) end manner ea stated.	SICIAN: MEDICAL	IMMEDIAT disease or resulting if say, leer cause. En CAUSE (D that initial resulting if PART III. O	ahock, or heart fel E CAUSE (Final r condition n death)  Illy list conditions, ding to immediate ter UNDERLYING leesee or injury ed events n death) LAST  Other algnificent conditions SE REFERRED TO MEDIC ER?	a. SEV DUE TO  C. DUE TO  ditions contributing to  Avenual	ERE CONSE	OUENCE C	IA COPP:	OSEPH 913 Ur the mo	H H.  N. BA  ode of dy  A S F U	ITIM Ing, such INCT  Di  given in 6	ORE SACRIFICATION AIS	ETES  24e. WAS APPENDO 1 YES	RALTIM Piratory arrea ALLUR	(ORF mt,	Approxi- Interval Onset a  Onset a  WERE AUTOPSY AMALABLE PRIC COMPLETION OF DEATH?
3 Suicide 6 Could not be determined 25s. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Specify) 25s. PLACE OF INJURY — All home, farm, street, factory, office City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (State) 25s. LOCATION (Street and Number or Rural Route No City or Town, State) 25s. LOCATION (State) 25s. LOCATION (State) 25s. LOCATION (State) 25s. LOCATION (State)	SICIAN: MEDICAL	IMMEDIAT disease or resulting if any, lee cause. En CAUSE (D that initial resulting if PART H. Q	ahock, or heart fel E CAUSE (Final r condition in death)  Illy list conditions, ding to immediate ter UNDERLYING leesee or injury ed events in death) LAST  Other algnificent conditions  SE REFERRED TO MEDIC ER? S 2 ZINO	b. RENDUE TO  d. DUE TO  d. HOSPITAL: 1 Alpertient 2 28e. DATE O	ERE COORES A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O CONSTRUCTION OF CONSTRUCT	OUENCE COUENCE	JC 10 10 10 10 10 10 10 10 10 10 10 10 10	DSEPI 113 Tr the mo	H H.  N. BA  Dode of dy  H S F U  T O  G Cause of D  LACE OF D  INDIVIDUAL ATTENDANCE OF D  JURY ATTENDANCE OF D  JURY ATTENDANCE OF D  JURY ATTENDANCE OF D	ITIM Ing, such INCT  Di  given in 6	ORE SECONY O	ST. diac or reap  FIES  24a. WAS AN PERFO  1 UYES:	RALTIM Plratory arrea ALLUR NAUTOPSY RMED? 2 DANO	CORF nt, E	Approxi- Interval Onset a  Onset a  WERE AUTOPSY AMALABLE PRIC COMPLETION OF DEATH?
29e. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) end manner es stated.  (Check only one)  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end in my opinion, death occurred at the time, date and piece, and due to the cause(s) end in my opinion.	PHYSICIAN: MEDICAL	IMMEDIAT disease of resulting if any, lest cause. En CAUSE (D) that initiat resulting if the cause of the cau	ahock, or heart fel E CAUSE (Final r condition in death)  Illy list conditions, ding to immediate ter UNDERLYING isease or injury led events in death) LAST  Other algnificent cond  SE REFERRED TO MEDIC ERT S 2 NO OF DEATH ural 5 Pending	b. RENDUE TO  d. DUE TO  d. HOSPITAL: 1 Pinpetient 2 28e. DATE O (Month,	ERE COORES A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O COR AS A CONSE O CONSTRUCTION OF CONSTRUCT	OUENCE COUENCE	JC 10 10 10 10 10 10 10 10 10 10 10 10 10	nderlyin  26. Pi  R: raing Hon  28c. IN.	H H.  N BA  Dade of dy  A S E U  T O  G Cause :  LACE OF D  TONK?	ITIM Ing, such I	ORE SECONY O	ST. diac or reap  FIES  24a. WAS APPERFO  1 UYES:	RALTIM Plratory arrea ALLUR NAUTOPSY RMED? 2 DANO	CORF nt, E	Approxi- Interval Onset a  Onset a  NERE AUTOPSY AMALABLE PRIC COMPLETION OF DEATH?
29c. LICENSE NUMBER 29d. DATE SIGNED (Month)	TED BY PHYSICIAN: MEDICAL	IMMEDIAT disease of resulting if any, leer cause. En CAUSE (Dath that Initial resulting if any).  25. WAS CASE EXAMIN 1   YE   YE   YE   YE   YE   YE   YE	ahock, or heart fel E CAUSE (Final r condition in death)  illy list conditions, ding to immediate ter UNDERLYING lesses or injury led events in death) LAST  or injury led events in death) LAST  or injury led events in death LAST  or injury led events in death LAST  or injury led events in death LAST  or injury led events in death LAST  or injury led events in death LAST  or injury led events in death LAST  or injury led events in death LAST  or injury led events investigation led events investigation led events investigation led events investigation led events investigation led events investigation led events	a. SEV DUE TO  b. REN DUE TO  d. DUE TO  d. HOSPITAL: 1 A Inpattent: 28e. DATE O (Month.) stion ot be	O (OR AS A CONSE  O (OR AS A C	OUENCE COUENCE	OF):  OF):  OF):  OTHE 4 Num ME OF JURY M	DSEPF 213 Ur the mo	G Cause	ITIM Ing, such I	ORE.  aa car  10 N  A  S	24e. WAS AN PERFO 1 VES:	RAITTM Plratory arrest ALLUR  NAUTOPSY RMED? 2 TANO  INJURY OCCU and Number of	CORF int,	Approxi Interval Onset a Onset
	ETED BY PHYSICIAN: MEDICAL	IMMEDIAT disease or resulting if sany, leer cause. En CAUSE (D that initial resulting if sany).  25. WAS CASEXAMIN 1 YE:  27. MANNER 1 Natural	ahock, or heart fel E CAUSE (Final r condition in death)  Illy list conditions, ding to immediate ter UNDERLYING leese or injury leed events in death) LAST  Other algnificent conditions  SE REFERRED TO MEDIC ER?  S 2 NO OF DEATH  Irrel IRR I CERTIFYING	a. SEV DUE TO b. REN DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE T	D (OR AS A CONSE O (OR	OUENCE COUENCE	OTHE 4 Number of Juney M. street, fac	nderlyin  26. Pi R: raing Hon  28c. IN. Inc. inc. inc. inc. inc. inc. inc. inc. i	A H. BA  Dode of dy  A S E U  T O  G Cause :  LACE OF D  TORK?  YES 2 [  Tell of the control of	DI DI DI DI DI DI DI DI DI DI DI DI DI D	ORE.  aa car  10 N  A  S  Part I.  Ck only o Other  286. LOCChy  to the ca	24a. WAS AN PERFO  1 YES:  ATION (Street or Town, State use(s) and ma	RATTTM Ilratory arres  ALUG  NAUTOPSY RMEG? 2 D NO  INJURY OCCU  and Number of	PRED Aural Ro	Approxi Interval Onset a Onset a Manual Approxi Interval Onset a Manual Approximation of Death?
MEDICAL RESIDENT DELLA	E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIAT disease of resulting if any, lead cause. En CAUSE (D that initiat resulting if any).  25. WAS CASE EXAMIN 1 YES.  27. MANNER 1 Natural 1	ahock, or heart fel E CAUSE (Final re condition in death)  illy list conditions, ding to immediate ter UNDERLYING isease or injury led events in death) LAST  other algnificent conditions there algnificent conditions in death LAST  of Death irel  of Death irel  of Could in incide  certifying  immediate  immediate  certifying  immediate  immediate  certifying  immediate  immedi	a. SEV DUE TO b. REN DUE TO c. DUE TO d. All HOSPITAL: 1 Physician: 28e. Place building Physician: To the best of AMINER: On the best of	DO (OR AS A CONSE O (OR	OUENCE COUENCE	In the under the street, factoring in my	nderlyin  26. Pi R: raing Hon  28c. IN. Inc. inc. inc. inc. inc. inc. inc. inc. i	G Cause  CLACE OF D  TO CLACE OF D	ITIM Ing. such I	ORF. aa car 10 N A   3	24a. WAS AN PERFO  1 YES:  ATION (Street or Town, State use(s) and ma	RALTIM Plratory arrest ALLUR NAUTOPSY RMEQ? 2 NO INJURY OCCU end Number of	24b. )  PRED  Aural Ro  Cause(s)	Approxi Interval Onset a Onset

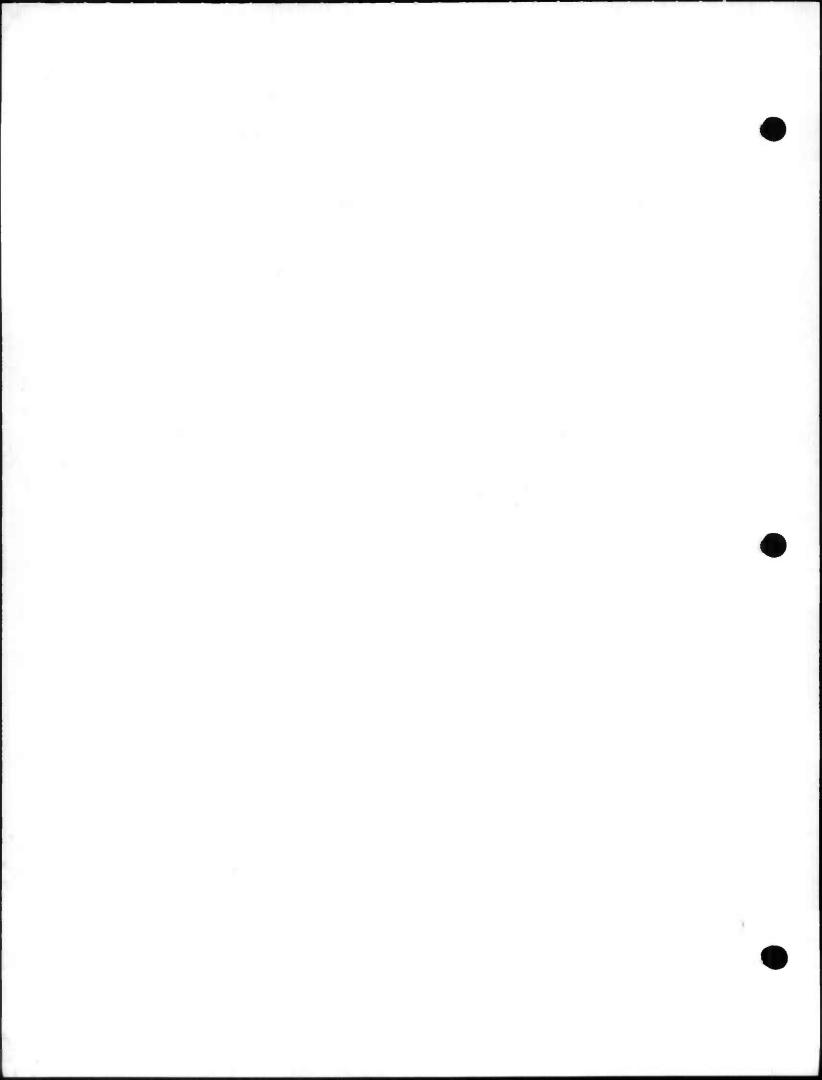
DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

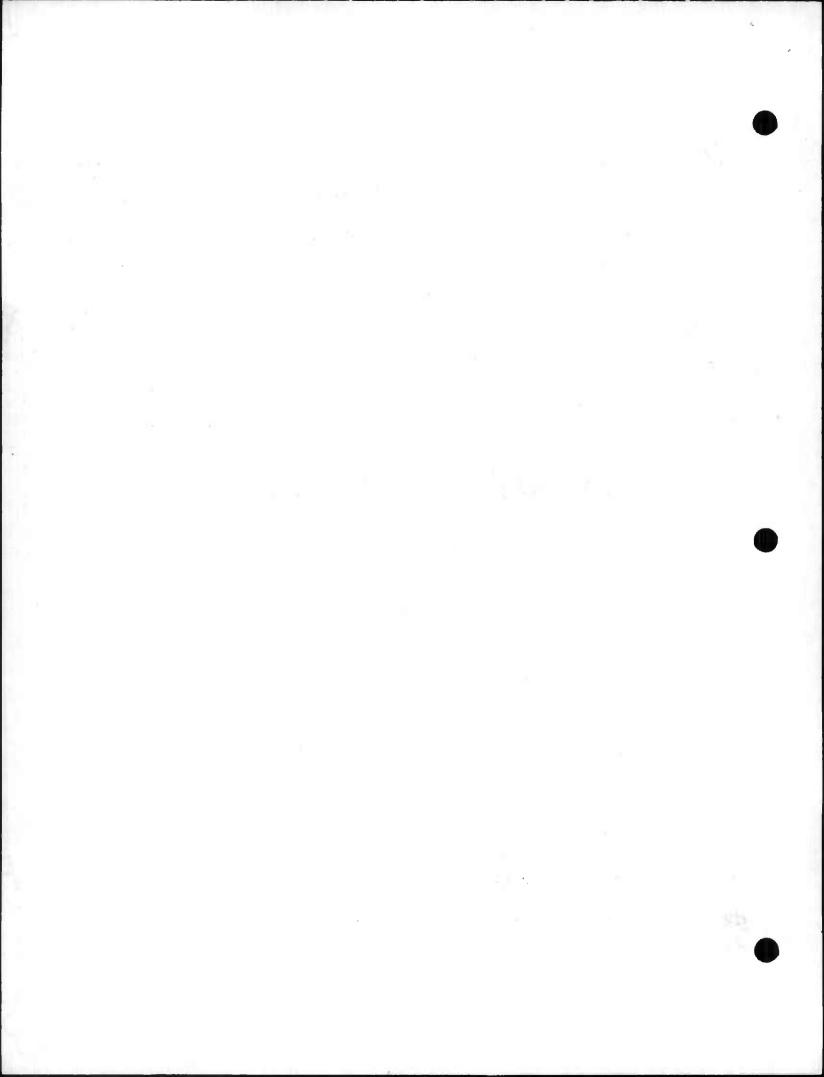
In we make that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	In the bear agreed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1.2.3 should	In the state of Health and Mental Hygiene prior to burial, cremation, or removal.	ar the 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-NEIDAN		th the Sta	1
NDING P	t. Attach	r death wit	is mark
OR ATTE	DIRECTOR	hours after	item 28
HOSPITAL	FUNERAL	within 72	TANT II
TO THE !	TO THE F	be filed y	IMPORT

	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN		4 0/1/4
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN	_	3. TIME OF DEATN
		oods				March 0	94	9:30 Pm
			iE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	HRTNPLACE (State or Foreign
	<u> </u>	1 🗆 M 2 💢 F	96 YRS.	MONTHS DAYS	HOURS MIN.	Nov. 30, 189	97   Ĭ	Maryland
	9a. FACILITY NAME (If not institution, give stre	et and number)		96. CITY, TOWN C	OR LOCATION OF D	EATN	9c. COUNTY	OF DEATN
Ö	Maryland Masonic	Home		Cock	eysville	2	Bai	ltimore
<u> </u>	10s. STATE 10b. COUNTY		10c, CIT	Y. TOWN OR LOCAT	TON			10d. INSIDE CITY
DIRECTOR	Maryland B	altimore		Cockev	cvillo			LIMITS?
	10e. STREET AND NUMBER	artimore			. ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
FUNERAL	300 International	Circle			210	030		U.S.A.
2	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Ye	s or No- 14, I	RACE — American Indian.
BY F	1 Never Married 2 Married	FORCES? 1 YE	DATES 2		2 K NO Speci	en, Puerto Rican, etc.)		Black, White, atc.
	3 X Widowed 4 Divorced							white
ETED	15. DECEDENT'S EDUCA (Specify only highest grade or	(TION ompleted)	(Give kind of a	VOIK done during mo		16b, KIND OF BU	SINESS/INDUSTI	RY
12	Elementary/Secondary (0-12)	College (1-4 or 5 +)	iife. Do NOT us				0	
COMPL	17. FATNER'S NAME (First, Middle, Lest)		Teleph	one Oper		Seagra  ME (First, Middle, Maiden	am Compa	any
	C P C P C C C C C C C C C C C C C C C C						,	
BE	Charles H. Card  190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Lizabeth W.  Aoute Number, City or Tow		
5	Maryland Masonic H	OMA						e, MD 21030
	20s. METHOD OF DISPOSITION		Ob PLACE AND DATE (	E DISPOSITION (No	mant		CATION - City	
	N Buriel 2 ☐ Cremation 3 ☐ Remov	ral from State	emetery, crematory or o Loudon Pa	rk Cemet	erv	100		, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICES	MSEE		22. NAME AN	D ADDRESS OF FA	CILITY		, 122 ) 12114
	Little 1	enan				defeld Home		1 1 01010
$\overline{}$	George /J. Fer	TAISE mplications that cause	sed the deeth. Do n	ot enter the mo	TOTK ROS	ad Baltimo	ore, Mai	ryland 21212
	snock, or neart failure. Li	st only one cause on	esch line.	or order that mo	as or symg, sac	on se cardiec of resp	natory strest,	Interval Between
	IMMEDIATE CAUSE (Final disesse or condition	4, 24, 21	250					Onset and Death
	resulting in desth) a.	DUE TO (OR A	S A CONSEQUENCE OF	7):				
Z	6							
Ĕ	Sequentially list conditions, if any, leading to immediate	OUE TO (OR A	S A CONSEQUENCE OF	):				
2	CAUSE (Disease or injury c.	DUE TO OR A	S A CONSEQUENCE OF					
CERTIFICATION	that initiated events resulting in death) LAST	DOL TO (ON A	A CONSECUENCE OF	7:				
핑	d.							-
A L	PART II. Other significant conditions	contributing to death	but not resulting i	n the underlying	ceuse given in	Part I. 24a, WAS AN PERFOI	AUTOPSY	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
1 2	CHF					1 YES :		COMPLETION OF CAUSE OF DEATH?
M							<i>'</i>	1 - YES 2 NO
z								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (CA	neck only one)		
ΙΥS	1 VES 2 NO 1	I Inpatient 2 I ER/O		4 Nursing Nom		8 Other (Specify)		
	1 Natural 5 Pending	28s. OATE OF INJUR (Month, Day, Yess	Y 28b. TIM ) INJ	URY WO	RK?	28d. OEŞCRIBE NOW I	NJURY OCCURE	0
BY	2 Accident Investigation 3 Suicide & Could and be	28e. PLACE OF INJU	RY — At home, larm, s		ES 2 NO	281. LOCATION (Street	and Mumber or D	
COMPLETED	8 Could not be detarmined	building, etc. (S	Decify)	treet, ractory, office		City or Town, State)	INO NUMBER OF HE	rai rioute number,
19	29a. CERTIFIER 1 N CERTIFYING PHYSICI	AN: To the best of my kn	muladas daeth sasuru	d at the time date				
N N								see(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			
BE	Oune Bream	1000			D 4021		Z 1 .	NEO (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	17 102	00	3/	7 199
	June Breiner	TWO I	205 40v	te Rd	Sta	32c B	alt M	1 21092
	31. DATE FILED (Month, Day, Year)	32. HEGISTRAR'S SI	MATURE	1 4	7 316	300	WIT IV	4 21017
	MAR 1 0 1994	Julia Dans	man fundament	· 				



2	TO TH	be file	IMPO
	\$	Ħ	5
)	0	2	

	FOR STATE REGISTRAR	STATE OF	MARYLAND	/ DEPAR	RTMENT CATE	OF H	EALTH DEAT	AND I	MENTA	L HYGIEI	40	4	07175
	1. DECEDENT'S NAME (First, Middle,	Last)							2. DATE	OF DEATH			3. TIME OF DEATH
	Catherine		E. Wals	, h					Mor	ch 8.	1994	YEAR	630 D
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER	1 VEAR	IF UNDER	24 HRS		OF BIRTH	כככב	e BIRTI	IPLACE (State or Foreign
	218-14-7192	1 M 2 X F	1	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)		Count	ry)
	9a. FACILITY NAME (If not institution,		71	*****						. 30,			yland
l oc					9b. CITY,	, TOWN C	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	DEATH
2	833 Milford M	ill Road			_ Pi	kes	ville	e				Ba1	timore
입		OUNTY		10c, CI7	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
DIRECTOR	Maryland	Baltimore					ville	_					LIMITS?
1	10e. STREET AND NUMBER	Dartimore			FI		VIII				10 017	754 05	1 YES 2 NO
FUNERAL	833 Milford M	ill Road				""		1208			log. Crit		
뿔	11. MARITAL STATUS		NT EVER IN U.S. A						St. 20110			U.S	
	1 Never Merried 2 Nerried	FORCES?	1 YES 2 X			1 yes, sp	ecify Cube	n, Mexica	n, Puerto	1? (Specify Ve Rican, atc.)	e or No—	14, RACI	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		۱ ا	YES	2 🔀 NO	Specifi	y:		-	Spec	
ED	15. DECEDENT'	S EDUCATION	16a D	ECEDENT'S	I I SUAL OC	CLIDATIO	ON.		144	KIND OF BU	ICINICO (INIC		hite
	(Specify only highest Elementary/Secondary (0-12)	1 1 1 1 1 1 1		Give kind of b. Do NOT u	work done o			ng	1.00	C KIND OF BO	73HYE33/HYE	7031N1	
1	12th	College (1-4 or 5	+)	II am									
COMPLET	17. FATHER'S NAME (First, Middle, La	st)		HOIII	emake	r	44 MOT	HED'S NA	ME (Eint	Middle, Melder	· Communa		
	William	Pa	1				10. MOT						
띪	19e. INFORMANT'S NAME (Type/Print			Ob. MAII INV	ADDRESS	4000000				ne ber, City or To	Galag		21222
임	Mr. Matthew Wa											,	21208
	200. METHOD OF DISPOSITION	1511	20b. PLACE					коа					ryland
	1 Burtel 2 Cremetion 3 4 Donation 5 Other (Specify		cemetery, ci	rematory or	other place)	ITION (Na	ime of		DAT		OCATION —		
	21. SIGNATURE OF SUNERAL SERVI		- 15t. C	narie			O ADDRE	DO OF TA	3/1	[2] Pi	<u>kesvi</u>	lle.	MD
	17.10	ma ()	. 11							cal Di	recto	rs.	Inc.
Ш	esefier	- 1º1 Y	no		87	28 1	Liber	ty I	Road	Rand	allst	own.	MD 21133
		s, or complications th llure. List only one ca	at causad the d use on each iln	laath. Do le.	not antar	the mo	de of dy	ing, auc	h ss csn	diac or resp	oiratory an	rest,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	8.	acuto	e i	n ye	lo	ien	du	2/4	euk	Em	10	Onset and Death
		DUE TO	O (OR AS A CONS	EQUENCE O	iF): U	7							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	OR AS A CONS	EOUENCE O	F):							-	
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	a											
별	that initiated events resulting in death) LAST	OUE TO	OR AS A CONSE	EOUENCE O	IF):								
#	in totally and	d											
	PART ii. Other aignificant con	ditions contributing t	daath but not	rasulting	in the un	dariyin	g causa (	givan in	Part i.	24a. WAS A	N AUTOPSY	246	. WERE AUTOPSY FINDINGS
MEDICA		112								PERFO	RMED?	1.00	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_	1 TYES	2 [] NO		OF DEATH?
									-				1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDIC	SAL T				00.00							
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only or	10)			
₹	1 TYES 2 NO		☐ ER/Oulpatient	1			o 5 XR	eldence					
	1 Natural 5 Pending	28e. DATE O (Month,	Day, Year)	28b. TIN	JURY		PK?		28d. DES	CRIBE HOW	INJURY OC	CURED	
B	2 Accident Investig	etlon			IM		YES 2	NO					
8	3 Suicide a Could n 4 Homicide determin	or na 1 philipping	OF INJURY — AI h	oma, term,	street, fecto	ory, offic	•			ATION (Street or Town, Stets		or Rural I	Route Number,
ii.	29e. CERTIFIER					-			<u></u>				
鱼	(Check only	PHYSICIAN: To the best of											
COMPLET	I II MEDIIÇAL EX	AMINER: On the basis of	examination end/or	Investigation	on, in my o	pinlon, d	leath occur	red at the	time, date	end place, e	nd due lo th	ne ceuse(	e) end manner ee stated,
w	296. SIGNATURE AND TITLE OF CO	THEFER						ENSE NUI	-		29d. DAT	E SIGNE	(Month, Day, Year)
TO B	- Tau	M					C	30	18:	5		3/	1/14
-	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CA	JSE OF DEATH (IT	ЕМ 27) (Туре	, Print)							1	
	Dr. Paul Mill		ederick	Road	Cat	tons	vill	e. M	D	2122	8		
	31. DATE FILED (Month, Day, Year)	32 REGISTR	ander for	Act W-									
	MAR 1 0 19	94 Julia	ander Ma										



BALTIMORE, MARYLAND 21215-0020

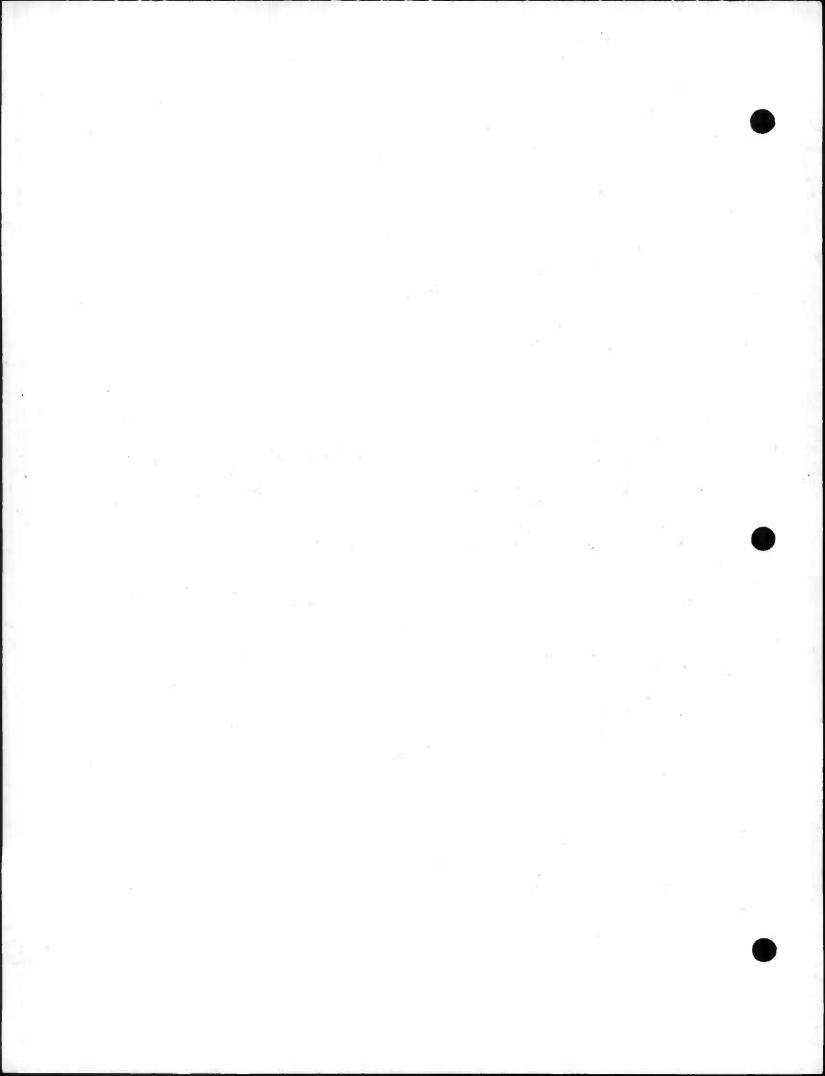
DN OF VITAL RECORDS, P.O. BOX 68760,

ائر المو

	blh										
	FOR 1 - STATE	STATE OF N						MENT		E	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		Ci	EKIIF	ICAI	E OF	DEATH	2 DA	REG. NO.		3. TIME OF DEATH
	Shirley	Wilso	on					Ma	NTHD/		TEAR
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)		R 1 YEAR	IF UNDER 24 HR	7. DAT	E OF BIRTH		1 1000
	219-26-8297	1 □ M 2X\\\	55	YRS.	MONTHS	DAYS	HOURS MIN	5	-24-38		BIRTHPLACE (State or Foreign Country) MD
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CIT	Y, TOWN C	PR LOCATION OF	DEATH		9c. COUNTY	Y OF DEATH
1 E	701 W. Mulberry S	treet-Ap	t. 608			Bal	timore				
DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION				10d. INSIDE CITY
띰	MD			В	ALT	0					14 YES 2 NO
AL.	10e. STREET AND NUMBER					10f	ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?
FUNERAL	701 W. MULBERR						212	01			U.S.A.
1 2	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. AR	RMED NO	13.	WAS DEC	ENDENT OF HIS	PANIC ORIG	GIN? (Specify Yes	or No- 14	. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W			- 1	1 TYES	2/2 NO So	ecify:			Specify: BLACK
	15. DECEDENT'S EDU (Specify only highest grade		16a, DE	CEDENT'S	USUAL C	OCCUPATIO	ON .	1	6b. KIND OF BUS	SINESS/INDUS	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	li fin	Do NOT u	work done se retired.)	during mo	st of working				
COMPLETED	9TH										
	17. FATHER'S NAME (First, Middle, Last)								t, Middle, Maiden		
BE	WILLIE EPPS  19a. INFORMANT'S NAME (Type/Print)		10	h MAII INC	ADDRES	C (Current		ZABE!	L'H Imber, City or Tow	BELL	
5	HARRY WILSON	SR.		7(	Ol V	V . M	ULBERI	RY S!	r. APT	605	BALTO, MD
	20e. METHOD OF DISPOSITION	oval Irom Stala	20b. PLACE cometery, cre								MILLS, MD
	21. SIGNATURE OF FUNERAL BERVICE LIC	ENSEE /	- OAKK	1	-		ID ADDRESS OF				<i>-</i>
	· Yorti	a El	Mon				-				ASH AVE
	23. PART I. Enter the diseasea, or a shock, or heart failure.  IMMEDIATE CAUSE (Final	complications that List only one cau	t caused tha de se on each line	eath. Do	not anta	r tha mo	da of dying, a	uch ss ca	ardiac or respi	ratory srres	t, Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	2 HADE	TENS	100		p.,	011101	2100	20 10 10 10	Olo	Onset and Death
	reaulting in death)	DUE TO	CIOSCE	シレド OUENCE O	-0   [ '		CAPUL	JVIK	CUAIC	1/1/2	5/8¢
z					,						ĺ
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F).						
<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
ᄩ	that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):						
빙		d		-							
	PART ii. Other algnificant condition	s contributing to	death but not i	resulting	in tha u	nderiying	cause given	in Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL									1 [] YES 2	NO	COMPLETION OF CAUSE OF DEATH?
											1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL										
SICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetient 2	. □ pos	OTHE	R:	ACE OF DEATH				
PHY	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	e 5 A Realden		PEŞCRIBE HOW I	NJURY OCCUP	RED
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Di	ay, Year)	IN.	M		RK? YES 2 NO				
유	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE Of building,	F INJURY — At he atc. (Specify)	ome, lerm,	street, lec	ctory, office			DCATION (Street if ity or Town, State)		Rural Route Number,
<u></u>	AA - CERTIFIER					_					
COMPL	(Check only CERTIFTING PHTS)	ICIAN: To the best of									
00	Λ.		umination end/or	investigatio	on, in my	opinion, d			ste end place, an		ceuse(e) end manner as stated.
BE	SIGNATURE AND TITLE OF CERTIFIES	WA	) , V				29c. LICENSE				HIGNED (Month, Day, Year)
임	THE NAME AND ADDRESS DE PERSON WIL	O COMPLETED COM	/ /~//	M 070 /T	Bereit		O.C.N	1.E.		Feb	08 1994

111 Golle M.D. Penn Street, Baltimore, Maryland 21201

Mario F. Golle 31. DATE FILED (Month, Day, Year) MAR 10 1994



1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

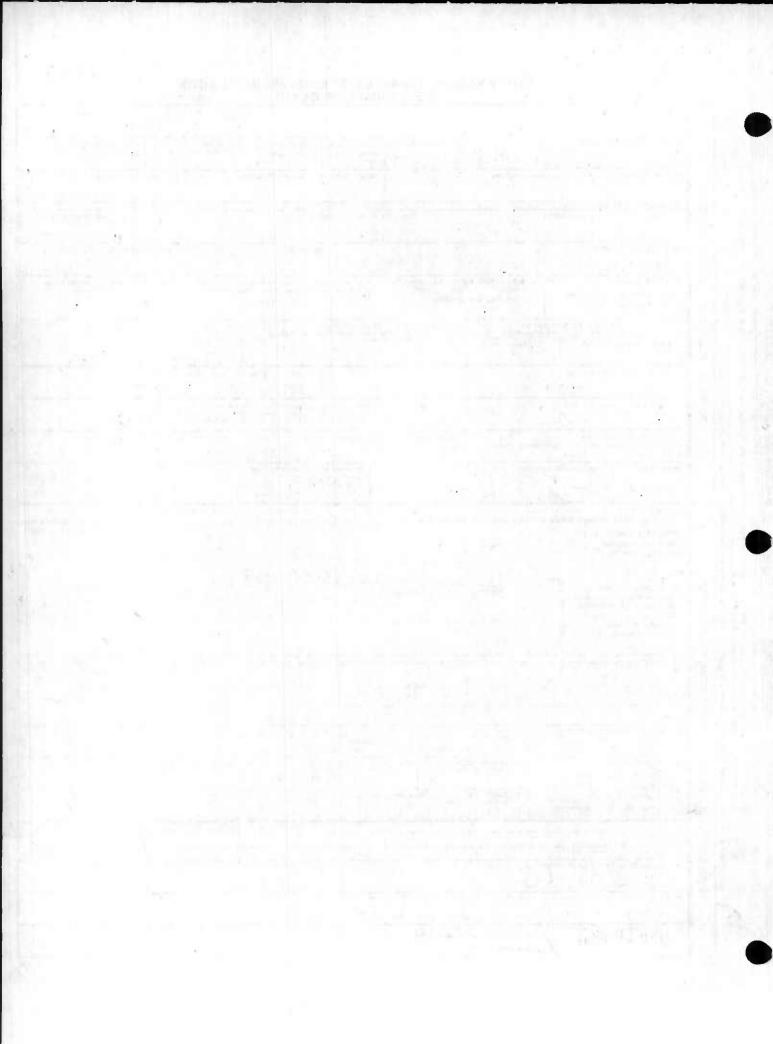
HEGISTRAH		C											
1. DECEDENT'S NAME (First, Middle, Last)	Paul	Watsor	1					2. DATE MONT	OF DEATH	DAY 1	994	3. TIME OF D	EATN
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is		IF UNDER	D 1 VEAD	IF UNDER	24 MDC		OF BIRTH	1		HPLACE (State o	Complex
213-07-8315	1 💢 M 2 🗆 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	n, Day, Year)	1	Count	N.C.	roreigi
9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE				UNTY OF	DEATH	
Sinai Hospital				В	alti	more							
10e. STATE 10b. COUNT	TY .		10c. CIT	TY, TOWN O	OR LOCAT	TION						10d. INSIDE C	ITY
Md			Ba	1time	ore							1 X YES 2	□ NO
10e. STREET AND NUMBER						. ZIP COD	E			10g. Cl	TIZEN OF	WHAT COUNTRY	7
3480 DOLFIELD	AVE					212	15			U	SA		
11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT C	OF NISPAN	IIC ORIGIN	I? (Specify Y		14. RAC	E — American I	ndlen,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 X	NO			ecity Cube 2X NO			Ricen, etc.)		Spec	elly: Black	
15. DECEDENT'S ED	UCATION	16a, D	ECEDENT'S	S USUAL O	CCUPATIO	ON		16b	KIND OF B	USINESS/IN	DUSTRY		
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 a		Give kind of le. Do NOT u	work done ise retired.)	during mo	st of workli	ng						
7TH								E	BETHE	LEHE	EM	STEEL	
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, I	Middle, Meide	n Surname)			
HENRY WATSON						IS	ABE	LLE	S	PIVE	ΞY		
19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	G ADDRES	S (Street e	and Number	r or Rural I	Route Num	ber, City or To	wn, State, Z	(ip Code)		
WINNIE WATSO	N		3480	Do.	lfie	eld	AVE	BAI	TO,	MD 2	2121	5	
20a. METHOD OF DISPOSITION		20b. PLACE	ANO OATE	OF DISPOS	SITION /NE	ame of		OAT	E 20c. t	OCATION -	- City or To	own, State	
ty Suriel 2 ☐ Cremetion 3 ☐ Rar 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	MARY	rematory or o	other place!	TTO	VAT.	PK	1	294 L				
21. SIGNATURE OF THE RAL SERVICE L			211111				SS OF FA						_
41. SIGNATURE OF STREET HAL SERVICE L	ICENSEE			44.									
AL SERVICE L	ICENSEE	/				ch F,	/H W	est					
23. PART i. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cau a. Se	PS (S	ie.	not anter	Mar 430	ch F	abas	h Ave	enue diec or res	piratory s	rrest,	Approx Interva Onset	Betw
23. PART i. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	complications that List only one cau a. SC DUE TO	t caused the dise on each line (OR AS A CONSI	EOUENCE C	not anter	Mar 430	Ch F, O Warde of dy	abas	h Ave	enue diec or res	piratory s	rrest,	Interva	Betw
23. PART i. Enter the diseasea, or shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	compilcations that List only one cau a. Substitute to the cau b. Due to	DS (S	EOUENCE C	not enter	Mar 430	Ch F, O Warde of dy	abas	h Ave	enue diec or res	piratory a	rrest,	Interva	Betw
23. PART i. Enter the diseasea, or shock, or heart feiture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	compilications that List only one cau  a. DUE TO  b. DUE TO  c. DUE TO  d.	(OR AS A CONSI	EOUENCE C	not enter	Mar 430 r the mo	ch F, 0 W de of dy	abas Ing, suc	h Ave	diec or res			Interva Onset	Betv
23. PART i. Enter the diseasea, or shock, or heart fellure immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	compilications that List only one cau  a. DUE TO  b. DUE TO  c. DUE TO  d.	(OR AS A CONSI	EOUENCE C	not enter	Mar 430 r the mo	ch F, 0 W de of dy	abas Ing, suc	h Ave	24a. WAS A	N AUTOPS)		Interva	Petvind D
23. PART i. Enter the diseasea, or shock, or heart feiture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	compilications that List only one cau  a. DUE TO  b. DUE TO  c. DUE TO  d.	(OR AS A CONSI	EOUENCE C	not enter	Mar 430 r the mo	Ch F, O Wande of dy	abas Ing, suc	h a card	24a. WAS A PERFC	N AUTOPS)		onset interval	Petvind D
23. PART i. Enter the disease, or shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART il. Other algnificent conditions and in the conditions of the conditio	complications that List only one cau  a. SC  DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL:	(OR AS A CONSI	EOUENCE C	not enter  OF):  OF):  In the ur	Mar 430 r the mo	Ch F, O Wide of dy	abasing, suc	Part !	24a. WAS A PERFC 1 YES	N AUTOPS)		onset interval	FINDIOR TO
23. PART i. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificent conditions.	complications that List only one cau a. Substitute to DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Cinpetient 2	(OR AS A CONSI	EOUENCE C	or):  Or):  Or):  In the ur  OTHEL 4   Nur	Mar 430 r the mo	g cause	abasing, suc	Part I.	24a. WAS A PERFC 1 YES	N AUTOPS\\ DRMED? 2 № NO	Y 241	onset interval	FINDIOR TO
23. PART i. Enter the diseasea, or shock, or heart fellure immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificent conditional cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificent conditional cause. In the cause of the caus	complications that List only one cau  a. SC  DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL:	(OR AS A CONSI	EOUENCE C	or):  Or):  Or):  In the ur  OTHEL 4   Nur	Mar 430 r the mo	g cause ;	given in	Part I.	24a. WAS A PERFC 1 YES	N AUTOPS\\ DRMED? 2 № NO	Y 241	onset interval	Petwind D
23. PART i. Enter the diseasea, or shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART il. Other algnificent conditions in the conditions of the conditions	complications that List only one cau  a. SC  DUE TO  b. DUE TO  c. DUE TO  d	(OR AS A CONSI  COR AS A CONSI	EOUENCE C  EOUENCE C  TOUNGE	OF):  OF):  In the ur  OTHEL 4   Nur ME OF JURY M	Mar 430 r the moder in the mode	g cause g	given in	Part !.	24a. WAS A PERFC 1 YES re (Specify) SCRIBE HOW	N AUTOPS PRIMED? 2 PRO	24t	D. WERE AUTOPS AMALABLE PRI COMPLETION OF DEATH?  1 YES 2	Petvind D
23. PART i. Enter the disease, or shock, or heart fellure immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificent conditions in the conditions of the conditions o	complications that List only one cau  a. SC  DUE TO  b. DUE TO  c. DUE TO  d	(OR AS A CONSI	EOUENCE C  EOUENCE C  TOUNGE	OF):  OF):  In the ur  OTHEL 4   Nur ME OF JURY M	Mar 430 r the moder in the mode	g cause g	given in	Part I.	24a. WAS A PERFC 1 YES re (Specify) SCRIBE HOW	N AUTOPS' PRMED? 2 PNO INJURY OF	24t	onset interval	Petwind D
23. PART i. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificent conditions aignificant conditions aignificant conditions. If yes 2 No.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 No.  27. MANNER-OF DEATN  1 Netural 5 Pending Investigation aignificant conditions aignificant conditions aignificant conditions. Investigation aignificant conditions aignificant conditions are conditions. Investigation aignificant conditions are conditions. Investigation aignificant conditions are conditions. Investigation aignificant conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions are conditions. In the	complications that List only one cau a. Substitute to DUE TO b. DUE TO c. DUE TO d. DUE TO d. PROPERTY TO THE SECIAN: To the best of	(OR AS A CONSI  (OR AS A CONSI	EOUENCE C  EOUENCE C  Teaulting  JOA  JOBO TIRIN	or in the unit of Jury M street, fectored at the tenton of Jury M	Mar 430 r the modern t	g cause :	given in	Part I.  Part I.  281. LOC City  to the care	24a. WAS A PERFC 1 YES TO Specify) SCRIBE HOW ATION (Street or Town, Stet	N AUTOPS: DRMED? 2 PNO INJURY Of and Numbers anner ee st	Y 241  CCUREO  or or Rural	D. WERE AUTOPS AMAILABLE PRI COMPLETION 1 OF DEATH 1 YES 2	Petword D
23. PART i. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificent conditions aignificant conditions. If any Sequential cause is a sequential cause. Examiner?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural Sequential conditions investigation conditions. Investigation conditions are conditions. Investigation conditions. Investigation conditions are calculated as a condition conditions. In the conditions are calculated as a condition condition conditions. In the calculated cause can be conditioned conditions. In the calculated cause can be calculated as a condition can be calculated as a calculated cause can be calculated cause can be calculated cause can be calculated cause calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated	complications that List only one cau a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. To pure the contributing to  Properties: 1 Comparison of the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contribution of the contr	(OR AS A CONSI  (OR AS A CONSI	EOUENCE C  EOUENCE C  Teaulting  JOA  JOBO TIRIN	or in the unit of Jury M street, fectored at the tenton of Jury M	Mar 430 r the modern t	g cause :	given in	Part I.  Part I.  281. LOC City  to the care	24a. WAS A PERFC 1 YES TO Specify) SCRIBE HOW ATION (Street or Town, Stet	N AUTOPS: DRMED? 2 PNO INJURY Of and Numbers anner ee st	Y 241  CCUREO  or or Rural	D. WERE AUTOPS AMAILABLE PRI COMPLETION 1 OF DEATH 1 YES 2	Petword D
23. PART i. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificent conditions aignificant conditions aignificant conditions. If yes 2 No.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 No.  27. MANNER-OF DEATN  1 Netural 5 Pending Investigation aignificant conditions aignificant conditions aignificant conditions. Investigation aignificant conditions aignificant conditions are conditions. Investigation aignificant conditions are conditions. Investigation aignificant conditions are conditions. Investigation aignificant conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions are conditions. In the conditions are conditions are conditions are conditions are conditions. In the	complications that List only one cau a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. To pure the contributing to  Properties: 1 Comparison of the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contribution of the contr	(OR AS A CONSI  (OR AS A CONSI	EOUENCE C  EOUENCE C  Teaulting  JOA  JOBO TIRIN	or in the unit of Jury M street, fectored at the tenton of Jury M	Mar 430 r the modern t	g cause g	given in	Part I.  Part I.  28d. Det	24a. WAS A PERFC 1 YES TO Specify) SCRIBE HOW ATION (Street or Town, Stet	N AUTOPS) PRMED? 2 (LANO)  INJURY Of and Number of set set set set set set set set set set	Y 24I  CCUREO  er or Rural  tated.	D. WERE AUTOPS AMAILABLE PRI COMPLETION 1 OF DEATH 1 YES 2	Betward D
23. PART i. Enter the diseasea, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART ii. Other aignificent conditions in the condition of the cause. Examiner?  1 Yes 2 No  27. MANNER OF DEATN  1 Natural S Pending Investigation Suicide Homicide  29. CERTIFIER (Check only one)  29. MEDICAL EXAMINER OF CERTIFIER (Check only one)  29. MEDICAL EXAMINER OF CERTIFIER (Check only one)	complications that List only one cau a. DUE TO b. DUE TO c. DUE TO d. TO d. TO HOSPITAL: 1 Competions 2 28a. PLACE Of Month, D 28b. PLACE Of building, SICIAN: To the best of the part of the basic of the part of the basic of the part of the basic of the part of the basic of the part of the basic of the part of the basic of the part of the basic of the part of the basic of the part of the basic of the part of the basic of the part of the basic of the part of the basic of the part of the basic of the part of the basic of the part of the basic of the part of the basic of the part	(OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  death but not  ER/Outpetlent  INJURY  At her; Year)  The finjury — At her stc. (Specify)  my knowledge, of amination end/or	EOUENCE C  EOUENCE C  TO SUITING  TO SUITI	OF):  OF):  In the us  OTHE  A   Nur  ME OF  JURY  M  street, fect  red at the toon, in my of	Mar 430 r the modern t	g cause g	given in	Part I.  Part I.  28d. Det	24a. WAS A PERFC 1 YES TO Specify) SCRIBE HOW ATION (Street or Town, Stet	N AUTOPS) PRMED? 2 (LANO)  INJURY Of and Number of set set set set set set set set set set	Y 24I  CCUREO  er or Rural  tated.	D. WERE AUTOPS AMALABLE PRI COMPLETION OF DEATH?  1 YES 2	Petwind D
23. PART i. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificent conditions aignificant conditions. If any Sequential cause is a sequential cause. Examiner?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural Sequential conditions investigation conditions. Investigation conditions are conditions. Investigation conditions. Investigation conditions are calculated as a condition conditions. In the conditions are calculated as a condition condition conditions. In the calculated cause can be conditioned conditions. In the calculated cause can be calculated as a condition can be calculated as a calculated cause can be calculated cause can be calculated cause can be calculated cause calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated cause can be calculated	complications that List only one cau a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. TO pustions to the best of the best of the best of the best of the best of the completed cause.	(OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  death but not  ER/Outpetlent  INJURY  At her; Year)  The finjury — At her stc. (Specify)  my knowledge, of amination end/or	EOUENCE C  EOUENCE C  TO SUITING  TO SUITI	OF):  OF):  In the us  OTHE  A   Nur  ME OF  JURY  M  street, fect  red at the toon, in my of	Mar 430 r the modern t	g cause g	given in	Part I.  Part I.  28d. Det	24a. WAS A PERFC 1 YES TO Specify) SCRIBE HOW ATION (Street or Town, Stet	N AUTOPS) PRMED? 2 (LANO)  INJURY Of and Number of set set set set set set set set set set	Y 24I  CCUREO  er or Rural  tated.	Interval Onset I	Betward D

BALTIMORE, MARYLAND 21215-0020 DIVISIDATOF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING MESSAGE THE PROPERTY TO THE HOSPITAL OF ATTENDING MESSAGE THE HOSPITAL OF ATTENDING MESSAGE THE HOSPITAL OF ATTENDING MESSAGE THE ATTENDING PROPERTY TO THE FUNETAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Ilem 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

DNMN-18 Rev 1/89



1 - FOR STATE REGISTRAR

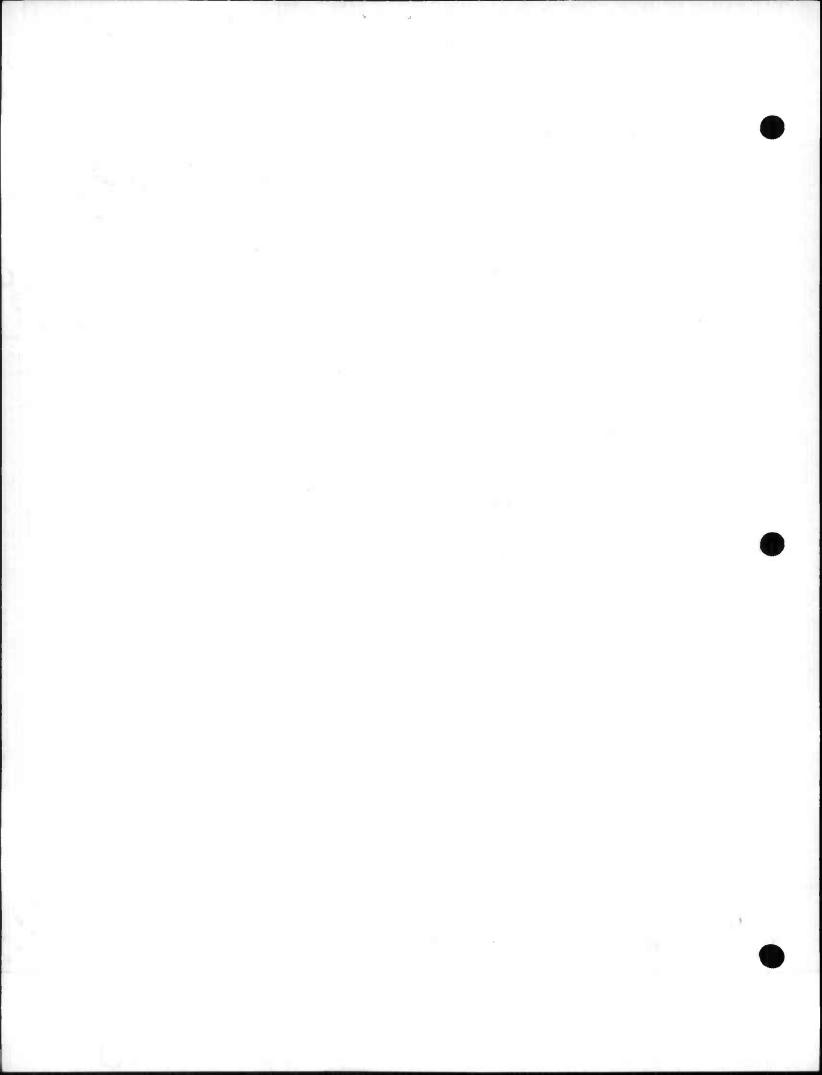
L	-
-	~
_	100
	0
	z
	0
	S
	5
	ā

	.33	_
)	Sp	2
	2	ac
	he	det
	requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital	8
	9	P
,	ne ne	3
	eta	S
	e e	(C)
Î	y	930
:	Ë	2
)	9	8
	306	die
	Δ.	10
i	Æ	96
	de	2
1	ter	€
	9	3
	MU	Ξ.
ı	D	8
J	24	42
	를.	e y
)	뤃	Be
	2	E
1	5	0
1	×	and
	6)	5
1	a a	Sici
ij	cag	E
	1	0
	93	di di
	€	ten
•	de	to
	pe	÷
	at t	3
	Ĕ	8
	Sau	9
	S	S
	82	ee
٩	Ø.	SS
'n.	æ	4
Ŗ	8	Sate
1	ĸ	ti.
,	뭂	9
	뒺	his
	E.	1
	ä.	/fe
	물	2
	쁜.	ē
	ic.	EC
	8	PHO
	THE HOSPITAL OR ATTENDING PHY	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to
	P	2
	8	3
	X	Œ
	土	置
	0	0

	1	1. DECEOENT'S NAME (First	, Middle, Last)								2. DATE O	F DEATH		we do	3. TIME OF DEATN	
	"			John	М.	Walke	r				03	_		994	5:30 A.	
Pi	R	4. SOCIAL SECURITY NUMBER		5. SEX	( )		) IF UNDE	R 1 YEAR			7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Country)		IPLACE (State or Foreign	
		231 32 3103		1 🔀 M 2 🗆 F	62 YR		MONTHS	MONTHS DAYS HOURS MIN.		03/12/193						
3 should		90. FACILITY NAME (If not institution, give street and number)  312 Bar Harbor Road					9b. CITY, TOWN OR LOCATION OF			ON OF DE						
1, 2,	5	RESIDENCE OF DECEDENT										ne A	runde1			
. Pages	TO BE COMPLETED BY FUNERAL DIRECTO	Maryland Anne Arundel				10c. city, town on Location Pasadena				LIMIT			16d. INSIDE CITY LIMITS?  1 YES 2 X NO			
permit		10e. STREET AND NUMBER					10f. ZIP CODE					10g, CITIZEN O			VHAT COUNTRY?	
ansit		312 Bar Harbor Road					21122					U.S.			4.	
the burial-transit permit.		1 Never Merried 2 X Married FORCES?			IT EVER IN U.S. ARMEO 13 YES 2 XNO WAR OR DATES			13. WAS DECENDENT OF NISPANIC OF If yes, specify Cuben, Mexican, Pur 1 YES 2 NO Specify:			n, Puerto Ric	Puerto Rican, atc.)		Black	RACE — American Indian, Black, White, etc. Specify:	
SS		15. DECEOENT'S EDUCATION				T									White	
use use		(Specify only highest grade completed)			His Do MOT use miles			rk done during most of working			16b. KIND OF BUSINESS/INDUSTRY					
detached for use		Exemplifier y/Secondary (C	· · -	Cotlege (1-4 or 5 Ph D	*'	Manac	er				l v	Vesti	nahou	ıse		
detach once.		17. FATNER'S NAME (First, Middle, Last)									NAME (First, Middle, Maiden Surname)					
# &				illie W	Walker						nie	Thomp				
the attending physician and completely filled in by the funeral director, page 5 should Mental Hygiene prior to burial, cremation, or removal. Mury, or other traumatic event, the medical examiner must be notified		190. INFORMANT'S NAME (7	. Walk	er					ond Number or Ro		Pasa	city or Town			đ	
ector, pa		20a, METHOD OF DISPOSITI	20b. PL	20b. PLACE AND DATE OF DISPOSITION (Name of Competer, Grematory October, Diace) Fredericksburg City Cem.					3/8		deric		wn, State Irg, Virgin			
ral dir		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY														
e funeral di I. examiner		George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225														
or remova		23. PART I. Enter the diseases, or explications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure, class only one cause on each line.														
led in		IMMEDIATE CAUSE (Fin	eart tayure	Cast only one cas	use on each	iline.									Interval Between Onset and Death	
mation,		disease or condition resulting in death)										2		24 h		
ompletely al, crema event,					(OR AS A CO		_									
sician and co	NO	Sequentially list conditi	T (	CELULITIS  JENCE OFI:								tzh				
sician prior to	FICATION	If any, leading to immed cause. Enter UNDERLYI	NG					TY	MY	7 060	NOUS	1	of com	1.4	6 MANTE	
ng physiene p	Ĕ	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):										10/08//				
al Hyg	CERTII	resulting in death) LAST														
ned by the att th and Menta any Injury,											WERE AUTOPSY FINDINGS					
Health and I	MEDICAL											PERFORMED?		1	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
Sign Hea	NE I											I IES 2	No.		OF DEATH?	
as beer Dept. of 23 sh	ž															
cate ha	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER														
he St.	YSI	1 TYES 2 THO		1 inpetient 2		nt 3 🗆 DOA	4 Nu		me 5 Re	sidence	8 🗆 Other (	Specify)	_			
fter this co eath with 1 marked,	ву рну	27. MANNER OF DEATN  1. Netural 5  2 Accident	28b. Ti	ME OF YJURY M	Y WORK?				CURED							
after di 28 is	ETED (	3 Suicide 4 Nomicide  8 Could not be determined  28e. PLACE OF INJURY — At hor building, etc. (Specify)					me, farm, atreet, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)						
DIREC	P.E.	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) and manner as stated.														
THE FUNERAL ( filed within 72 h APORTANT: If it	COMPL														and manner ee stated.	
TO THE FUNER be filed within IMPORTANT:	BE (	296. SIGNATURE AND TITLE	OF DERTIFIER						29c. LICE	NSE NUM	BER		29d. OATI	SIGNEO	(Month, Day, Year)	
E S S	0	XXXXXX	nu	MO	OF OF OF	(IVPA			173	503	3/		P 1	ARCI	7,994	
15	1	36. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  STEVEN D. G. J.R.E., M.D. (DOD N. WOLK ST. BATTMIRE MID 21287  31. DATE FILED (Month, pay, Year)  MAD 1 0 1994  Julia Barness Andale														
		MAR 10	1994	BEGISTRA	A'S SIGNATU	BE					1					
I		1117117		V												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2* hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the buriar-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
D THE	D THE	e filed .	MPOR

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN		9 01115			
1	1. DECEDENT'S NAME (First, Middle, Last)	Horace A	Zornes			2. DATE OF DEATH		3. TIME OF DEATH			
	Horace Cornes		. 2011162			3 / 5	4 11: 43 P M				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yelse)	8.	BIRTHPLACE (State or Foreign Country)			
	001		75 YRS.			3/24/91	8	West Virginia			
<u>س</u>	9s. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										
5	Church Horne Hognital Baltimore										
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA			10d, INSIDE C LIMITS?				
	MD		Bo	altimore			1 🖟 🕫				
	10s. STREET AND NUMBER	<1		- 10	Z 2 3/ LIC V						
	2140 E. Baltin	USA									
	11. MARITAL STATUS  1 Never Married 2 Married	IN U.S. ARMED 3 2 NO	If yes, s	secify Cuban, Mexic	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	IN? (Specify Yes or No- 14. RACE — American Indian, Black, White, atc.					
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆 YE	3 2 NO Speci	ly:		Specify:			
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ON	18b. KIND OF BU	SINESS/INDUS	white			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	He. Do NOT u	work done during m se retired.)	ost or working						
COMPLETED	6		Carpent	cer							
ပ္ပ		17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First, Middle, Maiden Surname)					
BE	Lawrence Zornes  19a. INFORMANT'S NAME (Type/Print)		T								
2	Donna J. Zornes					Route Number, City or Tox		,			
- 3	20a, METHOD OF DISPOSITION	20				, Balto.,	Md. 2	1224			
		1 Burial 2 Cremation 3 Removal from State Complete, company or other place									
	21. SIGNATURE OF FUNETIAL MERVICE LICENSEE/ 22. NAME AND ADDRESS OF FACILITY										
	Gary L. Kaufman Funeral Homes										
	5695 Main St., Elkridge, Md. 21227  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street,   Approximate										
	shock, or heart fallure. List only one cause on each line.										
	disease or condition  (NEONIC PAS PLAN FILE OF DAY OF A S C										
1 1	resulting in death)  a. Chronic Obstructive pulmonary disease  Due to (or as a consequence of):										
z	- blook line disease / Coal bline's lung										
[일	ii arry, remaining to intimodulate										
2	CAUSE (Disease or Injury										
CERTIFICATION	that initiated events  DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
빙	d										
MEDICAL (	PART II. Other significant condition	s contributing to death	but not resulting	In the underlylr	g cause given in	Part I. 24a. WAS AN	DIAPPA	24b. WERE AUTOPSY FINDINGS			
						1 YES :		COMPLETION OF CAUSE OF DEATH?			
M			<del>_</del>					1 TES 2 NO			
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:										
PHYSICIAN	1 PES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		JURY W	URY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCUP	RED			
ВУ	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJUP	Y At home, farm,		1 YES 2 NO  actory, office  281. LOCATION (Street and Number or Rural Route Number,						
TED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Flural Route Number, City or Town, State)										
LET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
COMPL	(Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
1	299_ SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU						
BE	Dehardchard	cell Resid	lent		DATE S	SIGNED (Month, Day, Year)					
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	Delard Charles State Carlo Conference of Death (ITEM 27) (1700, Frint)  Phard Chen UD, 10 N. Green St., Bultimore VA bled Ctr., Bulto. DID 2420/										
	31. DATE TO 1994 JE CONTROL PORCE										



	eath.
	0
'	afte
	SUL
	ĕ
	9
	4
î	₹
)	2
	差
	acuted
	8
	8
	9
	Sca
	ē
	2
	듩
î	ő
	he
	M ?
	equires that the death certificate
	8
	Ē
	ě
	*
	9
	E
	ż
	X
	SK
	Ŧ
	a.
	ž
	NDING PHYSICIAN: T

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and relative death. Page 6 may be retained by the hospital or attending physician.

The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitfied at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

										IEG. NO.		
i i	1. DECEDENT'S NAME (First, Middle, Last) LEONID	Z	AJCEVSKI						2. DATE OF	8, DAY	94 YEAR	3. TIME OF DEATH 10:57 a.m.
- 3	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 MRS	7. DATE OF			RTNPLACE (State or Foreign
	214-33-3648	1 XM 2 🗆 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Month, Di	ny, Year)	Co	Russia
	9a. FACILITY NAME (If not institution, give						R LOCATI			90	COUNTY OF	
E	THE JOHNS HOPKINS HOSPITAL					BALTIMORE CITY						
[ II ]	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Y		10c. CIT	r, TOWN O	B LOCAT	TION					10d. INSIDE CITY
DIRECTOR	Maryland ,				Balt							LIMITS?
4	10e. STREET AND NUMBER					101	. ZIP COD	E		10	g. CITIZEN O	F WHAT COUNTRY?
ᇤ	439 N. Clintor	Streat					212	24		112	U.S	S.A.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. 1	WAS DEC	ENDENT C	F NISPAI	NIC ORIGIN? (S	specify Yes or N	fo- 14. R/	ACE — American Indian, lack, White, etc.
BY FUNERAL	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, OIVE Y					2 NO			n, etc.)		Viite
BE COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION COMPOSITE OF	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	ND OF BUSINES	SS/INDUSTRY	Y
4	Elementary/Secondary (0-12)	College (1-4 or 5	+)	to kind of v Do NOT us		aunng mo	St or world	ig				70
MP	TYCU		En	ploy	yee				Ci	ty of	Balt	cimore
8	17. FATNER'S NAME (First, Middle, Lest)									lle, Meiden Surn	ame)	
35		cevski						Llia			17.	
0	19a. INFORMANT'S NAME (Type/Print)									City or Town, St		
	Anna Zajcevski							St				. 21224
	20a, METNOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	novel from State	HOT'T	maton or p	TIS	Mer	n. G	ard	ens	Balt	imor	o Town, State e, Maryland
	21. SIONATURE OF AUMERIAL SERVICE LI	CENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY			
	· Charles	Tas	energe	9	26	3 S	on N	onk.	annın ling :	o Jr. St. B	Funda 1 to .	eral Home Md. 21224
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications the	t coused the de	ath. Do r	ot enter	the mo	de of dy	ing, suc	h aa cardiac	or reapirato	ry arrest,	Approximata
	IMMEDIATE CAUSE (Final	/										Interval Between Onset and Death
	disease or condition resulting in death)	MY	OCAR	DIA	L	INI	FAR	CTI	DN			12 Days
		DUE TO	(OR AS A CONSEC	DUENCE OF	7:							0
NO	Sequentially list conditions,	b										
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	QUENCE OF	7):							
FIC	CAUSE (Disease or Injury that initiated events	c	(OR AS A CONSEC	QUENCE OF	T):							
CERTIFICATION	resulting in death) LAST	d.										
2	PART II Other significant condition	no contribution to	death but and a			W 4.4-		0.00				
MEDICAL	PART II. Other aignificant condition	na contributing to	death but not r	eauting	n the un	derlyin	g cause i	given in	Part I.   24	PERFORMED		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
Ď									1	YES 2 X	NO	OF DEATH?
									_			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
C	EXAMINER?	HOSPITAL:	10000000	_	OTHER	<b>1</b> :			neck only one)			
1×S	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 28e. DATE OF		28b, TIM	- Y		URY AT	esidence	6 Other (S)	pecify) IBE NOW INJUF		
	1 Netural 5 Pending	(Month, E			URY	WO	YES 2	T NO	Zed. DESCHI	IBE NUW INJUI	NY OCCURED	39
ВУ	2 Accident Investigation							] 110	281, LOCATIO	ON (Street end N	lumber or Rur	ral Route Number,
COMPLETED	4 Nomicide 6 Could not be	building,	etc. (Specify)						City or To	own, State)		The state of the s
Ë	290. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of	mu knowledge de	odb occurr	ed at the t	lma data	and alone	and due	do dha an mad			2.5
ME	mmn b											se(e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE			_	_			ENSE NUI				NED (Morith, Day, Year)
BE	Value An	asher	y wo			- 1	LJU, LPO	- TOE HO		200	3	/8/94
5	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAU	SE OF DEATH (ITE									
	KATRINA A		ong			JV	NOL	FE	ST	BA	ALT	0 MD 21205
	31. DATE FILED (Month, Day, 1687) MAR 1 0 1994	Julie &	Widow A	mobile.						113		

siae	21 3 -3 -3 -3
	5-0-6
	2122
120-31/2	
	s sidely havening elstern
56.6	otlar setting of ED . The setting its residence
C S	and and and a continue of the same of the
2122	Common Common of the common of

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERIIF	ICALE	: Ur	DEA	П		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Elizabe	th A.	. Ak	somi	tus			2. DATE OF D	1994	YE		TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. les	t birthday)	IF UNDER	t YEAR	IF UNDER	24 HRS.	7. DATE OF B	IRTH	0. B	IRTHPLA	CE (State or Foreig
	179-24-9018	1 □ M 2½¥F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	y. Year)	0	ountry)	
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION						ON OF DE		5 <del>~1932</del>	COUNTY		sylvanio	
E									•				
CTOR	RESIDENCE OF DECEDENT				Dunauck					Бил	201107	ie	
- I W II:	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN C	R LOCAT	TION					10d	. INSIDE CITY	
OB	Maryland Bo						Dus	rdalk			1 [	YES 2XX NO	
A	10e. STREET AND NUMBER					101	f. ZIP CODE	E		10	g. CITIZEN	DF WHAT	COUNTRY?
l lij L	7717 Trappe Roo	rd						2	1222		Uni	ted	States
	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. AR	MED					IC ORIGIN? (Si		No 14. I	RACE - A	American Indian,
	1 Never Married 2 XXMarried 3 Widowed 4 Divorced	IF YES, GIVE WAR O		10		YES	2 XNO	Specify	r, Puerto Micen	, etc.)		Specify:	White
9		l	100.00										writte
2	15. DECEDENT'S EDUC (Specify only highest grade		(G	CEDENT'S ive kind of v Do NOT us	vork done o	during mo	ON ost of working	ng	16b. KIN	D OF BUSINE	SS/INDUSTI	₹Y	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	1							Duna 1	1		
ž I-	10th Grade  17. FATHER'S NAME (First, Middle, Lest)			<u>Homen</u>	iare	L				Own H			
	e mase count of						2000		ME (First, Middle				
8	John Mariucci  19a. INFORMANT'S NAME (Typo/Print)		100	*****					a Scou				
임	Mr. Philip A.	ibe amitue	[						noute Number, C undalk				000
			20b. PLACE /					u vi	DATE	20c. LOCATI			222
	20e, METHOD OF DISPOSITION  1 12 Burlai 2 Cremetton 3 Remeted Properties 2 Quiter (Specify)	oval from State	cemetary, cre	matory or of	ther place)	: +h	Cam	21	8/1001	Ralt	imate	A.C.	aryland
	21. SIGNATURE OF PHINERAL PERVICE LIC	ENGRE ()	170	MET LO	22.	NAME AP	NO ADDRES	SS OF FAC	CILITY				
	& hallh	T	//		1	)uda	-Rucl	k Fui	neral 1	Home o	& Dur	idali	k, Inc.
-	1001 11	- 1024	4_			<u> 1922</u>	Wis	e Au	e. Du	ndalk,	Mari	plan	d 2122:
	23. PART i. Enter the diseases, or o shock, or heart failure.	List only one cause of	n each line	eth. Do n ).	ot enter	the mo	de of dyl	ing, suci	n ss cardisc	or respirato	ory errest,		Approximats Interval Betw
	IMMEDIATE CAUSE (Final disease or condition	0 .											Onset and De
II.	resulting In death)	DUE TO (OR A	onja				*,						
_ #		Metastal	S A CONSEC									l	
8 I	Sequentially list conditions,	DUE TO (OR A		UNO,	n:	ncer							
¥	if any, leading to immediate ceuse. Enter UNDERLYING											ĺ	
트	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEC	DUENCE OF	F):								
ERTIFICATION	resulting in death) LAST	d											
0	PART II. Other aignificent condition	s contributing to deet	h hut not s	onultino i	n the un	aloub do		-11-	Deat Lai	****		1	
EDICAL			Dat Hot I	osuiting i	iii uie uii	derrying	A conse i	Staget HE	Part I.   248	PERFORMED		AVA	RE AUTOPSY FINDS ILABLE PRIOR TO APLETION OF CAUS
									10	YES 2	NO	OF I	DEATH?
Σ									-			1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF D	EATH (Ch	ick only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3	□ DOA	OTHER 4 Num	R:			6 Other (Sp.	nc/h/)			
¥ :	27. MANNER OF DEATH	26a. DATE OF INJUI	RY	28b. TIM	E OF	26c. INJ	URY AT	latornoa	28d. DESCRIE		RY OCCURE	D	
	1 Netural 5 Pending	(Month, Day, Yea	nr)	INJ	URY	_	YES 2	NO					
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU	URY - At ho	me, term, s	street, fact	ory, office			281. LOCATIO	N (Street and I	Number or Re	iral Route	Number,
ETED	4 Homicide detarmined	building, atc. (5	эрөспу)						City or To	wn, State)			
7 .	29a. CERTIFIER t CERTIFYING PHYSI	CIAN: To the best of my kr	nowledge, de	ath occurre	ed at the ti	me, data	and place	and due	to the cause(e)	and manner	no stated		
COMPL		R: On the basis of eximina										se(a) and	menner sa state
	29b. SIGNATURE AND TITLE OF CERTIFIER			_				ENSE NUM					
H .		TASEY		•			C	41	399		3/	7/9	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type,	Print)			. 1-	<u>.                                    </u>			1	8
1	" MAR 11 1994"	328 EGISTBAR'S	CHANGE TO SERVICE										
	MAK TT 1994		-	•									
													DHMH-16 Re

DIVISION OF LIFTAN RECORDS, P.O.	OSPITAL OR ATTENDING PHYSOLING TO SE requires that the death certific	
FF	Now In	)
DIVISION	OR ATTENDING PH	September 44 - 44
Ī	OSPITAL	

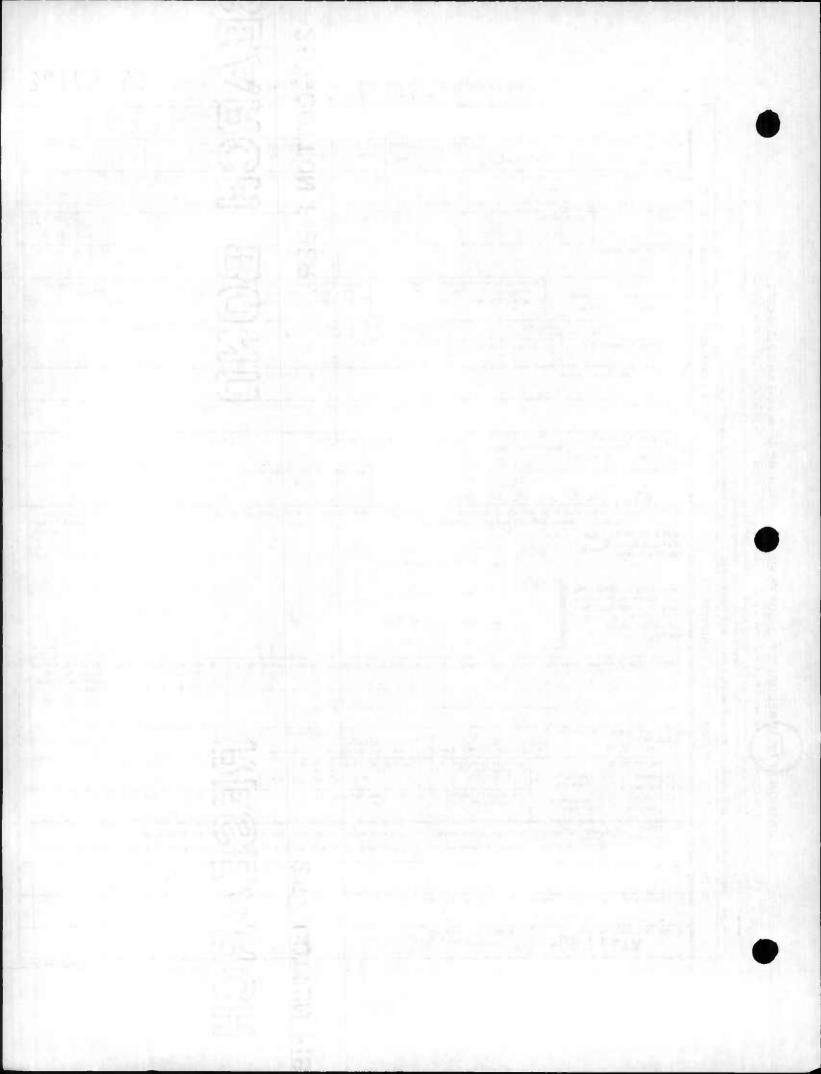
Dr. Marie Chatham

31. DATE FILED (Month, Day, Year)

MAR 111994

	MONTH DAY YEAR								TH		3. TIME OF DEA		
- 13	Anthony	Leave	ANELI								8,19		9:03
3	4. SOCIAL SECURITY NUMBER 213-14-8112	5. SEX 1 🔯 M 2 🗍 F	6. AGE (In yrs. 7 ]		IF UNDER	1 YEAR	HOURS	R 24 HRS.	(Mon	th, Day, Year)		Country	
	9a. FACILITY NAME (If not institution	/ 3	, THO.								ryland		
Œ	Franklin So	-	nital		9b. CITY,		ROSS				200	NTY OF D	
ECTOR	RESIDENCE OF DECEDER	~	prear			1	1055	VII.	16		Bal	timo	re
3EC		COUNTY		10c, CI	TY, TOWN O	OR LOCA	TION						10d. INSIDE CIT
FUNERAL DIR	Md.	Baltimor	е			Es	ssex						LIMITS?
	10e. STREET AND NUMBER					10	, ZIP COD	_			10g. CITI	ZEN OF W	VHAT COUNTRY?
	309 Poplar	r Road					- 33	2:	122	1		US	SA
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		NT EVER IN U.S. 1 YES 2 WAR OR DATES		1	If yes, sp	CENDENT ( Decity Cubic 2 XNO	an, Maxica	n, Puerto	N? (Specify You Rican, atc.)	es or No—	14. RACE Black Speck	
ED	15. DECEDENT			DECEDENT'S	USUAL OC	CCUPATIO	ON		16	b. KIND OF BI	USINESS/INC	USTRY	White
	(Specify only highes Elementary/Secondary (8-12)	t grade completed)  College (1-4 or 5		(Give kind of life. Do NOT L	work done o	during mo	ost of worki	ing	-				
APL	12th			Bric	klay	er			4		Loca	1 #1	1
TO BE COMPL	17. FATHER'S NAME (First, Middle, Le	est)					16. MOT	HER'S NA	ME (First,	Middle, Maide	n Surname)		
	Joseph Ane:		0				S	ave:	ria	Pi1	0		
TO E	19e. INFORMANT'S NAME (Type/Prin									nber, City or To			
-		JoAnn Mary Zapf					Roa	d B	alt	imore	MD.	212	221
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3	Cremation 3 Removal from State							DA		OCATION —		
	4 Donation 5 Other (Specify) Metro Crematory Inc. 3/9/94Baltimore Md.										Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Connelly Funeral Home of Es												
	R. Tarry Connelly Funeral Home of Est 300 Mace Ave. Baltimore MD.										ome	of F	Essex
	8. Ter	my Con	mel	ly	3	Conr	nell Mac	y Fi	unei	Balt.	imor	e MI	
	23. PART I. Enter the disease shock, or heart fe	s, or complications th	et caused the	lig death D	3	Conr	nell Mac	y Fi	unei	Balt.	imor	e MI	212: Approxim
	shock, or heert fe	s, or conditions the	at caused the	death Do	3	Conr	nell Mac	y Fi	unei	Balt.	imor	e MI	212 Approxim
	shock, or heert fe	Severe	chroni	lne. 2 lung	not enter	Conr 300 the mo	Mac Mac	y Fi	unei	Balt.	imor	e MI	212 Approxim
	shock, or heart for IMMEDIATE CAUSE (Final disease or condition	s. Severe	chronic	c lung	not enter g dis	Conr 300 the mo	Mac Mac	y Fi	unei	Balt.	imor	e MI	Approxim
NO	shock, or heeft fe IMMEDIATE CAUSE (Final disease or condition resulting in death)	Severe  DUE TO  History	chronic con as a con o of as	c lung SEOUENCE C Destos	not enter  g dis  or;	Conr 300 the mo	Mac Mac	y Fi	unei	Balt.	imor	e MI	Approxim
ATION	shock, or heeft fe IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate	Severe  DUE TO  History	chronic	c lung SEOUENCE C Destos	not enter  g dis  or;	Conr 300 the mo	Mac Mac	y Fi	unei	Balt.	imor	e MI	212 Approxim
FICATION	shock, or heef fe IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentielty list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	Severe  DUE TO  DUE TO  C.	chronic con as a con o of as	c lung seouence co destos seouence c	not enter  g dis  or): sis	Conr 300 the mo	Mac Mac	y Fi	unei	Balt.	imor	e MI	212 Approxim
RTIFICATION	shock, or heef fe IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	Severe  DUE TO  DUE TO  C.	chronic O (OR AS A CON Y Of as	c lung seouence co destos seouence c	not enter  g dis  or): sis	Conr 300 the mo	Mac Mac	y Fi	unei	Balt.	imor	e MI	
CERTIFICATION	shock, or heert fe IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	Severe DUE TO b. History DUE TO c. DUE TO d.	Chroni Chroni O (OR AS A CON	E lung SEQUENCE CO SEQUENCE CO	not enter  g dis  Fi:  Sis	Conr 300 the mo	nell Mac de of dy	Y F1	unei ye.	Balt	imor piratory em	e MI	Approxim
CC	shock, or heer fe IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	Severe DUE TO b. History DUE TO c. DUE TO d.	Chroni Chroni O (OR AS A CON	E lung SEQUENCE CO SEQUENCE CO	not enter  g dis  Fi:  Sis	Conr 300 the mo	nell Mac de of dy	Y F1	unei ye.	Balt diec or ree	imor piratory em	e MI	Approximints rval B Onset en
DICAL C	shock, or heert fe IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	Severe DUE TO b. History DUE TO c. DUE TO d.	Chroni Chroni O (OR AS A CON	E lung SEQUENCE CO SEQUENCE CO	not enter  g dis  Fi:  Sis	Conr 300 the mo	nell Mac de of dy	Y F1	unei ye.	Balt diec or ree	I MO T PIRATORY OF THE PROPERT	e MI	Approxim
MEDICAL C	shock, or heert fe IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	Severe DUE TO b. History DUE TO c. DUE TO d.	Chroni Chroni O (OR AS A CON	E lung SEQUENCE CO SEQUENCE CO	not enter  g dis  Fi:  Sis	Conr 300 the mo	nell Mac de of dy	Y F1	unei ye.	Balt diec or ree	I MO T PIRATORY OF THE PROPERT	e MI	Approximintsrval E Onset en On
MEDICAL C	shock, or heert fe IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST  PART II. Other significent con	Severe DUE TO  L. History DUE TO  C. DUE TO  d. Miditione contributing to	Chroni Chroni O (OR AS A CON	E lung SEQUENCE CO SEQUENCE CO	not enter  g dis  Fi:  Sis	Conr 300 the mo	nell Mac de of dy	Y F1	unei ye.	Balt diec or ree	I MO T PIRATORY OF THE PROPERT	e MI	Approximints rval E Onset en O
MEDICAL C	shock, or heert fe IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDI- EXAMINER?	Severe  Substitution  B. Severe  DUE TO  C. DUE TO  d. MOSPITAL:	Chronico (OR AS A CON O (OR AS A CON	C lung SEQUENCE CO DESTOS SEQUENCE CO SEQUENCE CO SEQUENCE CO SEQUENCE CO	not enter  g dis  Fi:  Sis	CONT 300 the mo	nell Mac de of dy	Y Fing. suc	Ve. h ee cer	Balt diec or ree  24e. WAS A PERFC 1   YES	I MO T PIRATORY OF THE PROPERT	e MI	Approximints rval E Onset en O
MEDICAL C	shock, or heert fe IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDI EXAMINER?  1  YES 2 NO	Severe DUE TO  C.  DUE TO  d.  HOSPITAL: 12 inpatient 2	Chronic Chronic Chronic CORAS A CON OF AS A CON OF OR AS A CON OF OR AS A CON OF OR AS A CON OF OR AS A CON OF OR AS A CON OF OR AS A CON OF OR AS A CON	C lung SEQUENCE C DESTOS SEQUENCE C SEQUENCE C SEQUENCE C	orther	ease	Mac Mac of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of de o	Y F1 e Average	Part I.	Balt rdiec or ree  24e. WAS A PERFC  1 YES  one)  or (Specify)	i mor piratory em	e MI	Approximints rval E Onset en O
PHYSICIAN: MEDICAL C	shock, or heeft fe  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDI- EXAMINER?	Severe  S. Severe  DUE TO  C. DUE TO  d	Chronic Chronic Chronic CORAS A CON OF AS A CON OF OR AS A CON OF OR AS A CON OF OR AS A CON OF OR AS A CON OF OR AS A CON OF OR AS A CON OF OR AS A CON	C lung SEQUENCE CO DESTOS SEQUENCE CO SEQUENCE CO SEQUENCE CO REQUENCE CO REQU	orther	ease  26. Pi	Mac Mac of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of de of dy de of d	given in	Part I.	Balt rdiec or ree  24a. WAS A PERFC 1 YES	i mor piratory em	e MI	Approximints rval E Onset en O
BY PHYSICIAN: MEDICAL C	shock, or heert fe IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Whatural 5 Pendin Investig	Severe DUE TO b. History  C. DUE TO d	Chronic Chroni	C lung SEQUENCE C DESTOS SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	OTHER JURY	26. Pro-	Mac Mac of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of d	given in	Part I.	Palt  24a. WAS A PERFC  1 TYPES  Per (Specify) SSCRIBE HOW	I MO T PIRATORY OF THE PIRATOR	e MI est,	Approximints rval E Onset en
ED BY PHYSICIAN: MEDICAL C	shock, or heert fe IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH What is a panding.	Severe DUE TO  b. Severe DUE TO  c. DUE TO  d  CAL HOSPITAL: 112 inpatient: 28e. DATE 0 (Month, aution out be  28e. PLACE building	Chronico (chronico) (c	The second of th	OTHER JURY	26. Pro-	Mac Mac of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of d	given in	Part I.	Balt rdiec or ree  24e. WAS A PERFC  1 YES  one)  or (Specify)	N AUTOPSY ORMED? 2 NO	e MI est,	Approximintsrval B Onset en O
ETED BY PHYSICIAN: MEDICAL C	shock, or heert fe IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	S. Severe DUE TO L. HISTORY DUE TO d. DUE TO d	Chroni Chroni Chroni Chroni Copasa con Of as Of as Of as Of as Of as a con Of	DE LUNG SEOUENCE CO DESTOS SEOUENCE CO SEO	OTHER JURY M	ease  ease  ease  ease  ease  control  the mo  ease  ease  control	g cause  LACE OF E  LACE OF E  TORK?  TORK?	given in	Part I.  eck only o  6 Oth  281. LOC	Palt  Z4a. WAS A PERFC  1 YES  OF (Specify)  SCRIBE HOW  CATION (Street y or Town, State	N AUTOPSY RMED? 2 NO	24b.	Approximints rval E Onset en
ETED BY PHYSICIAN: MEDICAL C	shock, or heert fe  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Whatural 5 Pendin, Investig 2 Accident 3 Suicide 6 Could r 4 Homicide 6 Could r Check only  1 CERTIFVING	Severe DUE TO  B. Severe DUE TO  C. DUE TO  d. DUE TO  D. DUE TO  d. DUE TO  D. DUE TO  d. DUE TO	Chronic Chroni	The second of th	not enter  g dis  F):  Sis  F):  In the un  OTHEF 4 Num  BE OF JURY M  street, factored at the 11	ease ease ease ease ease anderlyin  26. Prince lime, date	g cause  LACE OF Cone 5 IR NURY AT JURY  given in  DEATH (Ch	Part I.  eck only of to the car	Palt  24a. WAS A PERFC  1 YES  OF (Specify) SCRIBE HOW  CATION (Street y or Rown, State	I MO T plratory em	24b.	Approximintsrval E Onset en O	
ETED BY PHYSICIAN: MEDICAL C	shock, or heert fe  IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH Sequenties of Could resulting 1 Suicide 6 Could resulting 1 Homicide dearmi  29e. CERTIFIER (Check only one) 2 MEDICAL EX	Severe DUE TO B. History DUE TO C. DUE TO d. DUE TO d. DUE TO DUE	Chronic Chroni	The second of th	not enter  g dis  F):  Sis  F):  In the un  OTHEF 4 Num  BE OF JURY M  street, factored at the 11	ease ease ease ease ease anderlyin  26. Prince lime, date	g cause  LACE OF Cone 5 IR NURY AT JURY  given in  DEATH (Ch	Part I.  eck only of to the car	Palt  24a. WAS A PERFC  1 YES  OF (Specify) SCRIBE HOW  CATION (Street y or Rown, State	I MO T plratory em	24b.	Approximintsrval E Onset en O	
TED BY PHYSICIAN: MEDICAL C	shock, or heert fe  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Whatural 5 Pendin, Investig 2 Accident 3 Suicide 6 Could r 4 Homicide 6 Could r Check only  1 CERTIFVING	Severe DUE TO B. History DUE TO C. DUE TO d. DUE TO d. DUE TO DUE	Chronic Chroni	The second of th	not enter  g dis  F):  Sis  F):  In the un  OTHEF 4 Num  BE OF JURY M  street, factored at the 11	ease ease ease ease ease anderlyin  26. Prince lime, date	g cause  LACE OF Come 5 In RURY AT JURY AT J	given in  DEATH (Ch	Part I.  Part I.  eck only of 6 Oth 28d. DE	Palt  24a. WAS A PERFC  1 YES  OF (Specify) SCRIBE HOW  CATION (Street y or Rown, State	I MO T Population of the state	24b.  24b.  CURED  or Rural R	Approxi- interval Onset e  Were autopsy AMAILABLE PRIO COMPLETION OF DEATH?  1 SQ YES 2

9000 Franklin Square Dr. Baltimore, Maryland 21237



-	
9	
76	
8	
9	
BOX 68760	
0	
$\widetilde{\mathbb{R}}$	
-	
oi.	1
$\sim$	ð
Δ.	1
9)	Н
	1
Œ	
0	4
0	
ш	•
~	1
-	g
7	-
F VITAL RECORDS, P.O.	
	1
5	1000
14	ŝ

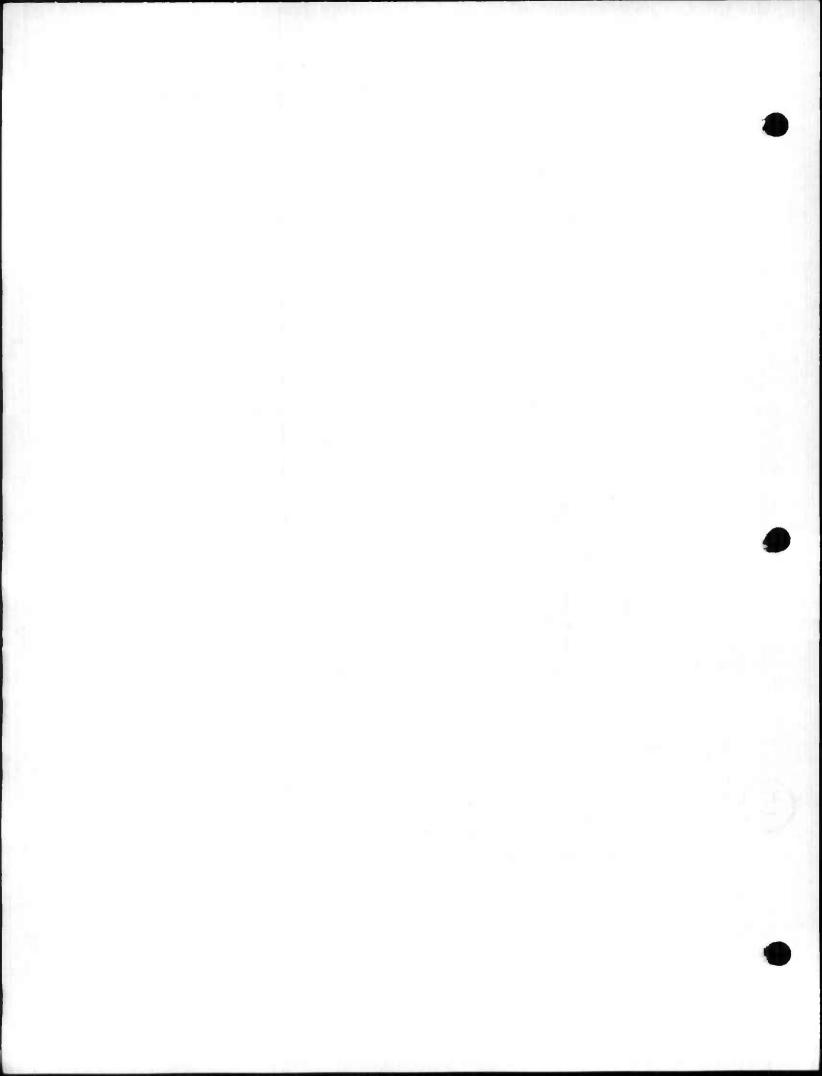
$\sim$	è
٧.	- 8
P.0	morning that the death seed
	0
S	3
RECORDS	i
Œ	2
0	4
0	6
<u></u>	100
~	- 5
	The last o
M	1
Ø	5
E	F
_	ż
	41.
44	à p
0	×,
-	0
3	3
4	۴
7	ě
3	E
100	-94

BALTIMORE, MARYLAND	4 nours after death. Page 6 may be retained by the hosp	illed in by the funeral director, page 5 should be detached, or removal	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF ATTENDANT PROSICIANS The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR AND CONTROL CONTROL OF THE ABOVE SIGNED BY the attending physician and completely filled in by the funeral director, page 5 should be detached filed within it many and many and Mental Hydere brior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN
			EDTICIOATE					

07183 9 L

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF	RTMENT OF	HEALTH AND I	MENTAL HYGIEN		07183
	1. DECEDENT'S NAME (First, Middle, Last)  Madeline A	ppeL			Ber and Tar v v	2. DATE OF DEATH		YEAR 6,55 PM
	4. SOCIAL SECURITY NUMBER 215-28-2608	1 □ W 2/XF	GE (In yrs. last birthday) 85 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 4-30-19(	1	BIRTHPLACE (State or Foreign Country) Maryland
TOR	9e. FACILITY NAME (# not institution, give s Meridian Nursi RESIDENCE OF DECEDENT	,		124	on Location of De			y of DEATH ltimore
BY FUNERAL DIRECTOR		Arundel	10c. C/1	TY, TOWN OR LOCA	ITION			10d. INSIDE CITY LIMITS? 1  YES 2 NO
NERAL	420 Freeman St				21225		Unite	n of what country? ed States
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ Y IF YES, GIVE WAR O	ES 2 NO	If yea, s	CENDENT OF HISPAN pecify Cuban, Maxica S 25 NO Specify		e or No 14	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(Give kind of life. Do NQT u		ON ost of working	16b. KIND OF BU	SINESS/INDUS	ЗТЯУ
BE COM	17. FATHER'S NAME (First, Middle, Last) Carola H. Stei	n	House	wire		ME (First, Middle, Malden arina Als		
TO B	19e. INFORMANT'S NAME (Type/Print) Elizabeth C. G.	rover	19b. MAILING	Light	end Number or Rural F Street	Baltimos		
	20a. METHOO OF DISPOSITION 11 Burist 2 Cremetion 3 Remote 41 Donation 6 Other (Specify)	oval from State	20b.PLACE AND DATE cometery. cremetory or cometery.	e Ceme	tery 3/	12/94 Ba		y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	a. Seles	iki	Lill		er, Inc.		ral Home ore 21231
	23. PART I. Exfer the diseases, or c shock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that cau List only one cause of a. A DUE TO (OR A	n aach Ilna.	not enter the me	ode of dyling, such	FAILL	fratory arres	t, Approximate Interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR A OUE TO (OR A	S A CONSEQUENCE OF	CVA	DISE	eft hing ense.	Mon	2
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to deati	but not resulting	In the underlyIn	g cause given in i	Pert I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES NO	HOSPITAL:	outpatient 3 DOA	OTHER:	LACE OF DEATH (Che			
ву Рну	27. MANNER OF DEATH  Netural 5 Pending  2 Accident Investigation	28a. OATE OF INJUR (Month, Day: Yee		E OF 28c. IN.		26d. DESCRIBE HOW	NATURY OCCUP	RED
	3 Suicide S Could not be detarmined	28e. PLACE OF INJU building, etc. (S		street, fectory, offic	•	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
COMPLETED	the state of the s	CIAN: To the best of my kn	owledge, death occurre	ed at the time, data on, to my opinion, o	and plece, and due the teath occured at the t	to the cause(s) end mar time, date and place, en	nner ea stated.	ause(e) and menner ee stated.
TO BE	DO NAME AND ADDRESS OF PERSON WHO	MADURA.	LIRASHA DEATH (ITEM 27) (Type,	KM	29c. LICENSE NUM	HOD	29d. DATE S	GNEO (Month, Day, Year)
	31. DATE FILED (Month, Dey, Year)	A HOSHA X	AK M.C	343	31 Hur	SONST, B	AZTII	MORE MOZIZZY
	MAR 1 1 1994	Tulia Dande	on fundall					



BALTIM	death, Page	funeral dire	xaminer n
8	nours after o	ed in by the	medical e
	ed with	sompletely fill	event, the
30 X 68	te be execut	ysician and c	traumatic
P.O. E	leath certifica	attending ph. ntal Hygiene	y, or other
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral dire- whin 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal.	OFTIANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner or
AL RE	The law requir	e has been s te Dept. of He	т 23 shом
OF VIT	PHYSICIAN: 1	this certificat with the Stat	ked, or ite
ISION	ATTENDING F	after death	28 is mar
AIQ .⊹∴	SPITAL OR A	NERAL OIRE	NT: If Item
6	A H	Se fied will	MPORTA
(0)	/	20	)
4	D		

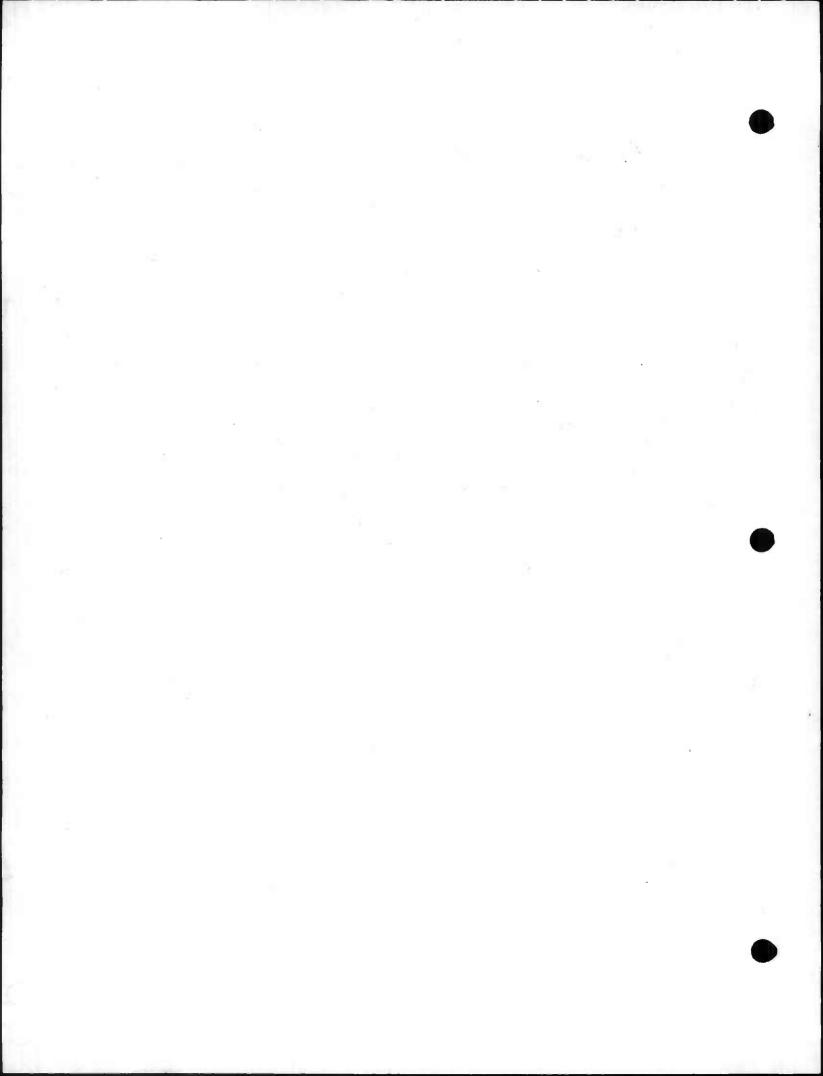
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HE	ALTH AND I	MENTAL HYGIEN REG. NO	111.	07184				
	1. DECEDENT'S NAME (First, Middle, Last) Vincent Matthew	Adolfo				2. DATE OF DEATH DO OS )		3. TIME OF DEATH				
	207-12-2056	1 X M 2 □ F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Dey. 19a)  January 19, 1924  Rew York						
TOR	9a. FACILITY NAME (If not institution, give street and number)  Mercy Medical Center  Baltimore  Besidence of decedent											
DIRECTOR	10a. STATE 10b. COUNTY Maryland		10d. INSIDE CITY LIMITS? TYPYES 2   NO									
ERAL	100. STREET AND NUMBER 6225 Northwood Dr	ive	Baltimore  101. ZIP CODE 10g. CITIZEN C 21212 U.S.A									
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES	1 X YES 2 NO If you enactive Cuben Maylon					RACE — American Indian, Black, Whita, etc. Specify:				
ETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	TION	16a. DECEDENT'S US	k done during most	of working	16b. KIND OF BUS	SINESS/INDUST	white white				
once.	17. FATHER'S NAME (First, Middle, Last)	years	Optician		40 MOTHER'S NA	Optica						
ed at o	Ferdinando Adolfo Catherine Morabito											
TO BE COM	194. INFORMANT'S NAME (Type/Print)											
r must b	200_METHOD OF DISPOSITION 1 (ABurlet 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of March 14, 1994 Baltimore, Maryland											
a examiner must	21. SIGNATURE AND ADDRESS OF FACILITY Mitchell—Wiedefeld Home Inc. 6500 York Road, Baltimore, MD 21212											
nt, the medical	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Multi-System Organ Failure											
matic eve	disease or condition a. Multi-System Organ Failure  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate  DUE TO (OB AS A CONSEQUENCE OF):  DUE TO (OB AS A CONSEQUENCE OF):											
ry, or other traumatic event, the CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST											
hows any inju	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 TYES 2											
Item 23 s		HOSPITAL:		THER:	CE OF DEATN (Che							
marked, or Item BY PHYSICI	27. MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	F 28c, INJUF	RY AT	6 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCUR	ED				
28 is TED	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26a. PLACE OF INJURY building, atc. (Spec		28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
MAPORTANT: 11 Item O BE COMPLE		AN: To the best of my knowl						tuse(a) and manner ee stated.				
MPORTAL D BE C	296. SIGNATURE AND TITLE OF CERTIFIER	le m		1	29c. LICENSE NUM	BER	29d. DATE SIG	ONED (Month, Day, Year)				
₽ 2	30. NAME AND ADDRESS OF PERSON WHO	MARWA WA	ATN (ITEM 27) (Type, Pri		SAINS PA	ne PLACE	Rus	Sozis CH.				
	31. DATE FILED (Month, Day, Yber) MAR 1 1 1994	39. REGISTRAR'S SIGNA	Randell									

ALMAN I 1 - FOR STATE REGISTRAR

1	ı
0	
ō	
$\overline{}$	
2	
~	
_	
><	
BOX 68760	
$\cup$	
m	
_	
~	
$\circ$	
•	
-	
, P.O.	
S	
0	
_	
œ	
RECORDS	
_	
$\circ$	
HI	
Щ,	
ILL	
_	
Q.	
-	
>	
OF V	
-	
$\circ$	
Z	
=	
ISION	
n	

		HARRISON  4. SOCIAL SECURITY NUMBER	W .	OE (In	last birthday)	E 1990		OWN, Jr	MÄR			94 1	1:24	Am
_		217-24-2924	1 M 2 □ F	65		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	NOV	OF BIRTH n, Day, Year)	1928	Country)	ervlar	
pinous	_	Se. FACILITY NAME (If not institution, give si				9b. CITY,	TOWN O	R LOCATION OF DE		261		Y OF DEAT		10
2. 3	CTOR	UNION MEMORIAI	HOSPITAI	<u> </u>		BAL	MIT	ORE CI	ΤΥ					
Pages 1	DIREC	10a. STATE 10b. COUNTY	1		10c. CITY	TOWN O	R LOCATI	ON				104	d. INSIDE CITY	,
permit. P		Maryland			B	alt:	imor						YES 2	NO
sit per	FUNERAL	2428 McCulloh	Ctroot				101.	ZIP CODE					T COUNTRY?	
020 physician. burial-transit	ON	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S.	ARMED			21217 ENDENT OF HISPAN						en,
ing phy	ВУ Е	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X Y	R DATES		1 YES 2 NO Specify: Specify:								
215-0020 attending physic	ED E	15. DECEDENT'S EDUC		16a, I	DECEDENT'S	DENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY						Black	2	
- 5 ° -	COMPLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	e kind of work done during most of working Do NOT use retired.)									
AND 2 he hospital detached for	JMP	High School  17. FATHER'S NAME (First, Middle, Last)			Cı	Custodian Balt					cimore City			
\$ 8 A		Harrison W. Bro				Thelm								
A H ained hould	O BE	19a. INFORMANT'S NAME (Type/Print)	<u> </u>		19b. MAILING	ADDRESS	(Street an	nd Number or Rural i				ode)		
5 5 €	5	Gloria L. Brown	n	2	2428 1	McCi	111o	h Stre	et	Bal	timor	e, N	ID 212	217
6 may ector, par		20a. METHOD OF DISPOSITION  1 Burial 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State	cemetery of	E AND DATE O	her nlacel			DAT		CATION — CH			
Page al direc		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	<u>ve</u> עשי	teran (	zeme	CELY	/Garriso	CILITY N	4  Ov	vings	Mills	MD mas	Inc
ALTIMORE, death. Page 6 may be funeral director, page i. examiner must be		► Habat	E. V. +	1		2	501	Gwynns F more, Ma	alls	Parky	vay	ai ne	Mes, 1	inc.
d in by the or removal.		23. PART I. Enter the diseases, or o	complications that cau	sed tha	death. Do n	ot entar	the mod	MOTE, Ma	th se ceu	nd Z	ratory arres	it,	Approxim	
		ahock, or heert feilure.  IMMEDIATE CAUSE (Final	M.										Onset sno	
ompletely fille cremation.		disesse or condition resulting in desth)	B. DUE TO (OR A				CAR	000 VDS0	ann	A-DUST	De			
B 5 8	z		h	A CONS	SECOLINGE OF	,								
OX 68 be execut sician and c nior to buni traumatic	AT 10	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONS	SEQUENCE OF	):								
ertificate ng physic giene pri	FIC	CAUSE (Disease or Injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):												
T = 5 5	CERTIFICATION	resulting in desth) LAST												
		PART II ON THE STATE OF THE STA												
a the day	MEDICAL							COMP		MPLETION DF ( DEATH?				
requires een sign of Heal	ME									tu	reano		YE\$ 2	NO
- ×	SICIAN	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DEATH (Ch	eck only on	al .				
SICIAN: The certificate he the State I, or item	SIC	EXAMINER?  1 XYES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 🏋 ER/C	Outpatient	3 DOA	OTHER	₹:	5 Residence						
PHYSICIA this certif with the	PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea	RY nr)	28b. TIME	JRY	28c. INJU WOR	RK?	26d. DES	CRIBE HOW I	NJURY OCCU	AED		
DING PHYS After this death with	BY	2 Accident Investigation	28e. PLACE OF INJU	URY — At	home, ferm, st	M treet, fact		ES 2 NO	281 LOC	ATION (Street I	and Number or	Burni Bouts	Number	
28 after	ETED	4 Homicide detarmined	building, atc. (S	Specify)	, , , ,	,			City	or Town, State)	The Transcor of	rarer riodie	THEIT CONT.	
BO DIR	7 1		CIAN: To the beat of my kr	nowledge,	death occurre-	d at the ti	ime, date	end place, and due	to the cau	rse(a) and mar	ner as stated	,		
	COM	one) 2 ∑ MEDICAL EXAMINE	R: On the basis of exemine	ation and/o	or Investigation	, in my o	pinion, de	eath occured at the	time, data	and place, an	d due to the	sause(a) an	d manner aa s	tated.
THE HOSPI THE FUNE filed within PORTANT:	BE	299 SIGNATURE AND TITLE OF CERTIFIER	1/- 00					29c. LICENSE NUI	MBER		29d. DATE 5	SIGNED (Mo	onth, Day, Year)	
223	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (II	TEM 27) (Type,	Print)		O.C.M.	Ε.	-	MAJ	3 10	.1994	
Cot		Abordono b.	KORELL IW				St	reet, E	Balt	imore	, Mai	cyla	nd 21	201
~		MAR 11 1994	32. REGISTRAR'S S	GNATURE	L									
		(11/11/22 1001	7 9 9 91	4 ,,,,,,,									DHMH	6 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



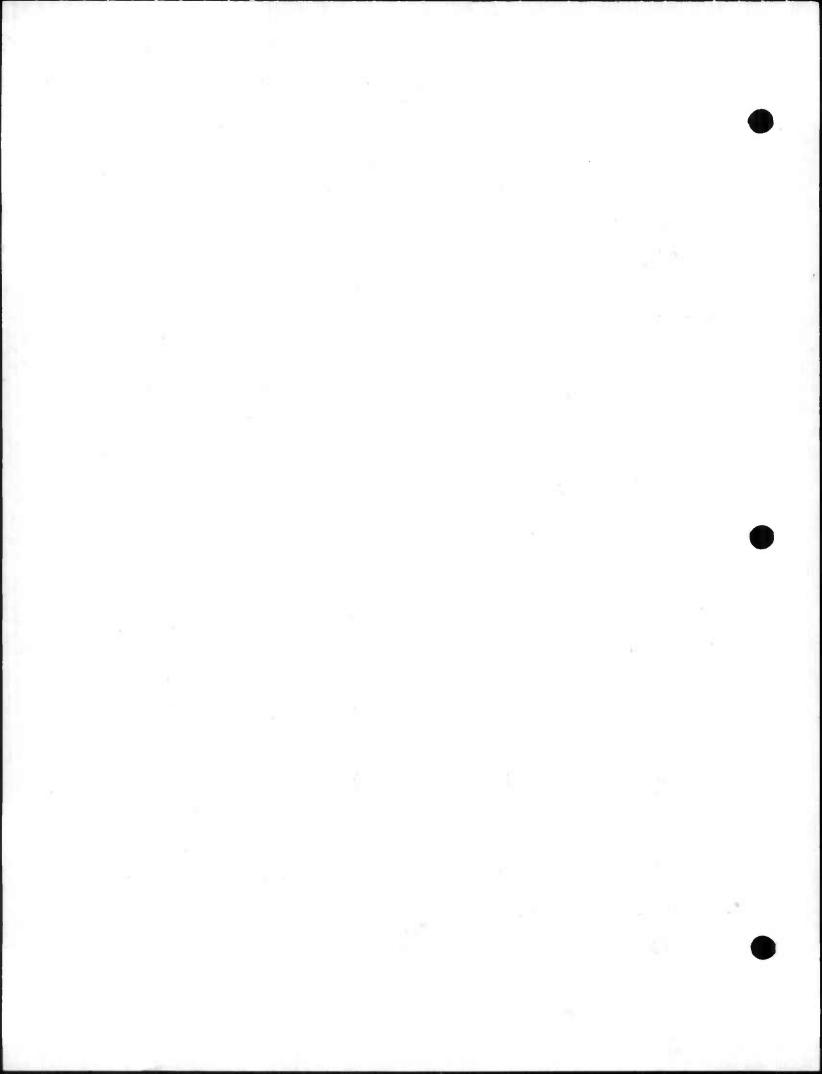
•	
0	
9	7
8	1
P.O. BOX 68760	
$\times$	
0	4
$\mathbf{m}$	4
-	9
Ö	-
Δ.	44
'n	Principles of the Control of the Con
RECORDS	1
Œ	4
0	44
Ö	
Ш	-
$\alpha$	
DIVISION OF VITAL	
V	,
$\vdash$	ř
5	4 4 8
l I	0
<u></u>	5
	è
Z	5
0	-
20	j
=/	ŕ
21	4
	Á
•	ķ
	1

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH MAR 3 9E4 7:14 P BLUMBERG BRIAN 4. SOCIAL SECURITY NUMBER 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BtRTHPLACE (State or Foreign 1 XM 2 - F 29 214-90-8078 May 23, Maryland 1964 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANCIS SCOTT KEY MEDICALCENTER BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP COOF 10g, CITIZEN OF WHAT COUNTRY? 5508 Belair Rd. U.S.A. use as the burial-transit 21206 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 X Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only high H. F. & K. Insurance page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A Insurance Agent Agency, Inc. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) to Albert L. Blumberg Connie Donofrio BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Albert L. Blumberg (father) 9915 Foxhill Road, Perry Hall, MD ours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION

XXBurial 2 Cremation 3 Ramoval from State 20c. LOCATION — City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of DATE and completely filled in by the funeral director, burial, cremation, or removal. Must St. Stanislaus Cemetery Donation 5 Other (Specify) 3/12 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 the medical 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line. **Approximate** IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition resulting in deeth) HULTIPLE tomorres event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 If any, leading to immediate cause. Enter UNDERLYING physician CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 the atter PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL by any signed t 1 TYES 2 KNO OF DEATH? shows 1 YES 2 NO Tuspearur certificate has being the State Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 - NO 1 Inpetient 2 X ER/Outpetient 3 I DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 the the 27. MANNER OF DEATH 28a. DATE OF INJURY this c 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 1 YES 2 NO MAR 09,19946:30P. DRIVER IN AUTO FIXED OBJECT ¥ Investigation After death 3 Sulcide 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28.18 COMPLETED 8 Could not be f 4 Homicide 6600 BLK.MORAVIA PARK DR ON ROAD H 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and menner as etated. TO THE FUNESHIES
TO THE FUNESHIES
TO HIRD WITH 72 III 2 📝 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(s) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE O.C.M.E MAR 10,1994 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1. KOREZ FW 111 Penn Street, Baltimore, Maryland 21201 TO DESTRUCE OF THE PARTY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q [1



funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

filled in by the figon, or removal.

10

Cremation

burial.

prior to

Mental Hygiene

signed by the a

this certificate has been with the State Dept. of

After t

DIRECTOR hours after

FUNERAL within 72 h

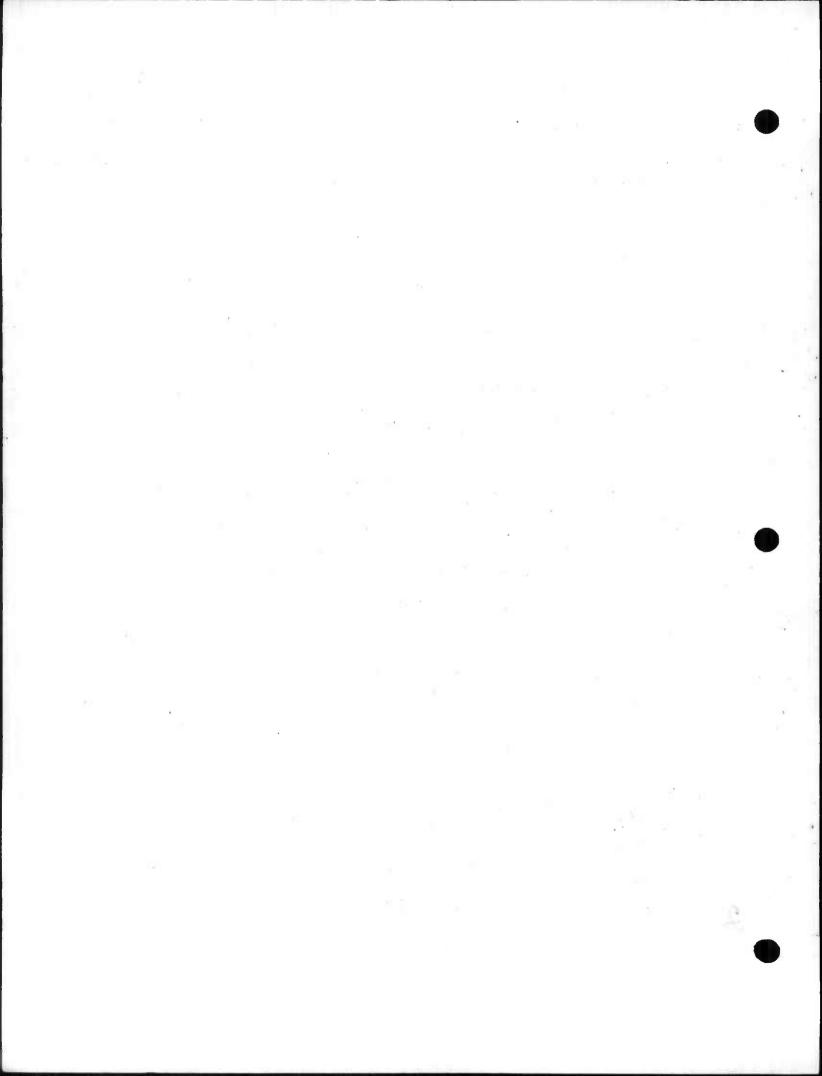
completely

attending physician and

	۰
~	
پ	
9	
<b>—</b>	7
00	
~	
Ψ	3
$\boldsymbol{x}$	
0	
BOX	
മ	
_	
0	1
~	
n .	
-	
ഗ	4
-	
	4
~	
ш.	1
$\circ$	1
$\sim$	1
$\circ$	
RECORD	
-	
Œ.	
7	
ď	
	1
	7
VITAL	1
_	1
	i
_	i
9	-
	ì
7	1
_	1
$\cap$	1
$\underline{}$	Į
0	i
43	j
_	ļ
~	ı
_	
DIVISION	•
	the second contract of the second contract of
	i
	i

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Las 2. DATE OF DEATH <sup>™</sup>1994 BARKER, WILLIE JAMES MARCH 2, 0: 15 a 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday 7. DATE OF BIRTH (Month, Dev. Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 | 1 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MARYLAND GENERAL HOSPITAL BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, JOWN OR LOCATION 10d, INSIDE CITY 1 YES 2 NO nore FUNERAL 10e. STREE AND NUMBE 10f. ZIP CODE WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 VES 2 NO Specify: 11. MARITAL STATUS HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. rer Married 2 Mar IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intery/Secondary (0-12) College (1-4 or 5+) once. IT. FATHERS NAME (First Middle Lest) MOTHER'S NAME (First, Middle, Maiden BE notified 2 pe 200. METHOD OF DISPOSITION PLACE AND DATE OF DISPOSITION (Narpe of must 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the medical 23. Part I, Enter the disesses, or complications that caused the death. Do not enter the mode of dying, Approximate ahock, or heart fallura. Liet only one cause on each line interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disesse or condition ASPIRATION PNEUMONIA reaulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): DEEP VENOUS THROMBOIS traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Entar UNDERLYING DIFF COLITIS CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 10 Injury. PART ii. Other significent conditions contributing to deeth but not reaulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL any 1 - YES 2 NO COMPLETION DF CAUSE OF DEATH? Shows 1 TYES 2 T NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL item 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked. 1 X Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident At home, farm, street, factory, office 99 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Homicide item 29e. CERTIFIER 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated TO THE HOSPITY
TO THE FUNERA
De filed within 7
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER MARCH 2, 1994 BE M.D RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
GUERRERO C/O MARYLAND GENERAL HOSPITAL EMANUEL 12 REGISTRAR'S SIGNATURE MAR 1 1 1994



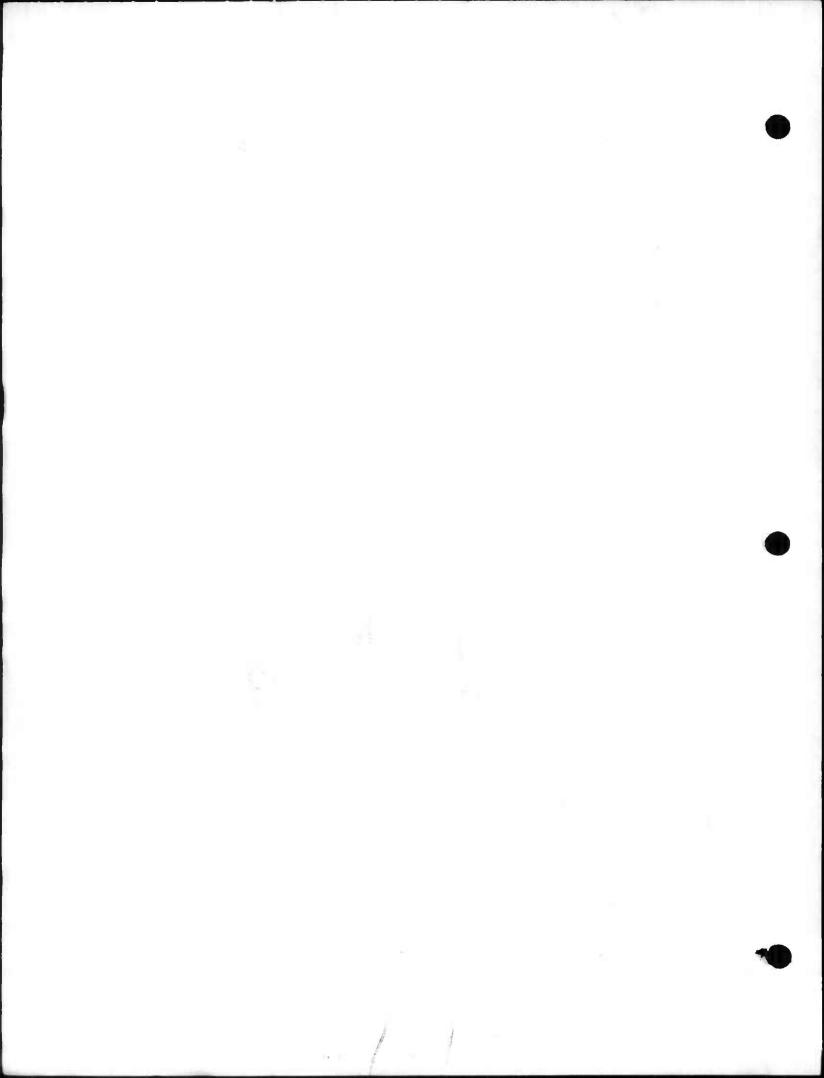
FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

					OAIL O	DEATH	MC	G. NO.				
		1. OECEDEHT'S HAME (First, Middle, Last)		derick	/ Bra	dy	2. DATE OF DE	ATH 3-9-9	3. TIME OF DEATH			
			S. SEX B. AGE (In vi	0119	e p	rudy	3/	7/7	7 /			
		0	SEX 6. AGE (In y	rs. last birthday)	F UNDER 1 YEAR		7. DATE OF BIR	Manual B	. BIRTHPLACE (State or Foreign Country)			
용		66 63 6100		S YRS.			12/2	1/18	Mas lande			
3 should	ا <u>س</u> ا	9a. FACILITY NAME (If not institution, give stree				N OR LOCATION OF D		200,000,000	Y OF DEATH			
61	DIRECTOR	14106 Stoneric	dge Lane		Mauc	gansvill	е	Washi	ngton County			
Sec	H H	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOC	CATION	. //		10d. INSIDE CITY			
<u>ج</u>		MIDIN	ashington	1	Mac	agus 1	ulle		1 YES 2 NO			
physician. burial-transit permit. Pages 1,	FUNERAL	14106 Stow	e Ridge	2-90	10-	101. EIP CODE	767	10g. CITIZE	H OF WHAT COUNTRY?			
physician. burial-tra	5		2. WAS DECEDENT FOR IN U.S	S. ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Spec	cify Yes or Ho — 14	I. RACE — American Indian,			
attending physe as the burn	B⊀	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES			apecity Cubari, Mexic ES 2 → NO Speci		rtc.)	Specify: White, etc.			
att es	TED	15. DECEDEHT'S EDUCAT (Specify only highest grade col		B. DECEDENT'S L	SUAL OCCUPA		18b. KIHD	OF BUSINESS/INDUS	TRY			
the hospital or detached for u	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	V	1					
the hospita detached once.	COMPL	8 mgrade		100	SWC	nan	OK					
by the be det		17. FATHER'S HAME (First, Middle, Lest)	3 - 5 - 3				AME (First, Middle, i	,				
	핆	Virgil Hilliar  190. INFORMANT'S NAME (Type/Print)	rd Brady	401 444 1140		Mary	Elizab	eth Ho				
5 5	임	Robert Brady				t and Number or Rural			21/6/			
2 8 6		20a. METHOD OF DISPOSITION	20b PI	ACEAND DATE OF				Maugan Hoc. LOCATION - CH	sville,MD			
age 6 ma director, p		1 Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	of from State cemeter	y, crematory or oth		None of	VAILE	oc. Eccarion — Cit	y or lown, State			
. Pag ral dir		21. SIGNATURE OF FUNERAL SERVICE LICEN	SERonald Wad	le,Dir	22. NAME	AND ADDRESS OF FA	CILITY Sta	te Anat	omy Board			
death. Pag tuneral dii I. examiner		1 mondel 10	1/1000		655W	.Baltimo	oreSt.	Balto.MI	021201			
by the smoval.		23. PART I. Enter the diseases, or con	nplications that caused the	e death. Do no								
24 hours filled in ion, or re		IMMEDIATE CAUSE (Final disease or condition resulting in death)  a										
completely ial, cremat event, 1		DUE TO (OR AS A CONSEQUENCE OF):										
executed within and completely o burial, cremat matic event, i	S	Sequentially list conditions,  Due to (or As a consequence of):										
or the	ERTIFICATION	cause. Enter UNDERLYING										
physene p	윤	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CO	HSEOUEHCE OF)	:							
h cerding Hygiv	토	resulting in death) LAST										
deat he atte Aental	O	PART II Other cignificant conditions										
by the	EDICAL	PART ii. Other significant conditions of	contributing to deeth but r	ot reaulting in	the underlyi	ing ceuse given in	Part I. 24s. V	ERFORMED?	24b. WERE AUTOPSY FIHDINGS AVAILABLE PRIOR TO			
igned ealth rs an		This ASELLET					1 🗆 '	YES 2 NO	OF DEATH?			
of H	Σ	Lung Cabic	2/						1 TYES 2 NO			
has b Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				DI ACC OF DEATH (O.						
N: The icate State	딣	EXAMIHER?	IOSPITAL:		OTHER:	PLACE OF DEATH (CA						
SICIA certif	PHY	27. MAHNER OF DEATH	28e. DATE OF INJURY	28b. TIME		ome 5 Residence		(y) HOW INJURY OCCUP	REO			
PHY r this h with		1 Hatural 5 Pending Investigation	(Month, Day, Year)	INJU	RY V	YES 2 HO						
VOING :: Afte r deat	0 BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — I building, etc. (Specify)	At home, farm, st	eet, factory, off	lice	281. LOCATION (	Street and Number or	Rural Route Number,			
ATTE	COMPLETED	4 Homicide determined	bunding, etc. (apecity)				City or Town,	, State)				
L OR Dour	2	29e. CERTIFIER (Check only	H: To the best of my knowledge	e, death occurred	at the time, de	te and place, and due	to the cause(s) si	nd menner es stated.				
SPITA NERA Nin 72	ŏ.		On the basis of examination and									
HE HO	w II	200. SIGNATURE AND TITLE OF CENTURES				29c, LICEHSE NUI	MBER	29d. DATE S	IGNED (Monty, Day, Year)			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prime Will with the Table of the State Dept. or the string Injury, or other the IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other the	0 8	MAN	3/_)			D26	806	0 > 3	19194			
	F	20. HAME AND ADDRESS OF PERION WHO C	OMPLETED CAUSE OF OEATH	(ITEM 27) (Type, I	rint)	/		h				
ļ	- 1	HIGHN LIXEMO	12821 Da	/c/K3	1/1/10	146	ONNO	4/4/	2/742			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020

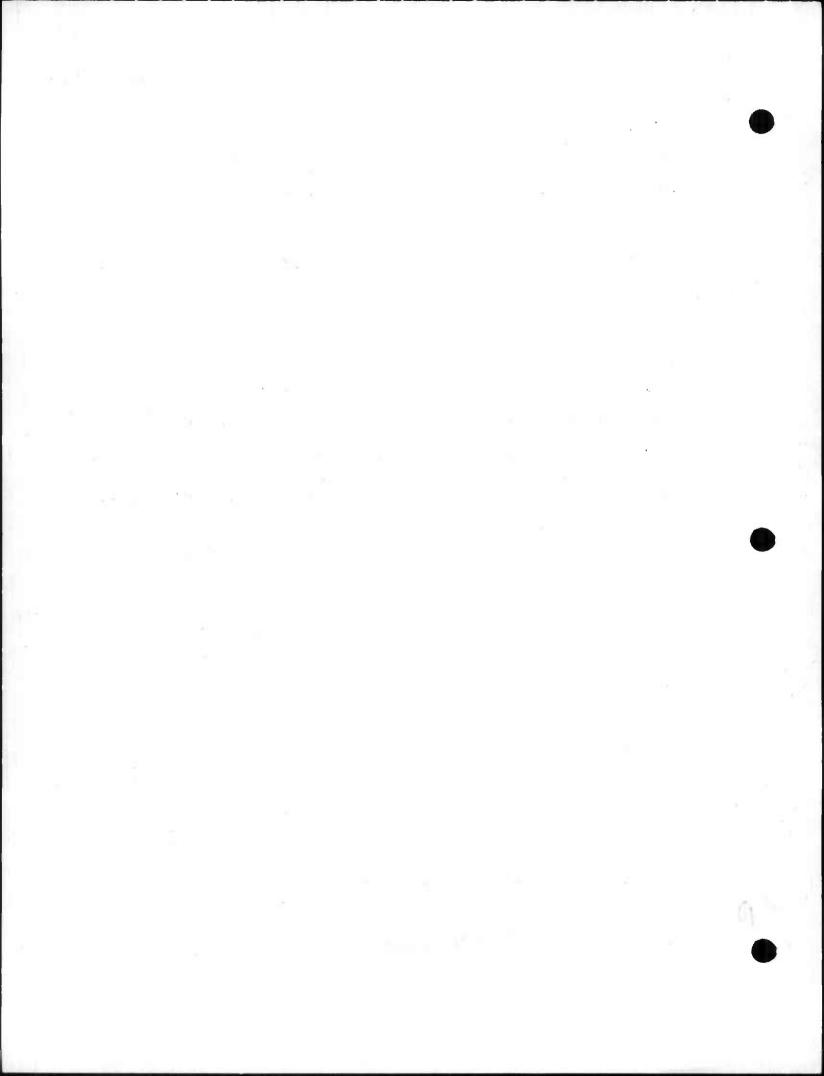
DIVISION OF VITAL RECORDS, P.O. BOX 68760

							97189				
	BUTL		of DEATH	94 YE	3. TIME OF DEATH 7:03 am						
1 🗆 M 2 🔀 F	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$										
tal							of DEATH timore				
	- 1						10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	mge Roa						OF WHAT COUNTRY?				
FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexic	en, Puerto Ri	(Specify Yes or can, etc.)		RACE — American Indian, Black, White, atc. Specify: White				
JCATION e completed) Collège (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during me retired.)				ESS/INDUST					
					iddle, Maiden Sui	mame)	· · · · · · · · · · · · · · · · · · ·				
19s. INFORMANT'S NAME (Type/Print)  19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
200. METHOD OF DISPOSITION  1 Disposition   Date											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,											
shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  CARDIAC RESPIRATORY ARREST											
OUE TO (OR AS A CONSEQUENCE OF):  SEPTIC SHOCK  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DIABETES MELLITUS  C. DIABETES MELLITUS											
that initiated events resulting in death) LAST  RENAL FAILURE											
ficant conditions contributing to death but not resulting in the underlying cause given in Part i.  24s. WAS AN AUTOPSY PERFORMEO?  1 YES NO 0F D											
MOSPITAL:		OTHER:	THE SEPTIMENT OF THE SE								
28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?							90				
Natural											
							useful and manner as white-d				
2 MEDICAL EXAMINER: On the bears of examination and/or ignoring tion, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and ma 296, SIGNATURE AND TITLE OF CENTIFIES 286, DATE SIGNED (MAIN).											
VVV		L	22645			51	4194				
	SECIAN: To the best of my words for the backing, etc. (Special Contributing to death but the place of the pla	Street and number)  TY  TO COUNTY  BE  TY  TO COUNTY  BE  TY  S Hm 8710 Emge Roa  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 DINO IF YES, GIVE WAR OR DATES  UCATION TO College (1-4 or 5+)  College (1-4 or 5+)  FORCES ROAD DATES  TO MAILING 2930  TO DESTRUCT A LITTURE  TO COMPILE TO THE CONSEQUENCE OF SEPTIC SHOCK  DUE TO (OR AS A CONSEQUENCE OF DIABETES MELLITUS  TO (OR AS A CONSEQUENCE OF DIABETES MELLITUS  DUE TO (OR AS A CONSEQUENCE OF DIABETES MELLITUS  DUE TO (OR AS A CONSEQUENCE OF DIABETES MELLITUS  DUE TO (OR AS A CONSEQUENCE OF DIABETES MELLITUS  DUE TO (OR AS A CONSEQUENCE OF DIABETES MELLITUS  DUE TO (OR AS A CONSEQUENCE OF DIABETES MELLITUS  DUE TO (OR AS A CONSEQUENCE OF DIABETES MELLITUS  DUE TO (OR AS A CONSEQUENCE OF DIABETES MELLITUS  DUE TO (OR AS A CONSEQUENCE OF DIABETES MELLITUS  DUE TO (OR AS A CONSEQUEN	Street and number)  10 M 2 M F 76 YRS.  10 MONTHS DAYS  10 LOTY, TOWN OF LOAT  10 MONTHS DAYS  10 LOTY, TOWN OF LOAT  10 M STOCK BALLING  12 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 M YES 2 M NO IF YES, GIVE WAR OR DATES  12 WAS DECEDENT'S USUAL OCCUPATION (She kind of work done during me kin. Do NOT use midted)  13 WAS DECEDENT'S USUAL OCCUPATION (She kind of work done during me kin. Do NOT use midted)  14 M M MAILING ADDRESS (Street a 2930 E. Baltim  15 M MAILING ADDRESS (Street a 2930 E. Baltim  16 M M M M M M M M M M M M M M M M M M M	1   M 2   F   76   YRS.   MONTHS   DATE   HOURS   MINI.	1   M 2   F   76 VRS.   MONTHS DATS HOURS MAIN.   MOUNT	1   M 2   F   76	10   12   2   F   76   VIS.   WORTH DAYS NOWS UN.   MACON, Day, Near)   11-15-17				

0	1
00	1
0	
5	į
N	1
212	1
2	3
	1
Z	A
4	1
Ĺ	1
∑	1
E	7
₹	-
Σ	-
-	1
끮	-
Œ	C ann
ō	Q
5	1
=	đ
$\vdash$	

N OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed with. Ours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
DIVISION OF VILAL RECORDS, P.O. BO	PHYSICIAN: The law requires that the death certificate b	THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the files in by the files in the first bours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other tra
	1	10	

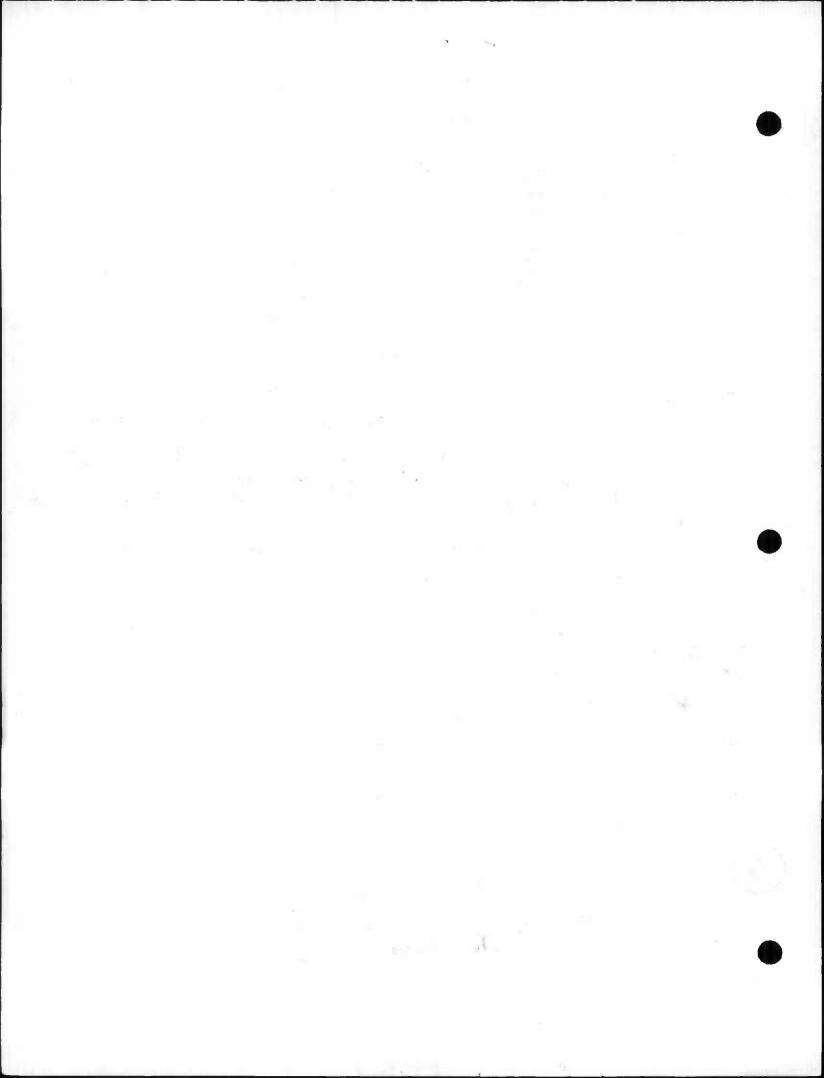
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.	94	07190				
	1. DECEDENT'S NAME (First, Middle, Last)	10.01		-	1-	2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER			• ,	51,	MONTH DA	1 94	)				
	218-03-3399	5. SEX 6. AGE (1)		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Counti					
Ţ		1		DE CITY TOWN O	B LOCATION OF DE	8-10-16		yland				
Œ	90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  Baltimore City  -											
5	RESIDENCE OF DECEDENT											
FUNERAL DIRECTOR	Maryland Balt	v cimore		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?				
0	10e. STREET AND NUMBER	TIMOLE	Bal	timore				1 YES 2 NO				
RA	2013 Codd Avenue	4			21222		U.S.					
¥	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMEO			IIC ORIGIN? (Specify Yes		E — American Indian,				
E	1 Never Merried 2 Merried	FORCES? 1 YES	2 X NO	If yes, spe 1 — YES	city Cuben, Mexice	n, Puerto Ricen, etc.)	Bleck	t, White, etc.				
ВУ	3 Nidowed 4 Divorced			1	Tight to opposity		Speci	White				
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade	(CATION completed)	(Give kind of wor	k done during mos	N st of working	18b. KIND OF BUS	INESS/INDUSTRY					
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use I									
M	17. FATHER'S NAME (First, Middle, Last)		Propri	etor	to MOTHER'S NA	ME (First, Middle, Maiden S	estauran	t				
	Joseph Bucci				Iride M		sumame)					
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street a		Route Number, City or Town	, State, Zip Code)					
2	Dominic F. Bucci	., Jr.				more, Md.						
	20e. METHOD OF DISPOSITION 1  Burlel 2  Cremetion 3  Rem	20b.	PLACE AND DATE OF	DISPOSITION (Na	ma of	OATE 20c. LOC	CATION — City or To	wn, State				
	4 □ Donation 5 □ Other (Specify) 上穴	tombment Ce	etery, cremetory or other dar Hill			3-11 Bal	timore,	Md.				
	21. SIGNATURE OF FUNERAL SERVICE LI		2		ews Filne	ral Home						
	Unn d.	nathews				Ave., Balt	imore. Mo	1. 21224				
	23. PART I. Enter the diseases, or shock, or heart failure	complications that caused	the deeth. Do not	enter the mo	de of dying, suci	n as cardiac or respir	etory arrest,	Approximate				
	shock, or heart failure. List only one ceuse on each line.  Interval Batween  Onset end Death											
	disease or condition resulting in death)	. Squar	1000	ell c	Flunc	1	5 month					
_		OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions,  If any leading to immediate  DUE TO (OR 4S A CONSEQUENCE OF):											
S	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events of the United States of Chronic Obstructor):  Out to (or as a consequence of):											
E	thet initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):			1						
Ë	residiting in death) LAST	d										
AL C	PART II. Other significent condition	ns contributing to death bu	t not resulting in	the underlying	ceuse given in	Part i. 24a. WAS AN A		WERE AUTOPSY FINDINGS				
2						PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ME								OF DEATH?				
PHYSICIAN: MEDIC	r!											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ock only one)						
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Ouipa	tlent 3 DOA 4		5 - Residence							
	27. MANNER OF OEATH  1 Matural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	IY WO	RK?	28d. OEŞCRIBE HOW IN	JURY OCCUREO					
BĄ	2 Accident Investigation	28e. PLACE OF INJURY	- At home form stre		ES 2 NO	PRI LOCATION (Over						
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specia	(y)	set, factory, office		281. LOCATION (Street er City or Town, State)	nd Number or Hurel F	noute Number,				
9	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	des death seemed	at the Man day			Ven ear					
COMPLETED		ER: On the besis of exemination						) end manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM		29d. DATE SIGNED					
BE	melon	in 91000	00	10	0450	269	▶3/¬	100				
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CLUSE OF OEA	TH (ITEM 27) (Type, Pr	rint)				, ~ _				
	melanicti	oden ti	renuss	Key r	ned C	Fr. RaH	romon	PLECIE				
İ	31. DATE FILED (Month, Day, Year)	32. PAGISTRAD'S SIGNA	TURE									
	MAR 1 1 1994	June muids	m-gandell									



1 - FOR STATE REGISTRAR

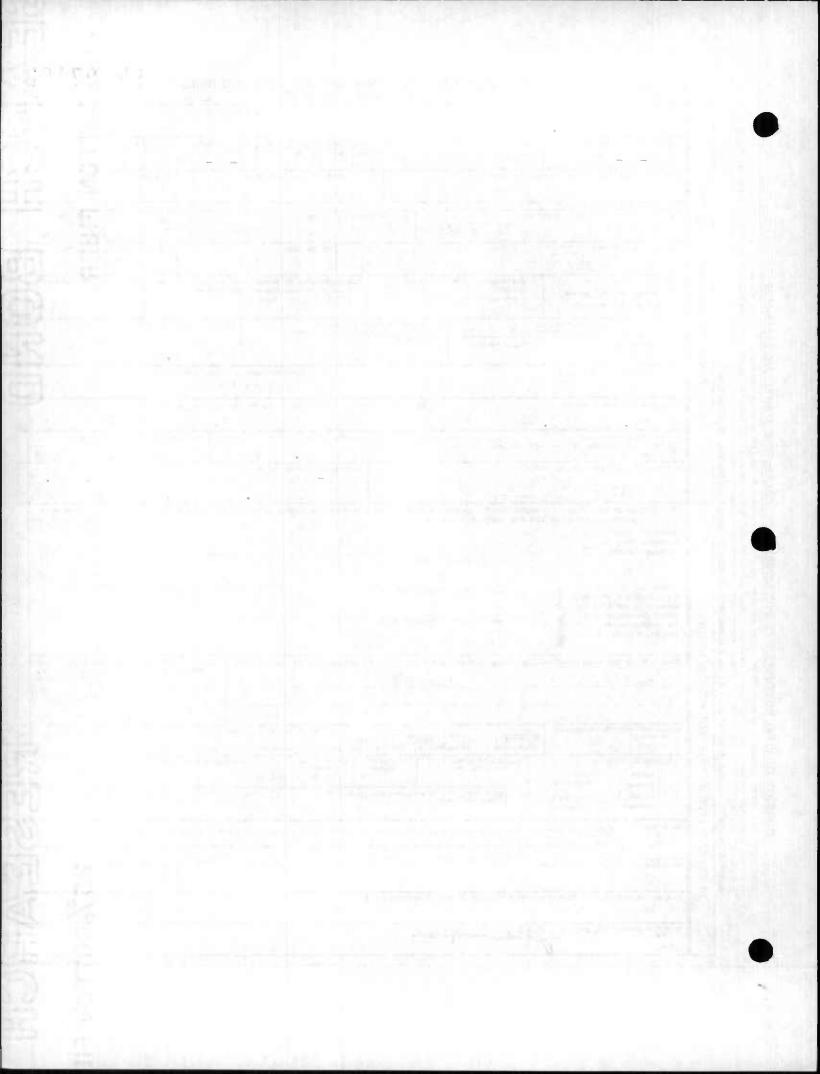
		1, DECEDENT'S NAME (First, Middle, AUDRE)	Last)	BERR	Mangaret 77722	Audre	/ Berr	yhil!	1	2. DATE MONTO	OF DEATH DA	7 19	YEAR 3.	012:05 A M
pin		4. SOCIAL SECURITY NUMBER 175-03-1490		M 2 💢 F	6. AGE (in yrs. i		IF UNDER MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	3/23	OF BIRTH h, Day, Year) 3/1912		Country)	ACE (State or Foreign
i. Pages 1, 2, 3 should	ECTOR	9e. FACILITY NAME (If not institution, give street and number)  Good Samaritan Hospital  RESIDENCE OF DECEDENT  9e. COUNTY OF DEATH  9c. COUNTY OF DEATH  Baltimore												
	BY FUNERAL DIREC	10e. STATE 10b. COUNTY  Maryland					ry, town o							Od. INSIDE CITY LIMITS?  [X] YES 2   NO
permit.		10e. STREET AND NUMBER			Dui		1. ZIP CODE		10g. CITIZEN OF					
1St		4704 Grindon A		21214					United			tates		
-AND 21215-0020 the hospital or attending physician. detached for use as the buria-transit once.		11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 X Divorced	F		Y EVER IN U.S. A YES 2 () WAR OR DATES	NO If yes, specify Cuben, Mexican					en, Puerto Rican, atc.) Bise			- American Indian, White, etc. White
215 attend use as	ED	15. DECEDENT'S (Specify only highest			16e, (	DECEDENT'S	USUAL OC	CUPATIO	ON	16b	KIND OF BUS	INESS/INDU	JSTRY	
Spital or thed for u	COMPLET	Elementary/Secondary (0-12)	1	lege (1-4 or 5 +		ie. Do NOT u	se retired.)	unng mo	ost of working		R	etail		
the hospil detached	S	17. FATHER'S NAME (First, Middle, Las							16. MOTHER'S NA			,		
क विद	BE (	Harry H.		ens							. John			
iE, MARYLAND sy be retained by the hospit page 5 should be detached be notified at once.	5	Mary E. Lusco				47	'04 G1	rind	ond Number or Rural		Baltim	ore,	Md.	21214
Age 6 may director, pa		20e. METHOD OF DISPOSITION t X Burlel 2 Cremetion 3 C 4 Donation 5 Other (Specify)	-		- Crest	rematory or o	other place)  Nem	oria	al Pk. 3	/12/94	Marr	iottsv		Maryland
s after death. F by the funeral emoval.		21. SIGNATURE OF FUNERAL SERVI	E LICENSEI	Mark	T. Zav	oyna	22.	-GOL	nard J. Fa Harford	RUCK,	Inc.	altim	000	21214
		23. PART I. Enter the diseeses	, or compl	ications that	t ceused the	deeth. Do								Approximate
ti fin tion													Interval Between Onset and Death	
ted within completely ial, cremati		resulting in death)	a	DUE TO	(OR AS A CONS	EOUENCE C	P):	- / /	TCL NOT	11101	V			13/1/3
executed within and completely to burial, crema	Z	Sequentially list conditions,	b					11	/FECTIO	N				16 DAYS
te be expricien a prior to traum.	CATION	if any, leading to immediate cause. Enter UNDERLYING												
ing phy giene	RTIFIC	CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF):												
Mental Hilliny, or	CEF		d							-				-
that the complete by the and line	EDICAL	ASCVD, /A	TERM								24a. WAS AN PERFOR 1 YES 2	MED?	AN CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?
o . w l	Σ	OSTEOPORO.	SKS											TYES 2 NO
SIGIAN: The law requestificate has been the State Dept. of item 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?						26. PL	LACE OF DEATH (Ch	neck only on	ne)			jed.
IAN: T	SIC	1 VES 2 NO		SPITAL: Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER		ne 5 🗆 Residence	6 🗆 Othe	r (Specify)			
2 是 2 2 2	ву РНУ	27. MANNER OF DEATH  1   Netural 5  Pending 2   Accident Investigs	g	28e. DATE OF (Month, Da		26b. TIR	NE OF JURY M	_	URY AT DRK? YES 2 NO	28d. DES	CRIBE HOW II	JURY OCC	URED	
TEND TEND The care	ETED E	3 Suicide 8 Could no 4 Homicide determin	N De	25e. PLACE Of building,	FINJURY — At I etc. (Specify)	home, ferm,	street, facto	ery, offic	•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				te Number,
TZ hour	COMPLE								end place, end due leath occured at the					nd manner es atated.
WPORTAN	H	29b. SIGNATURE AND TITLE OF CER	TIFIER	Itui	rscst	ntt			290 LICENSE NUI	MBER \		29d. DATE		10mm, Day, Year) 9, 1994.
	10	30. NAME AND ADDRESS OF PERSON	N WHO COM	PLETED CAUS	SE OF DEATH (IT	EM 27) (Туре	, Print)	61	oud s	>hm/	niva	7	HUS!	2
e		MAR 1 1 190	4	32 REGISTRA	B'S SIGNATURE	e. e.								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



	Ē
	9
9	Ť.
9	-
9	-
2	å
õ	Ş
	8
~	9
0	-
m	100
	9
Э.	F
2	0
-	ŧ
n	P
~	9
7	-
=	t
9	9
0	12
ш	ě
	2
	- 6
4	•
	É
	ż
>	40
L	9
0	Ž
_	ă
Z	4
	2
	2
n	Ë
>	A
	a
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	-
	MOSPITAL DR ATTENDING DHYSICIAN: The law nemitres that the death certificate he executed within
	d
	00
	3

	1. DECEDENT'S NAME (First, Middle, La: STEPHEN A.				BANDY	,		2. DATI MON MAR(		994	YEAR	3:27 F
	4. SOCIAL SECURITY NUMBER	5, SEX	8. AGE (In yrs. les	t birthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HR	. 7. DATE	OF BIRTH		Country)	LACE (State or Forei
	215 03 0590	1 M 2 F	85	YRS.				7~	21-190	-	Mari	yland
OR	THE JOHNS HOPKI		\L		96. COUNTY OF DEATH  BALTIMORE CITY					ATH		
DIRECTOR	nesidence of decedent  100. STATE 10b. COU  Maryland		imore		C. CITY, TOWN OR LOCATION Franchio					10d. INSIDE CITY LIMITS? 1 YES 2 [X] NO		
RAL	9012 Avenue	4				10f. Z	IP CODE	21219			EN OF WI	A States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2 T	MED	II ye	S DECEN Da, speci	DENT OF HIS ty Cuban, Mex	PANIC ORIGI	N? (Specify Yer Rican, etc.)			- American Indian White, atc.
ETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION	(G	CEDENT'S U five kind of wo Do NOT use	vk done duri		of working	16	b. KIND OF BU	SINESS/INDU	STRY	
COMPLET	5th Grade			Pa	inter				Glen	_	rtin	
BE CO	17. FATHER'S NAME (First, Middle, Last)  John Bandy						Barb	ara V	Middle, Maiden Okalek			
5	190. INFORMANT'S NAME (Type/Print)  Wis. Evelyn	C. Bandy	19						a, Mar			085
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 R		20b. PLACE	ANDDATEOR	DISPOSITIO	ON (Name	of	DA	TE 20c, LO	CATION - C	ty or Tow	
	4 Donation 6 Other (Specify) _ 21. SIGNATURE OF FUNERAL SHALLS	ris 06	22. NAI	ME AND	ADDRESS OF	FACILITY	P Hama	al D	unda	Ph Tue		
	22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundal 7922 Wise Ave. Dundalk, Marylan								nd 2122			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OCARD OR AS A CONSEC OR AS A CONSEC	DUENCE OF):		FA	RCT	101/15	> .			IOY
2												
MEDICAL	PART II. Other algnificent condit				the unde	riying c	cause given	in Part i.	24a. WAS AN PERFOR	RMED?		NERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
SICIAN: M		HOSPITAL:	UHON	IA	OTHER:	26. PLAC	E OF DEATH	(Check only o	PERFOI	RMED?		MAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
PHYSICIAN: M	ASPIRATIO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Minpatient 2 26a. DATE OF (Month, D	ER/Outpetlent 3	IA	OTHER: 6 Nursing OF 26	26. PLAC Home	CE OF DEATH  5  Residen	(Check only c	PERFOI	NO NO		MAILABLE PRIOR TO COMPLETION DF CAI OF DEATH?
TED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending	HOSPITAL: 1 Dinpatient 2  26a. DATE OF (Month, D)  28a. PLACE OF building,	ER/Outpetlent 3	DOA 28b. TIME INJUI	OTHER: I Nursing OF 26 RY	26. PLAC J Home Ic. INJUR WORK I YES	©E OF DEATH  5 □ Residen  Y AT	(Check only of	PERFOI  1  YES 2  ine)  or (Specify)	NJURY OCCI	URED	MAILABLE PRIOR TO COMPLETION DE CAID PEATH?
ETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not 1 detarmined 4 Homicide 6 Certiffier (Check only) 1 CERTIFFING PH	HOSPITAL: 1 Dinpatient 2  26a. DATE OF (Month, D)  28a. PLACE OF building,	ER/Outpetlent 3 INJURY — At ho etc. (Specify) my knowledge, de	DOA 2 28b. TIME inJul write, farm, str	OTHER: 5   Nursing F 26 RY M 1 reet, factory,	26. PLAC  3 Home ic, INJUR WORK  1  YES  , office	S OF DEATH S Residen Y AT T S 2 NO	(Check only of Check only only of Check only only of Check only only only only only only only only	PERFOI  1 YES 2  or (Specify)  er (Specify)  es CATION (Street or Town, State)	NJURY OCCI	JRED  V Rural Ro	I VES 2 NOC
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Natural   5   Pending Investigation   1   Could not in detarmined 2   Accident   Could not in detarmined 29e. CERTIFIER   Certifying PH (Check only one)   2   MEDICAL EXAMINED   CERTIFYING PH (Check only one)   2   MEDICAL EXAMINED   CERTIFYING PH (Check only one)   2   MEDICAL EXAMINED   CERTIFIER   CHACK ONLY   CHACK ONLY   CHACK ONLY   CHACK ONLY   CHACK ONLY   CERTIFIER   CHACK ONLY	HOSPITAL: 11 Anpatient 2 26a. DATE OF (Month, D 28b. PLACE Of building.  YSICIAN: To the bast of a THER	ER/Outpatient 3 INJURY ey, Year)  F INJURY — At ho etc. (Specify)  my knowledge, de xamination and/or	29b. Time 1 Surface in Juli 29b. Time, farm, str 29b. Time in Juli 29b. Time 20b. Time	OTHER: 5   Nursing OF 26 RY M 26 1 at the time, in my opin	28. PLAC g Home ic, INJUR WORK 1 Ves , office	S OF DEATH S Residen Y AT T S 2 NO	(Check only of ce 6 Oth 28d, D6 28d, D6 Ch	PERFOI  1 YES 2  or (Specify)  er (Specify)  es CATION (Street or Town, State)	NJURY OCCI	JRED  V Rural Ro  d.  cause(a)	I VES 2 NO
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO 27. MANNER OF DEATH 1   Netural 5   Pending Investigation 3   Suicide 6   Could not 1   detarmined 29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINED AND TITLE OF CERTIFICATION 1   MEDICAL EXAMINED AND ADDRESS OF PERSON 30. NAME AND ADDRESS OF PERSON	HOSPITAL: 1 Sinpatient 2 26a. DATE OF (Month, D 28a. PLACE C building,  YSICIAN: To the best of a FIER WHO COMPLETED CAU A PLACE TR	ER/Outpetient 3 INJURY ey, Year)  F INJURY — At ho etc. (Specify)  my knowledge, de xamination and/or	29b. TilleE INJUI	OTHER: 5   Nursing OF 26 RY M 1 1 at the time, th my opin	28. PLAC  J Home  C. NIJIM  WORK  I UPS  , office  , date an	SE OF DEATH  5 Residen  Y AT  7 S 2 NO  No place, and of the occurred at  9c. LICENSE I	(Check only of Cost of	PERFOI  1 YES 2  or (Specify)  er (Specify)  es CATION (Street or Town, State)	NJURY OCCI	JRED  * Rural Ro  d.  cause(a)  SIGNED (	MARLABLE PRIOR TO COMPLETION DE CA DE COMPLETION DE CA



CTO	1328 EVERIN	IG AVENUE			RO	SEDALE			В	ALTIM	ORE
ш	10a. STATE 10b. COUNTY			10c. CITY, TO	10c. CITY, TOWN OR LOCATION				10d, INSIDE CITY LIMITS?		
DIR	MD BALTIMORE			ROSEDALE					1   YES 2 ()[ NO		
ERAL	10e. STREET AND NUMBER			1 1 . 3		10f. ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
NE		NG AVENUE				2123	4			USA	
FUN	11. MARITAL STATUS  1 Never Married 2 1 1	Married 12. WAS 0	DECEDENT EVER IN ES? 15 YES S, GIVE WAR OR DA	U.S. ARMED 2 NO	It ye	DECENDENT OF NISP. s, specify Cuban, Mexic	can, Puerto F		or No-	14. RACE — Black, W	American Indian, Thita, etc.
9 84	3 Widowed 4 Divor	ced V	IETNAM	TES	1 🗇	YES 2 NO Spec	olfy:			Specify:	WHITE
COMPLETED		DENT'S EDUCATION highest grade completed)	(1-4 or 6+)	(Give kind of work life. Do NOT use ret	ione durin		16b.	KIND OF BUS	SINESS/INDU	JSTRY	
MPL	12	===		COAST	AUR	D RIGGER	I	DIABLEI	D		
CO	17. FATHER'S NAME (First, Mic	ddle, Last)		1		16. MOTHER'S N	IAME (First, A	Aiddle, Maiden	Surname)		
BE	WILLIAM G.					CHRIST					
10	BARBARA S.					reet and Number or Rura					
	20a, METHOD OF DISPOSITION		200			ERING AVE		_		21237	
	1 🔀 Burlal 2 🗆 Cremation	n 3 - Hemovel from t		PLACE AND DATE OF DI stery, crematory or other p	lace)		DATI			City or Town	
examiner must	4 ☐ Donation 5 ☐ Other (			GARDENS		A L'I'H IE AND ADDRESS OF F	3/1	21 BAT	LTIMO	RE, M	D
	0	(1) NI-				VACH/ROSEI		UNERAI	L HOM	E	
	23. PART I. Enter the die	40 15				1211 CHES	SACO A	VENUE	212	37	
DICAL CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injurthat initieted events resulting in death) LAST	ry	DUE TO (OR AS A	CONSEQUENCE OF):				CCI C	AUTOPSY	24b. W	ERE AUTOPSY FINDIN
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO EXAMINER?					8. PLACE OF DEATN (C	Check only on	1  YES 2	M NO	Of	OMPLETION OF CAUS F DEATH?  YES 2 NO
SIC	1 YES 2 NO	HOSPI 1 □ Input	TAL: ilent 2 - ER/Outpa	itlent 3 DOA 4 E	HER: Nursing	Nome 5 Reeldence	e 6 □ Other	r (Specify)			
			DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		WORK?	28d. DES	CRIBE NOW IF	YJURY OCC	URED	
	2 Cutalda	PLACE OF INJURY building, etc. (Special	RY — At home, farm, street, factory, office 281, LO City			201, LOCA City	LOCATION (Street and Number or Rural Route Number, City or Town, State)				
84		letermined					_			4	
	4 Homicide d	FYING PNYSICIAN: To the									nd manner aa stated
84	4 Homicide d	FYING PNYSICIAN: To th									

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATN

MARCH

7. DATE OF BIRTH (Month, Day, Year)

Srewer

8. AGE (In yrs. lest birthday)

51

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

avid

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

1 M 2 F

4. SOCIAL SECURITY NUMBER

213 40 1354

94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH DAY 3. TIME OF DEATN YEAR 994 6. BIRTNPLACE (State or Foreign Country) 04/09/42 MARYLAND 9c. COUNTY OF DEATN BALTIMORE 10d, INSIDE CITY LIMITS? 1 TYES 2 1 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: WHITE BUSINESS/INDUSTRY ED ilden Sumeme) Town, State, Zip Code) 21237 E, MD . LOCATION — City or Town, Stata BALTIMORE, MD RAL HOME JE 21237 Approximata Interval Between eapiratory arrest, Onset and Death

DHMH-16 Rev 1/89

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

IE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within security after death. Page 6 may be retained by the hospital or attending physician.	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit of which 72 hours after clean with the State Dent of Health and Mental Hotelee prior to burial, cremation, or removal.	NETANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
IE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the	IE FUNERAL DIRECTOR: After this certificate has been signed by the within 72 hours after death with the State Deor. of Health and M	HTANT: If Item 28 is marked, or Item 23 shows any inju

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

4 Homicide

COMPLETED

BE 2

TO THE FUNERAL OF THE FUNERAL OF THE FUNERAL OF THE MITTIN 72 IN IMPORTANT: If It

ITEM: 7. PER F.H. FILM G-709 3/21/94 t.t 1 - STATE REGISTRAR 07194 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH March EDNA BREARLEY 09:20 PM 06 Adella 199 6. AGE (In yrs. last birthday) BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 1908 DAYS HOURS 1 M 2 X F 212-22-7950 October 10, 1910 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Good Samaritan Hospital Baltimore City 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore, City 1 W YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 115 East Melrose Ave. 21212 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 ND 1 Never Married 2 Married 1 TES 2 NO Specify: 3. Wildowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Food Management Penn. Station 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Oliver Barrett Amelia Berlin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. 895 West County Rd. Serena E. Campbell 50 South- Kokomo , Ind 20a. METHOD OF DISPOSITION
1∑ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE 4 Donation 5 Other (Specify) Oâklawn Cemetery 3/10/94 Balto. Md. 22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 21204 1 mala Ruck Towson Funeral Home, Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or haert failure. List only one cause on each line. Approximete Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition ongestive Heart Failure
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) cardiomyopathy Severe Ischemic Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Aprtic AVAILABLE PRIOR TO COMPLETION DF CAUSE Stenosis Severe 1 - YES 2 0 NO OF DEATH? 1 - YES 2 NO

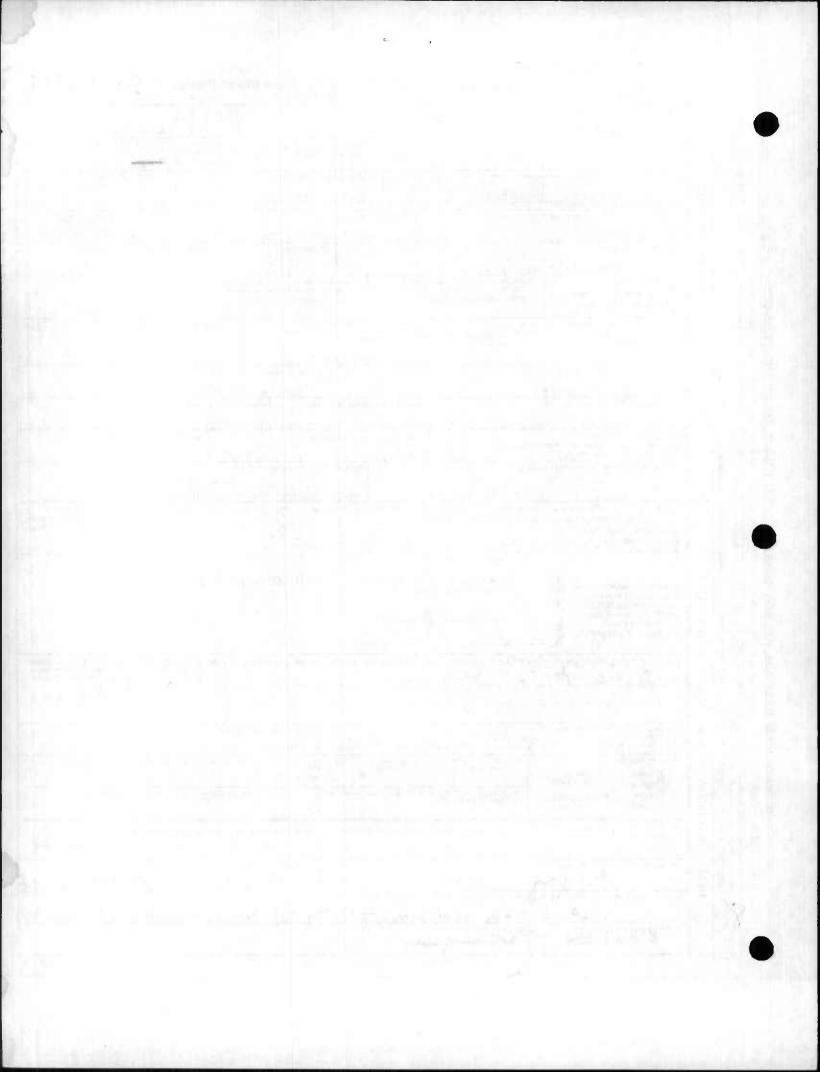
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	Check only one)
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Resident	te 6 Other (Specify)
27. MANNER OF DEATH  1 N Netural 5 Pending 2 Accident Investigation		ME OF JURY AT WORK?  M 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED
3 Suicide 6 Could not	26s. PLACE OF INJURY At home, farm, building, atc. (Specify)	street, factory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS DE PERSON	WHO COMPLETED CAU	SE OF OEATH (ITEM 27) (Type, Print)		141	0	1.100	0-1114
LIZA	L.ILAG,	Good Samaritan	Hospital.	5601	Loch	Raven Blvd.	Balto, MD
31. DATMAR 111 1994	32. REGISTRA	AR'S SIGNATURE				,	



The CHARLE OF THE CONTROL OF THE CON
IMPORTANT: it tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

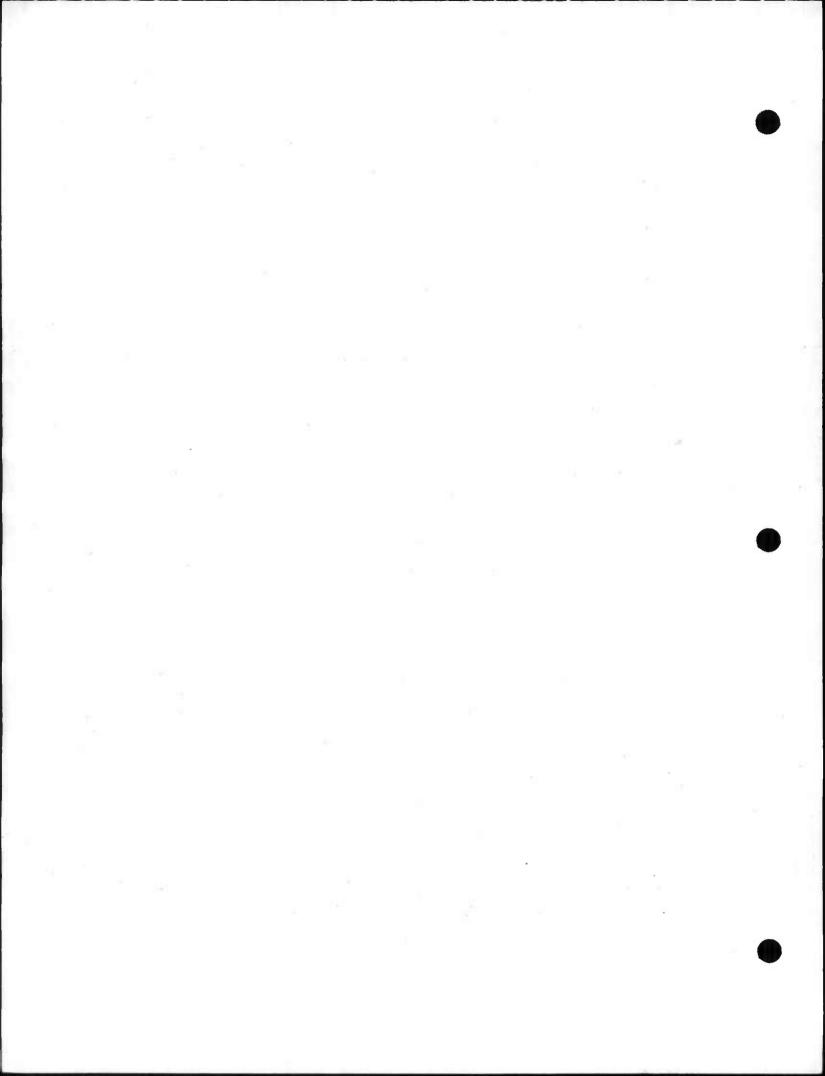
	FOR STATE 0			TMENT OF H		MENTAL HYGIEN	-	34 (	7195	
	1. DECEDENT'S NAME (First, Middle, Last) CARRIE CHISI	EY				2. DATE OF DEATH MOMARCH	<b>,</b> 199	3.	TIME OF DEATH 10:55 p	
	4. SOCIAL SECURITY NUMBER 5. SEX 212 22 7475 ☐ M 2 🔀			IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Delp Vgar), 1 Feb.	.907	VOPTR'G	CE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give street and number MARYLAND GENERAL HOSPIT			BALTI	MORE CIT	EATH Y		TIMOR	E CITY	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND			TOWN OR LOCAT	77.00				d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER  1102 DRUID HILL AVE	NILLE A DE		101	ZIP CODE	1	_	ZEN OF WHA		
BY FUNERAL	11. MARITAL STATUS 12. WAS DECI	DENT EVER IN U.S., AI  1 YES 2  VE WAR OR DATES	MED	13. WAS DEC	21203 ENDENT OF HISPAR HICLY Cuban, Maxica 2 NO Specifi	NIC ORIGIN? (Specify Yes in, Puerlo Rican, atc.)		S. OF  14. BACE — Black, W  BLAC	American Indian, hita, atc.	
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  N. 7 / A  College (1-4)	or 5+)	live kind of w Do NOT use	,	N st of working	186. KIND OF BUS		DUSTRY	. <u></u>	
BE COMF	N/A  17. FATHER'S NAME (First, Middle, Lest)  EDWARD HILL		CATER	KER		ME (First, Middle, Maiden  A THWEAT	Sumame)	REST	AURANT	
TOE	19a. INFORMANT'S NAME (Type/Print)  MRS . CARRIE STEWART  20a. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF GENERAL BETWICE LICENSEE	20b. PLACE	2665 anddateo 7SBUR	LAURET FDISPOSITION FOR NAT.	TA AVE METERY MILITA D ADDRESS OF FA T. GWY	3 /44 / 940 ARY PK.GE	ORE CATION -	MAR City or Town, BURG	21215	
	23. PART I. Enter the disease, or complications shock, or heart failure. List only one IMMEDIATE CAUSE (Finel disease or condition resulting in death)	net ceused the deceuse on each line O ASPIRAT	ð.	ot enter the mo	de of dying, auc	h aa cerdlac or respi	retory arr	est,	Approximate Intervel Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disasse or injury	TO (OR AS A CONSE TO (OR AS A CONSE TO (OR AS A CONSE TO (OR AS A CONSE	OUENCE OF	): NFARCTIO	DN					
MEDICAL	PART II. Other significant conditions contributin CERE BRAL INFARCTION	to deeth but not HYPERTE	reculting Ir	the underlying	ceuse given in	Pert i. 24a. WAS AN PERFOR 1 TYES 2	MED?	CO OF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE OEATH?  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	: 2 ER/Outpatient 3	DOA	OTHER:	ACE OF DEATH (Ch	eck only one)  6  Other (Specify)				
à	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 28s. PLA	E OF INJURY th, Day, Year)  CE OF INJURY — At he ling, stc. (Specify)	28b. TIME INJU	M 1 1	RK? 'ES 2 NO	28f. LOCATION (Street a	28d. OESCRIBE HOW INJURY OCCUREO  281. LOCATION (Street and Number or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beats	at of my knowledge, de							d manner as stated.	
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER  ABO  30. NAME AND ADDRESS OF PERSON WHO COMPLETED	sst, MD		HO.	29c. LICENSE NUI		29d. DATI		7- 1994	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KHOSROW TABASSI M.D. c/o MARYLAND GENERAL HOSPITAL

32. REGISTRAP'S SIGNATURE
Julia Devideon-Randale

31. DATE FILED (Month, Day, Year)
MAR 1 1 1994



permit. Pages 1, 2, 3 should use as the burial-transit Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 JO. director, page 5 should be detached F notified 9 must examiner the funeral urs after death. medical filled in by 0 cremation. the the attending physician and completely in Mental Hygiene prior to burial, cremation event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic requires that the death certificate be other 50 signed by the any has been : Dept. of P The Hem certificate h L OR ATTENDING PHYSICIAN; The DIRECTOR: After this certificate bours after death with the State 0 this c marked, 69 28 FUNERAL ( HOSPITAL

ITEMS: 23 PART I, 27, PER MEO FILM G-709 3/11/94 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARCH 94 ANTHONY COLES 9:15A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS ty⊟xM 2 □ F YRS 212-60-4409 42 June 29 1951 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3440 REISTERSTOWN RD. BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3440 Reisterstown Road 21215 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1X Never Married 2 Married 1 YES 2 NO Specify BY 3 Widowed 4 Divorced Black ETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) COMPL College Social Security Admin. U.S. Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bernard Coles Callie Harris H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Walter Coles 3440 Reisterstown Road Baltimore, MD 21215 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 2 Cre n 3 4 Donation 5 Other (Specify) Loudon Park Cemetery 3/12 Baltimore, Maryland 21. SIGNATUREOF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. Jam 2501 Gwynns Falls Parkway Baltiore, Maryland 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, of heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 NES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER 1XXES 2 NO 1 inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5X Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Netural м 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e, CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the firme, data and place, and due to the cause(s) end manner as stated. 2 X DEDICAL EXAMINER: On the be d/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(a) end menner as stated. 29b. SIGNATURE AND TITLE DE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

LETED CAUSE OF DEATH (ITEM 21) (Type, Print)

JKM11

32 REGISTRAR'S AGNATURE

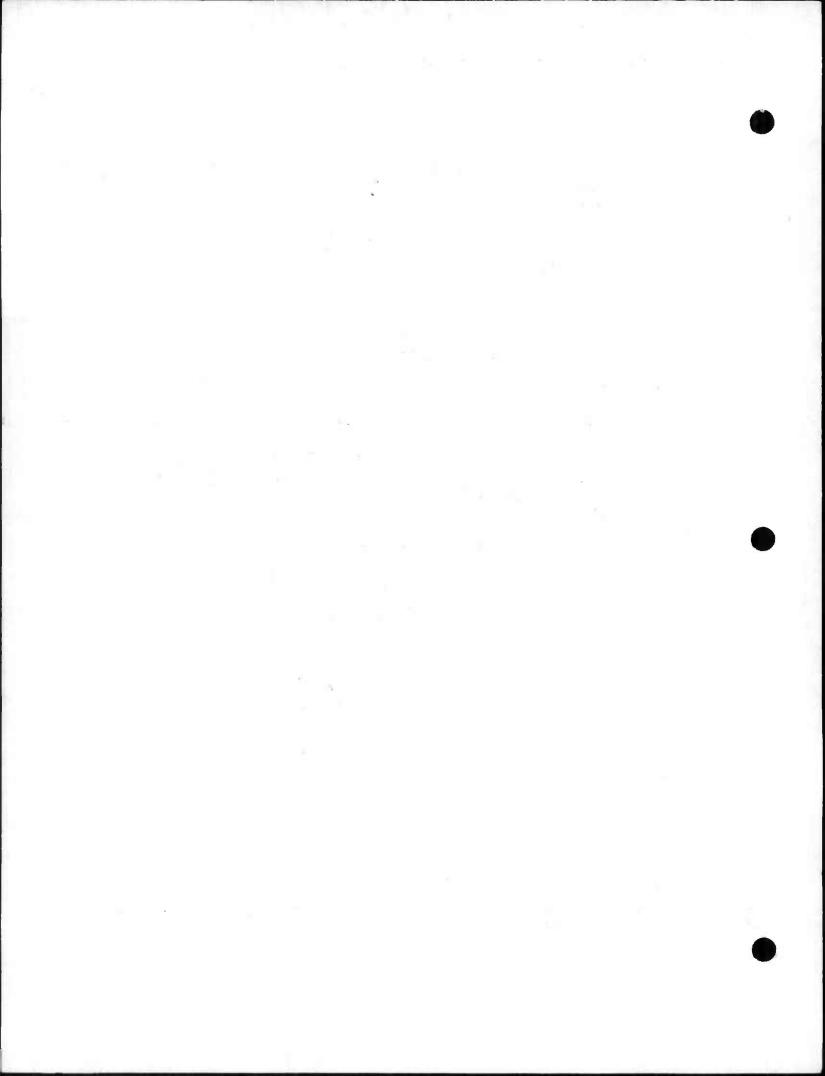
C.M.E

Penn Street, Baltimore, Maryland 21201

TO THE HOSPITA
TO THE FUNERA
De filed within 7

2

MARCH 08/94



REG. NO.

FOR STATE REGISTRAR

_	
09	
BOX 68760	
X	
0	
RECORDS, P.O.	
RD.	
Ö	
RE	
OF VITAL	
L	
OZ	
VISION	
N S	
0	

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH BAY 3. TIME OF DEATH SAMUEL. FERDINAND COUSINS JR. 94 3 n/a 84 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign DAYS HOURS 73 228-16-7740 1 X M 2 | F 9-3-20 VIRGINIA Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR HAMILTON NURSING CENTER BALTIMORE N/A RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD N/A 百 BALTIMORE 1 X YES 2 NO permit. 10a STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE funeral director, page 5 should be detached for use as the burial-transit 4048 THE ALAMEDA 21218 after death. Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14, RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES YES 2 XNO Specify: BY 3 🔀 Widowed 4 🗌 Divorced BLACK 6 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPLET College (1-4 or 5+) Elementary/Secondary (0-12) n/a 12 THn/a LABORER WILLOW BROOK APARTMENTS 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ SAMUEL F. COUSINS, SR. ALMA **JOHNSON** BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 LINDA COX eLMORA AVE./BALTIMORE. MD 21213 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must GARRISON FOREST 4 Donation 5 Other (Specify) VA CEMÉTERY OWINGS MILLS, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 000 hapma WM.C.MARCH F.H./1101 E. NORTH AVENUE filled in by the removal. medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between shock, or heert fellure. List only one ceuse on each line. 6 **Onset and Death** IMMEDIATE CAUSE (Final ARCINOMA cremation, the disease or condition\_ MONTHS completery event, resulting in deeth) bunal. traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to if any, leading to immediate the attending physician cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS MEDICAL signed by the Health and It PERFORMED? AVAILABLE PROOF TO any COMPLETION OF CAUSE OF DEATH? Health a 1 TYES 2 NO shows 1 YES 25-MI has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only or State EXAMINERT this certificate HOSPITAL: T | Inpution 2 | ENOutration 3 | DOA 0 the 27. MANNER OF DEATH 28e. DATE OF INJUSTY (Morgh, Day Way) with marked, 1 Comuni 5 Pending BY After 2 Accident 28e, PLACE OF J 69 ETED 6 Could not be FUNERAL DIRECTOR: within 72 hours after 28 Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and magnitude. COMPL MPORTANT: II MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and 29c. LICENSE NUMBER 29d. DATE SIGNED (MC oth, Day, Year) BE 異層 LE GANDHN T. EVELIUS, M.D. 94 0 2 23 0 PERSON WHO COMPLETED CAUSE OF STEARY (SEAL PARK, SCHAM) BALTIMORE, MARYLAND 21206 32. RESISTRATION SIGNATURE 31. DATE FILED

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

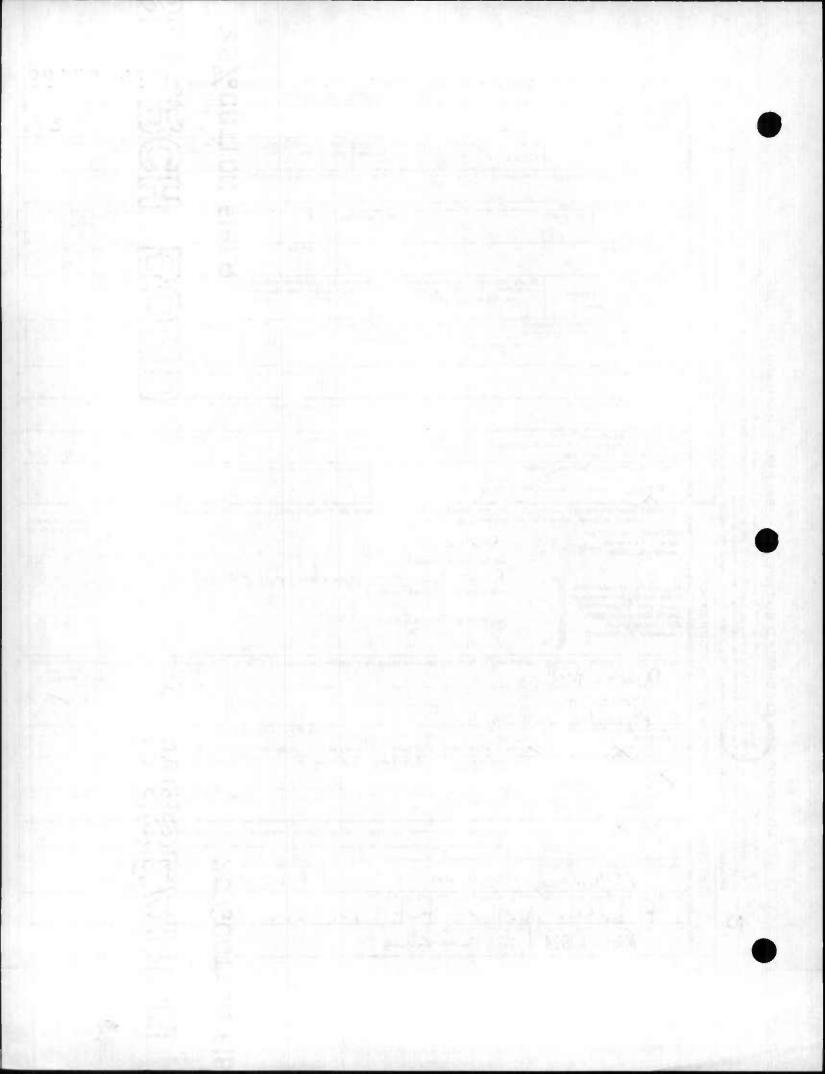
JOHN T EVELUS, M.D. SALA SILLER ROLD BALTIMORE, MARYLAND 21205

	i
	Cabin On the
o	44.
<u></u>	
-	7
ထ	1
Θ	1
×	i
BOX 68760,	d
m	1
_	ų
0	1
	i
α,	44
ທົ	1
20	
	4
<b>—</b>	1
0	97
O	
Ш	ï
œ	
OF VITAL RECORDS, P.O. I	Ì
7	i
	ć
>	4 4
LL.	5
$\overline{a}$	Š
_	i
Z	5
DIVISION	4
-	i
97	İ
>	ş
=	5
	DOCUTAL OF STREETING PURCHASE The fear that the day of the fear of
	Ē
	ć
	3

		1 - STATE REGISTRAR		CERTIFICA	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGI REG.		+ 0/190
		1. DECEDENT'S NAME (First, Middle, Last, HELEN & C.		JS		2. DATE OF DEAT MONTH	DAY Y	SAR //: // PM
_		4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea January	8.	BIRTHPLACE (State or Foreign Country) Penna
2, 3 should	OR	9a. FACILITY NAME (If not institution, give		9b.	Baltimore,	EATH	9c. COUNTY	
Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	ГУ	10c. CITY, TO	DWN OR LOCATION			10d. INSIDE CITY LIMITS?
permit. F		Maryland 100. STREET AND NUMBER	Howard	Col	lumbi a		10g. CITIZEN	1 TYES 2 NO
- SE	FUNERAL		ket Drive		21044			J.S.A.
21215-0020 all or attending physician. for use as the burial-transit	B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (	2 🔀 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 TYES 2 To NO Specif	an, Puerto Rican, etc.	Yes or No.— 14.	RACE — American Indian, Black, White, atc. Specify: White
21215 vital or attend d for use as	LETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	done during most of working	16b, KIND OF	BUSINESS/INDUST	ГЯУ
The hospital detached for	COMPL	17. FATHER'S NAME (First, Middle, Last)		Asst. Mar		Bes	t & Co.	-
MARYL retained by the 5 should be notified at	BE	Unknown	Unl	known		nown		Unknown
- 8 8 m	임	Mr. Douglas Gall	on		DRESS (Street and Number or Rural			
MORE, age 6 may be director, page or must be		20e. METHOD OF DISPOSITION 1	noval from State Col	b. PLACE AND DATE OF DI	ISPOSITION (Name of place)	DATE 200	LOCATION — City	or Town, State
death. Page tuneral direct.		21. SIGNATURE OF FUNERAL SERVICE	OÉNSEE	Hillton Ser	vice Corp. 3	CILITY		
BALTIMI after death. Page by the funeral dire- noval.		Imale (	Schafel	L.	Ruck Towson	Funeral F	ome. In	d. 21204
urs in t		Programme and the first the second of the second of	complications that cause . List only/one cause on a	d the death. Do not a sech line.	anter the mode of dying, auc	ch as cardiac or re	espiratory arrast	interval Between
Pe ion		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	SEP S.					30 lus
68760, peccuted within and completely burial, cremat natic event, i	_		PERF	A CONSEQUENCE OF):	DIVERTICAL	1-22		30 ha
ocian be	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		A CONSEQUENCE OF):				
Certific ding p lygiene	RTIF	that initiated events	DUE TO (OR AS					Ì
	) [	resulting in death) LAST	d	A CONSEQUENCE OF):				
RDS, F at the death by the atte and Mental y injury, o	O	PART II. Other significant condition	d		ne underlying cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
RECORDS, F requires that the death been signed by the atte t. of Health and Mental shows any Injury, or	MEDICAL C	CONTRACTOR OF THE PARTY OF THE	d		ne underlying cause given in	PER	FORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
TAL RECORDS, F The law requires that the death the has been signed by the atte ate Dept. of Health and Mental em 23 shows any injury, or	MEDICAL C	PART II. Other eignificant conditions are supported by the support of the support	d	but not resulting in th	ne underlying ceuse given in  26. PLACE OF DEATH (Ch	1 D YE	FORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
VITAL RECORDS, F CIAN: The law requires that the death entificate has been signed by the atte the State Dept. of Health and Mental or Nem 23 shows any Injury, or	SICIAN: MEDICAL C	PART II. Other significant conditions to the condition of	d	but not resulting in the	26. PLACE OF DEATH (Ch THER: Nursing Home 5 ☐ Residence 28c. (NJURY AT	1 VE	FORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
OF VITAL RECORDS, F PHYSICIAN: The law requires that the death this certificate has been signed by the atte with the State Dept. of Health and Mental rked, or Nem 23 shows any injury, or	BY PHYSICIAN: MEDICAL C	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Pinpatient 2 ER/Out  28e. PLACE OF INJURY  28e. PLACE OF INJURY	but not resulting in th	26. PLACE OF DEATH (Ch THER: Nursing Home 5	PER 1 YE 1 Other (Specify) 28d. DESCRIBE HO	FORMED?  S 2 NO  W INJURY OCCUR	AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ISION OF VITAL RECORDS, F ITENDING PHYSICIAN: The law requires that the death ITOR: After this certificate has been signed by the atte after death with the State Dept. of Health and Mental 28 is marked, or item 23 shows any Injury, or	D BY PHYSICIAN: MEDICAL C	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:  1 Pinpatient 2 ER/Out  28e. PLACE OF INJURY  28e. PLACE OF INJURY	tention to the state of the sta	26. PLACE OF DEATH (Ch THER: Nursing Home 5	PER 1 YE	FORMED?  S 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DIVISION OF VITAL RECORDS, F TAL OR ATTENDING PHYSICIAN: The law requires that the deatl AL DIRECTOR: After this certificate has been signed by the atte 72 hours after death with the State Dept. of Health and Mental If Item 28 is marked, or Item 23 shows any Injury, or	ETED BY PHYSICIAN: MEDICAL C	PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Hetural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL:  1 2 Impatient 2 ER/Out  26a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, stc. (Spe	tpatient 3 DOA 4 DOA 28b. TIME OF (NJURY)  Y — At home, farm, street scily)	26. PLACE OF DEATH (Ch THER: Nursing Home 5	PER 1 VE 1 VE 1 VE 28t. LOCATION (Str. City or Town, S	FORMED? S 2 NO  W INJURY OCCUR  eet and Number or F  manner as stated.	AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DIVISION OF VITAL RECORDS, F L OR ATTENDING PHYSICIAN: The law requires that the death DIRECTOR: After this certificate has been signed by the atter hours after death with the State Dept. of Health and Mental Item 28 is marked, or Item 23 shows any Injury, or	D BY PHYSICIAN: MEDICAL C	PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Hetural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL:  1 Impatient 2 ER/Out  26e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, atc. (Spe	tpatient 3 DOA 4 DOA 28b. TIME OF (NJURY)  Y — At home, farm, street scily)	26. PLACE OF DEATH (Ch THER: Nursing Home 5 Residence 28c. (NJURY AT WORK? M 1 YES 2 NO t, factory, office	PER 1 YE 1 YE 1 Other (Specify) 28d. DESCRIBE HO 28t. LOCATION (Str. City or Town, S	FORMED?  S 2 NO  NO INJURY OCCUR  eet and Number or F  intel  manner as stated.  , and dua to the ca	AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

1 - FOR STATE OF MARYLAND / DEPARTMENT CERTIFICATE		AL HYGIENE
--	--	------------

		1. DECEDENT'S NAME (First,	Middle, Last)	Cline							2. DATE OF DEATH MONTH	1 /qc	YEAR 3	. TIME O	26 A M
		4. SOCIAL SECURITY NUMB 215-20-6632		5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)		ate or Foreign
s 1, 2, 3 should	NG.	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH													
	ECTOR														
. Pages	DIRE	MARYLAND	10b. COUNT	LTIMORE		10c. C11	y, town o							Od. INSIE	
permit.	AL	10e. STREET AND NUMBER					VVCCI		I. ZIP CODE		10g. CITIZEN OF W				
1Si		6602 BOWMAN HILL ROAD					2120				07			.A.	
5-0020 nding physician. is the burial-transit	BY FUNER	11. MARITAL STATUS  1 Never Married 2  3 Wildowed 4 Divo		FORCES?	NT EVER IN U.S. AR I YES 2 X N MAR OR DATES	MED 10		yes, sp	ecify Cuben,		C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No-		White, etc	
r attending use as the	0		EDENT'S EDU		16e. DE	CEDENT'S	USUAL O	CUPATIO	ON	-	16b. KIND OF BU	SINESS/INDU:	STRY	WH]	LTE
8 3	Ш	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)				Do NOT u	work done ( se retired.)	furing mo	at of working						
AND 2 he hospital detached fo	COMPL	17. FATHER'S NAME (First, MI	Idella Lass			W	AITR	ESS				AURAN	Г		
of the det	101	MILFORD STEE	,						100		E (First, Middle, Melden	Surname)			
MAR retained 5 should notified	986	190. INFORMANT'S NAME (7)			191	b. MAILING	ADDRESS	(Street e			LAYTON  oute Number, City or Tow	n, State, Zip C	ode)		
. 2 2 0		CATHERINE CI		URER (DA	UGHTER)	1016	00 0	ÆRS	EAS H	IIGHV	VAY KEY LA	ARGO E	LORI	DA 3	33037
		20e. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	20b. PLACE A	matory or o	ther placel			144 16	1	CATION — CI			
		4 ☐ Donation 5 ☐ Other  21. SIGNATURE OF FUNERAL		CENSEE /	CRESTI	AWN	7		M U3/			RIOTTS	VILL	E MA	ARYLAND
ALTIN death. Pag e funeral di L. examiner		LEROY M & RUSSELL C WITZKE FUNERAL HOMES													
		1630 EDMONDSON AVENUE CATONSVILLE MARYLAND 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate													
d within Exhours after property filled in by the cremation, or remove event, the medical		ahock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart feliure.	List only one ce	PSSS A CONSEC		0.							Inte	rvai Between et and Death
te be execute sician and coprior to burian traumatic	CERTIFICATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or Inju	diete NG	a Rio	HOR AS A CONSEC	15 phe	nć i	cert	hovas	eder	acident				
eath certifical attending phy mtal Hygiene 17, or other	CERTIFI	that initiated eventa resulting in death) LAS		DUE TO	OR AS A CONSEC	DUENCE O	F):								
that the deaded by the att	AL	PART II. Other algoritice	nt condition	contributing to	deeth but not r	esulting	in the un	deriyin	g cause giv	iven in P	Part 1. 24a. WAS AN PERFOR	RMED?	A	MAILABLE	PRIOR TO DN OF CAUSE
HECO equires the signed of Health		Hyperten	gian 7	GLA							_			P DEATH	2 NO
P	IAN	25. WAS CASE REFERRED TO	MEDICAL	n taction				26. PI	LACE OF DEA	ATH (Chec	ck only one)		_		
	PHYSICIAN:	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER		ne 5 🗆 Resi	idence 8	Other (Specify)				
NG PHYSI her mit of marked,	ВУ РН		Pending Investigation	26e. DATE Of (Month, I	F INJURY Day, Year)	28b. TIN	NE OF JURY M	WC	URY AT ORK? YES 2		28d. DESCRIBE HOW	NJURY OCCU	RED	1	
TENDI TENDI		3 Suicide 8 🔲	Could not be determined	28e. PLACE ( building	OF INJURY — At ho , etc. (Specify)	me, ferm,	street, fact	ory, offic	•		28t. LOCATION (Street City or Town, Stete)		Rural Rou	rte Numbe	PV,
2 22 =	1 2 1										o the cause(e) end ma			and menn	er en stated.
표 표 를 표	BE	296. SIGNATURE AND TITLE	-1		a mo				29c. LICEN			29d. DATE :			
223	10	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAL	ISE OF DEATH STEE	M 27 (7/2)	Print)	)	10/01	. 1.	MN	3		7	21 1
10		31. DATE FILED (Month, Day, MAR 1	1 1994	32. REGISTR	AR'S SIGNATURE	real	<del>)                                    </del>	-140	CHILLY	~,	HIND				

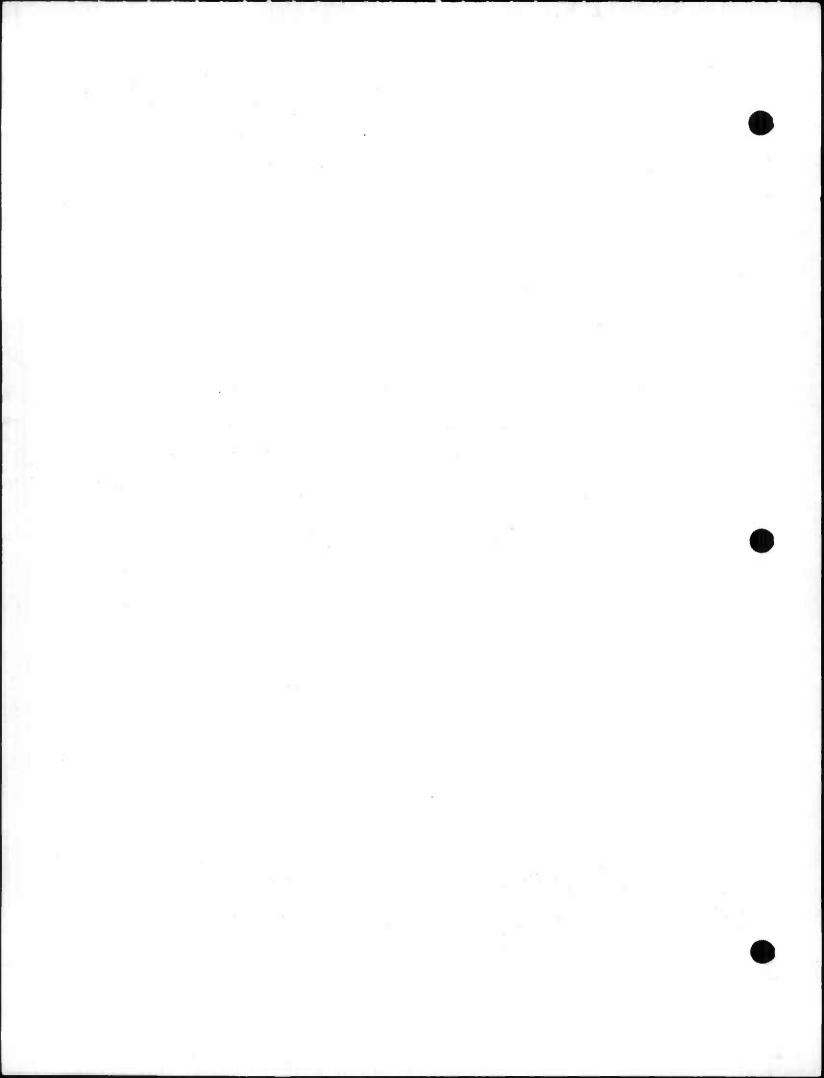


0	
8	
ŏ	
ib.	
-	
2	
2121	
-	
무	
Z	
⋖	
₹.	
~	
4	
=	
шĨ	
끮	
$\circ$	
$\leq$	
$\leq$	
$\vdash$	ĺ

P.O. BOX 68760, BAL

Ś	death	e atte
RECORD	W: The law requires that the death	are has been signed by the atte
DIVISION DE VITAL RECORDS, F	NG BASSIC	IIIs ber
DIVISI	O THE HOSPITAL OR ATTER	O THE FUNERAL DIRECTOR AND

		1 - STATE REGISTRAR	STATE OF N				OF HEALT		MENTAL HYGIEN	2 ~		17200
		1. DECEDENT'S NAME (First, Middle, Las	JOSEPH		CO	NTI			2. DATE OF DEATH MONTH DARCH 1	<b>0</b> ,1994	EAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER 1	YEAR IF UNI	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPL/ Country)	ACE (State or Foreign
plnods		053-16-8883 9s. FACILITY NAME (If not institution, given		74	rns.	9b. CITY, 1	OWN OR LOCA	ATION OF DE	SEPT.4,19	9c. COUNTY		TICUT
2, 3	TOR	6051 MAJORS LANE				(0)	LUMBIA			HOWARD		
ages 1,	несто	10s. STATE 10b. COU	NTY	_	10c. CIT	Y, TOWN OR	LOCATION					d. INSIDE CITY
permit. Pages	AL DIRI	MARYLAND HOWARD  106. STREET AND NUMBER				COLUMBIA 101, ZIP CODE					1 YES 2	
n. ansit pe	E	6051-1 MAJORS L	ANE					1045			S.A.	
ending physician, as the burlal-transit	BY FUN	11, MARITAL STATUS 1 Never Married 2 Merried 3 XVIdowed 4 Divorced		IT EVER IN U.S. AR YES 2 10 WARFOR DATES		11 1		uban, Maxics	IIC ORIGIN? (Specify Yen, Puerto Ricen, stc.)	s or No- 14.	RACE — Black, W Specify: WH	American Indien, //hits, stc.
for use	LETED	ts. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		(G	CEDENT'S ive kind of Do NOT u	USUAL OCC work done du se retired.)	UPATION ing most of wo	orking	16b. KIND OF BU	SINESS/INDUS	TRY	
be detached to	COMPLET	17. FATHER'S NAME (First, Middle, Last)		MAIN	TENA	NCE	18. M	OTHER'S NA	POSTAL  ME (First, Middle, Malden		₹	
retained by the hospiti 5 should be detached notified at once.	BE C	BAUTSTA CONT	I					RY	BATISTA	Surreme)		
rage o may be retained if director, page 5 should ner must be notified	5	199. INFORMANT'S NAME (Type/Print) BOB DEANGLIS	(NEPHE						COLUMBIA.			21045
ector, pa		20a. METHOD OF DISPOSITION  XX Burlel 2 Cremetion 3 R: 4 Donation 5 Other (Specify)	smoval from Stats	20b. PLACE / cemetery. cre ST. JC	AND DATE	OF DISPOSIT	ON (Name of IERY	3/14		CATION — CITY		
e funera		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
in by		shock, Dr heert fellui	or complications the e. List only one ceu	t caused the de use on each line	eth. Do	not enter ti	ne mode of	dying, suc	h as cardiac or resp	Iratory arrest		Approximats Interval Between
9 6 € 8 6 €		IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Meta	silvatia	Lu	ng Ca	nux					Onset and Deeth
8 8 - 9	z		- Liver	MULLY 4	WY 4 1 4	F): "						
cian a	CATION	Sequentially 11st conditions, 11 sny, leading to immediate ceuse. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE O	F):						
the attending physical Mental Hygiene pri	ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSEC	DUENCE O	F):						
. 9 - 3	CAL C	PART II. Other significent condit	one contributing to	deeth but not r	esulting	in the und	erlying ceus	e given in				ERE AUTOPSY FINDINGS
tate has been signed by the atlanta Dept. of Health and Mentallitem 23 shows any injury.	MEDI								PERFO		DF	AILABLE PRIOR TO MPLETION DF CAUSE F DEATH?  YES 2 NO
e has b te Dept.	HAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE OF	F DEATH (Ch	eck only one)			
Star	IYSICI	1 VES 2 NO		ER/Outpetlent 3					6 Other (Specify)			
ath with	ву рну	1 Natural 5 Pending 2 Accident Investigation		Pay, Year)		JURY M	Bc. INJURY AT WORK? 1 YES 2		28d. DESCRIBE HOW			
DIRECTO- hours after Item 28 II	ETED	3 Suicide 6 Could not 6 4 Homicide detarmined	building,	OF INJURY — At he etc. (Specify)	me, farm,	street, Isctor	y, offica		261. LOCATION (Street City or Town, State	and Number or	Rural Rout	» Number,
THE FUNERAL DIRE filed within 72 hours	COMPL								to the cause(s) and ma time, dats and place, as		suse(s) sr	nd manner as stated.
TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	296. SIGNATURE AND TITLE OF CERTIF	. Kowhele	iber			D	3 <i>85</i>	09	> mi	rich	onth, Day, Year) 10 19 94
5+		30. NAME AND ADDRESS OF PERSON NICHOLAS KOUTREI	AKOS M.D.	10632	M 27) (Type	Print)	TUXEN.	SI I PARI	JITE 424 WAY,COLUM	BIA, M	ARYL	AND 21044
		31. DATE FILED (Morith, Day, Year) MAR 11 19	94 Julia	Sinden R	لعمامه	L						



BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION DE JITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PROCESSARY: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the fube filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI CERTIFICA	NT OF HEALTH AND TE OF DEATH		HYGIENE 9	4 07201		
17	1. DECEDENT'S NAME (First, Middle, Last)	41/2			2. DATE OF	DEATH	3. TIME OF DEATH		
2.	Francis	CONN	ER		March	n 8, 1994	6:00 P M		
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	YDER 1 YEAR IF UNDER 24 HRS	7. DATE OF	BIRTH &	BIRTHPLACE (State or Foreign Country)			
ì	212-34-7302	1 🔀 M 2 🗌 F	82 YRS. MONT	HS DAYS HOURS MIN	Jan.	3T, 1912	Marvland		
	9e. FACILITY NAME (If not institution, give s	treet and number)	9b.	CITY, TOWN OR LOCATION OF	OEATH		Y OF DEATH		
DIRECTOR	Franklin Squ	lare Hospit	tal	Rossvil	le	Ba1	timore		
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	Y	10c, CITY, TO	VN OR LOCATION			10d. INSIDE CITY		
H	Md. H	Baltimore		Essex			LIMITS?		
	10e. STREET AND NUMBER			101. ZIP CODE		10e, CITIZE	EN OF WHAT COUNTRY?		
ER/	619 Middlese	ex Road		2	1221		USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECENDENT OF HIS			4. RACE — American Indian,		
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuben, Mer 1 TES 25 NO Sp	ilcan, Puerto Rica ecify:	nn, atc.)	Black, White, etc. Specify:		
							White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	one during most of working	16b, Kr	ND OF BUSINESS/INDUS	STRY		
片	Elementary/Secondary (0-12)	College (1-4 or 5+)	ine. Do NOT use real	pa.)					
M	17. FATHER'S NAME (First, Middle, Last)			18 MOTHER'S	NAME (FILM Adiato	fle, Maiden Sumeme)			
		William Cor	nner			zabeth W	/ i + +		
8	19e. INFORMANT'S NAME (Type/Print)	VIIII COI		RESS (Street and Number or Ru	-				
2	Thyra Kozlov	wski		Mace Ave.			,		
	20a. METHOO OF DISPOSITION	20b	PLACE AND DATE OF DIS		DATE	20c. LOCATION — CH			
- 1	1 Donation 6 Other (Specify)		netery, crematory or other pi	atory Inc.	3/0/0				
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	â	22. NAME AND ADDRESS OF	FACILITY				
	D R TULL	(0	01.	Connelly					
Ti	23. PART I. Enter the diseases, or o	complications that causer	d the death. Do not e	300 Mace	Ave. B	altimore	Md. 21221		
	shock, or haert fellure.	List anly one cause on e	ach ilna.	,,		o. respiratory arres	Interval Between Onset and Death		
	disease or condition Procured in								
		Pneumonia							
	resulting in death)	e. Pneumonia  DUE TO (OR AS A	A CONSEQUENCE OF):						
Z	resulting in death)	DUE TO (OR AS A	200000000000000000000000000000000000000	oulmonary dis	sease				
TION	resulting in death)  Sequentially list conditions, if any, leading to immediate	b. Chronic obs	200000000000000000000000000000000000000	oulmonary dis	ease				
ICATION	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A DUE TO (OR AS A	Structive particle of the structive of the structive of the structure of t	oulmonary dis	ease				
TIFICATION	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A DUE TO (OR AS A	structive p	oulmonary dis	sease				
CERTIFICATION	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A DUE TO (OR AS A	Structive particle of the structive of the structive of the structure of t	oulmonary dis	ease				
AL CERTIFICATION	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	STRUCTIVE TANGEMENT OF STRUCTURE OF STRUCTUR			ia. WAS AN AUTOPSY PERFORMEN?	24b. WERE AUTOPSY FINDINGS		
AL	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	STRUCTIVE TANGEMENT OF STRUCTURE OF STRUCTUR		in Part I. 24	Ia. WAS AN AUTOPSY PERFORMED?  YES 2- NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
AL	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	STRUCTIVE TANGEMENT OF STRUCTURE OF STRUCTUR		in Part I. 24	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
AL	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	STRUCTIVE TANGEMENT OF STRUCTURE OF STRUCTUR		in Part I. 24	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AL	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d.	STRUCTIVE TALL OF STRUCTURE OF	undarlying cause given	in Part I. 24	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AL	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	STRUCTIVE TA CONSEQUENCE OF):	undarlying cause given	in Part I. 24	PERFORMED?  ☐ YES 2√ NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A DUE TO (	STRUCTIVE TA CONSEQUENCE OF):	26. PLACE OF DEATH	in Part I. 24	PERFORMED?  ☐ YES 2√ NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d. DUE TO (OR AS A DUE TO (OR	STRUCTIVE TA CONSEQUENCE OF):  A CONSEQUENCE OF):  Put not resulting in the consequence of the consequence o	26. PLACE OF DEATH	in Part I. 24  1  (Check only one)  ce 6  Other (S  28d. DESCR	PERFORMED?  YES 2 NO  Pecify)  BE HOW INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d. DUE TO (OR AS A DUE TO (OR	STRUCTIVE TA CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the consequence of the consequence o	26. PLACE OF DEATH	in Part I. 24  1  (Check only one)  Ce 6 Other (S  28d. DESCR	PERFORMED?  ☐ YES 2√ NO  Decity)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS A DUE TO (OR AS	STRUCTIVE TA CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the constant of the co	26. PLACE OF DEATH TER: Nursing Home 5   Resident WORK? 1   YES 2   NO	in Part I. 24  1  (Check only one)  26 Other (S  26d. DESCR  281. LOCATIC City or 1	PERFORMED?  YES 2 NO  Pecify)  IBE HOW INJURY OCCU  ON (Street and Number or own, Stete)	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only 1 CERTIFYING PHYSI	DUE TO (OR AS A  b. Chronic obs DUE TO (OR AS A  c. DUE TO (OR AS A  d.  HOSPITAL: 1   Inpetient 2   EPUOUTP 28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spec	STRUCTIVE A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the country of the countr	26. PLACE OF DEATH TER: Nursing Home 5 Residen 26. INJURY AT WORK? 1 YES 2 NO factory, office	in Part I. 24  (Check only one)  Ce 6 Other (S  28d. DESCR  281. LOCATIC City or 1	PERFORMED?  YES 2 NO  Pecify)  IBE HOW INJURY OCCU  ON (Street and Number or own, Stete)	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation 3   Suicide 4   Homicide   Gould not be determined  29s. CERTIFIER (Check only orie) 2   MEDICAL EXAMINER	DUE TO (OR AS A  b. Chronic obs DUE TO (OR AS A  c.  DUE TO (OR AS A  d.  B. Contributing to death b  Contributing to death b  B. Contributing to death b  Contributing to death b  B. Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b  Contributing to death b	STRUCTIVE A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the country of the countr	26. PLACE OF DEATH  26. PLACE OF DEATH  4ER:  26. INJURY AT  WORK?  4 1 YES 2 NO  factory, office	in Part I. 24  1  (Check only one)  28 Other (S  28 LOCATII City or I	PERFORMED?  YES 2 NO  Pecify)  IBE HOW INJURY OCCU  ON (Street and Number or own, Stete)	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only 1 CERTIFYING PHYSI	DUE TO (OR AS A DUE TO (OR AS	STRUCTIVE A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the country of the countr	26. PLACE OF DEATH HER: 26. INJURY AT WORK? 4 1 YES 2 NO factory, office	in Part I. 24  1  (Check only one)  28 Other (S  281. LOCATII City or 7	PERFORMED?  YES 2 NO  Pecify)  IBE HOW INJURY OCCU  ON (Street and Number or own, Stete)  e) end menner as stated d place, end due to the insert and inser	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,  I. cause(e) and manner as stated,  SIGNED (Month, Day, Year)		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A DUE TO (OR AS	STRUCTIVE A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the country of the countr	26. PLACE OF DEATH  26. PLACE OF DEATH  4ER:  26. INJURY AT  WORK?  4 1 YES 2 NO  factory, office	in Part I. 24  1  (Check only one)  28 Other (S  281. LOCATII City or 7	PERFORMED?  YES 2 NO  Pecify)  IBE HOW INJURY OCCU  ON (Street and Number or own, Stete)  e) end menner as stated d place, end due to the insert and inser	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO  RED  Rural Route Number, I. cause(e) and manner se stated,		
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A DUE TO (OR AS	STRUCTIVE A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the country of the countr	26. PLACE OF DEATH HER: 26. PLACE OF DEATH WORK? 1  YES 2 NO factory, office	in Part I. 24  1  (Check only one)  26 Other (S)  28d. DESCR  28l. LOCATI City or 7  due to the cause( the time, date and	PERFORMED?  YES 2 NO  Pecily)  IBE HOW INJURY OCCU  ON (Street and Number or own, State)  a) end menner as stated d place, end due to the company of the com	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  PRED  Rural Route Number,  I. ceuse(e) and manner as stated.  SIGNED (Month, Day, Year) TCh 8, 1994		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A DUE TO (OR AS	Structive A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the country of the consequence of the country of t	26. PLACE OF DEATH HER: 26. PLACE OF DEATH WORK? 1  YES 2 NO factory, office	in Part I. 24  1  (Check only one)  26 Other (S)  28d. DESCR  28l. LOCATI City or 7  due to the cause( the time, date and	PERFORMED?  YES 2 NO  Pecily)  IBE HOW INJURY OCCU  ON (Street and Number or own, State)  a) end menner as stated d place, end due to the company of the com	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  PRED  Rural Route Number,  I. ceuse(e) and manner as stated.  SIGNED (Month, Day, Year) TCh 8, 1994		

THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filed within 72 hours after death with the State Deat, of Health and Mental Hydres prior to burial, cremation, or removal.	E SI
---	------

MAR II 1994

Physican D44

Physican D44

Physican D44

Physican D44

Physican D44

Physican D44

Physican D44

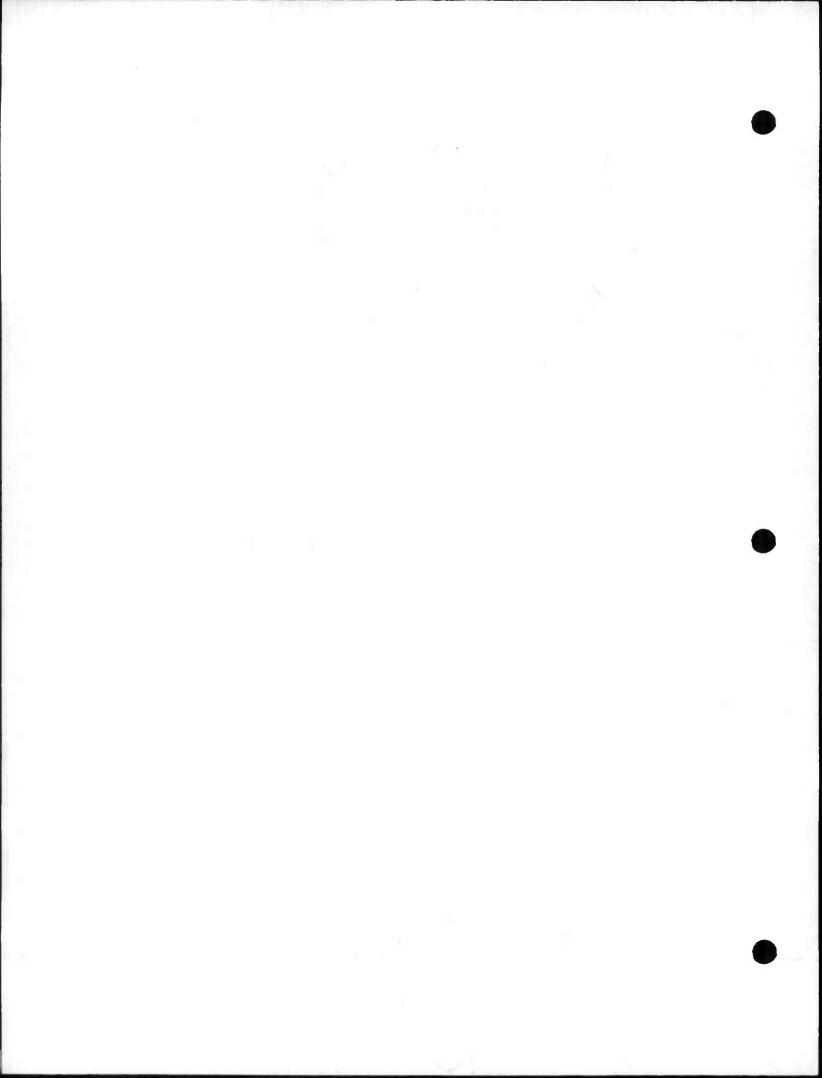
Physican D44

12. RECISTRATE SIGNATURE

4. SOCIAL SECURITY NUMBER  5. SEX  8. AGE (In 1/15. last birthday)  1 UNDER 1 YEAR IF UNDER 24 HRS.  7. DATE OF BIRTH (Month, Day, Year)  1 M 2 F  79  YRS.  1 MONTHS DAYS HOURS MIN.  1 - 0 7 -	DAY YEAR 3. TIME OF DEATH								
4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH (Month, Day, Year)  1	DAY YEAR								
215-16-0590 1 MM 2 F 79 YRS. MONTHS DAYS HOURS MIN. (Month, Day) Very	3 1994 1 P M								
9a. FACILITY NAME (If not institution, give atreet and number)  9b. CITY, TOWN OR LOCATION OF CEATH	9c. COUNTY OF DEATH								
Baltimore Baltimore									
Levindac   Baltimore	10d. INSIDE CITY LIMITS?								
	1 (Ves 2 No								
10. STREET AND NUMBER 5403 Price Avenue  11. MARITAL STATUS 1 Never Married 2 Married 11. Never Married 2 Married 11. Never Married 2 Married 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify II yes, specify Cuben, Markean, Puerto Rican, etc.) 1 YES 2 XXO Specify									
	White								
(Specify only highest grade completed)    College (1-4 or 5+)   Give kind of work done during most of working life. Do NOT use retired.)    Balting	nore City								
	tment of Education  on Surnamo)  Green								
9 Mrs. Helen Cohen 130 Slade Ave., # 418 Baltime	own, State, Zip Code) Dre ,MD 21208								
1127 Burlai 2 Commetton 3 Francy I from State Commettery, cremetory or other place)  4 Donatton 5 Other (Specify)  Bhai Israel  22. NAME AND ADDRESS OF FACILITY  Sol Levinson & Bros	.,Inc.								
23/PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each line.									
disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  CARDIORES PIRATORY ARESST  OUE TO (OR AS A CONSEQUENCE OF):  CHROWIC REIVAL FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.  24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 No  1 YES 2 NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  1 Pinpatient 2 ER/Outpetient 3 DOA  26. PLACE OF DEATH (Check only one)  OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  1 NJURY WORK?									
	W INJURY OCCURED								
2 Accident investigation 2 Accident investigation 28s. PLACE OF INJURY — At home form street feetons office.	et and Number or Rural Route Number, ite)								
4   Homicide  29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place,									
296. SIGNATURE AND TITLE OF CERTIFIER  Physican  29c. LICENSE NUMBER  D 44 617	29d, DATE SIGNED (Month, Day, Year)  3/3/9/4								

3

Ray him te

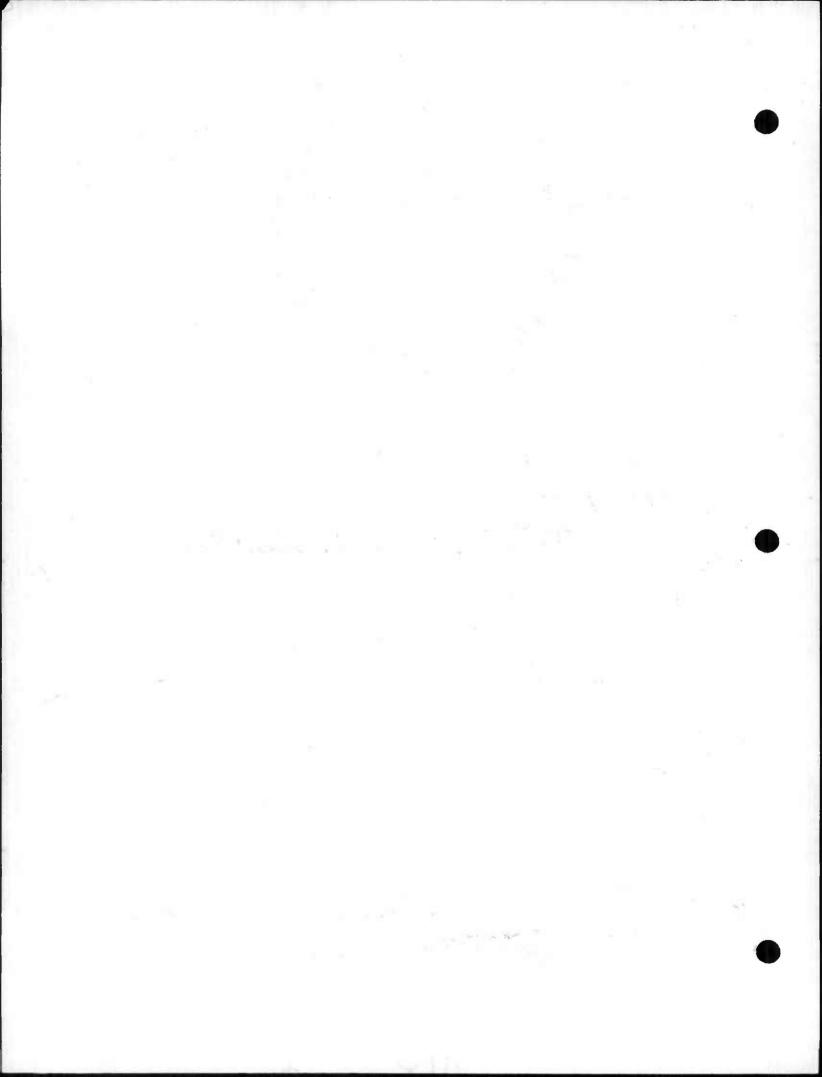


BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

4	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		YGIENE EG. NO.
ı	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF D	EATH

	REGISTRAR			HITTI	AIE	UF U	EAIN	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last	)						2. DATE OF DEAT MONTH	DAY	YEAR	3. TIME OF DEATH
	SYLVAN N 4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. les		FUNDER 1 Y	7	I MARTIN AL LINO	MARCH		994	9:10 A M
	216-44-3412	1 🗆 XM 2 🗀 F	87			_	UNDER 24 HRS.	7. DATE OF BIRTI (Month, Day, Ye SEPT.	ir)	Countr	IPLACE (State or Foreign y) XYLAND
œ	9e. FACILITY NAME (If not institution, give			9	b. CITY, TO	WN OR L	OCATION OF DE	ATH	9c. COL	JNTY OF D	EATH
ЕСТО	3905 CLARINTH RESIDENCE OF DECEDENT 100. STATE 100. COUN				BALT		RE				
DIR	MARYLAND 106. COUN			10c. CITY,		TIMO	RE				10d. INSIDE CITY LIMITS?  1 X YES 2 NO
ERAL	10e. STREET AND NUMBER					101. ZIP			10g. CIT	TIZEN OF V	VHAT COUNTRY?
N.	3905 CLARINTH RI	12. WAS DECEDENT	EVED IN II C AD	MED.	T 40 HM			215			USA
BY FUN	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WAI	YES 2 VA		If ye	s, specify	Cuben, Maxice NO Specify	IIC ORIGIN? (Specif n, Puerto Rican, etc //	y ten or No-	Speci	E — American Indian, k, White, etc. "y: WHITE
8	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	/G	CEOENT'S US	k done durir	PATION or most of	working	16b. KIND O	BUSINESS/IN	DUSTRY	
APLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	lite.	CARR]	etired.)		•	U.S	. POST	AL SE	ERVICE
COMPL	17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S NA	ME (First, Middle, Me	iden Surname)		
BE		APLAN		_				OLLY			
2	MR. LES CAPLAN		196	5226	RACC	OON	umber or Rural F	Route Number, City o	MD 210	45 Code)	
	20a. METHOD OF DISPOSITION 1 MBurlel 2 Cremetion 3 Red 4 Donetion 5 Other (Specify)	moval from State	cemetary, cre	MAD DATE OF matory or othe D RID	place)	N (Neme o		DATE 20	LOCATION —		
	21. SIGNATURE OF FUNERAL SERVICE L	/ 1 // //			22. NAR		DDRESS OF FA	CILITY			
	Motordaly L+	Stille	an					N & BROS RSTOWN R		TMORI	E,MD 21215
	23. PART I. Enter the pleeases, or ehock, or heart failure	complications that	caused the de	ath. Do not							Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	alher	N SELLING	tic (	and	1000	uccela	r Disc	au		Interval Between Onset and Death
CATION	Sequantially list conditions, if any, leading to immediate	b	OR AS A CONSEC	DUENCE OF):							
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	C									
RTIFI	thet initieted events resulting in desth) LAST	DUE TO (O	OR AS A CONSEC	DUENCE OF):							
8		d,									1
EDICAL	PART II. Other significent condition	ne contributing to d	eath but not r	eeulting in	the under	rlying ca	use given in	PE	S AN AUTOPSY REORMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ											1 UVES 2 NO.
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	THER:	6. PLACE	OF DEATH (Che	eck only one)			
HYS	YES 2 NO	1 Inpatient 2 I		DOA 4	☐ Nursing		V.	6 Other (Specify			
BY P	t Netural 5 Pending 2 Accident Investigation		( Year)	26b. TIME (	Y M 1		2 NO	26d. OEŞCRIBE H	OW INJURY OC	CURED	
ED	3 Suicide 6 Could not be 4 Homicide detarmined	26e, PLACE OF building, et	INJURY — At ho ic. (Specify)	me, farm, stre	et, factory,	office		26f. LOCATION (Si City or Town, S		or or Rural F	loute Number,
MPLE		SICIAN: To the best of m									
COM	29b. SIGNATURE AND TITLE OF CERTIFI	IER: On the basis of axa	with and of I	vengeron,	my opini						
8	No.	1-11	A a				C.M.				(Month. Day. Year) 03,1994
유	30. NAME AND ADDRESS OF PERSON	COMPLETEO CAUSE									
	31. DATE FILEO (Month, Day, Year)	- 82 REGISTRAR		Penr	St	reet	, Bal	timore	Mary	ylan	d 21201
	MAR 11 1994	4.5	-6								

DHMH-16 Rev 1/89



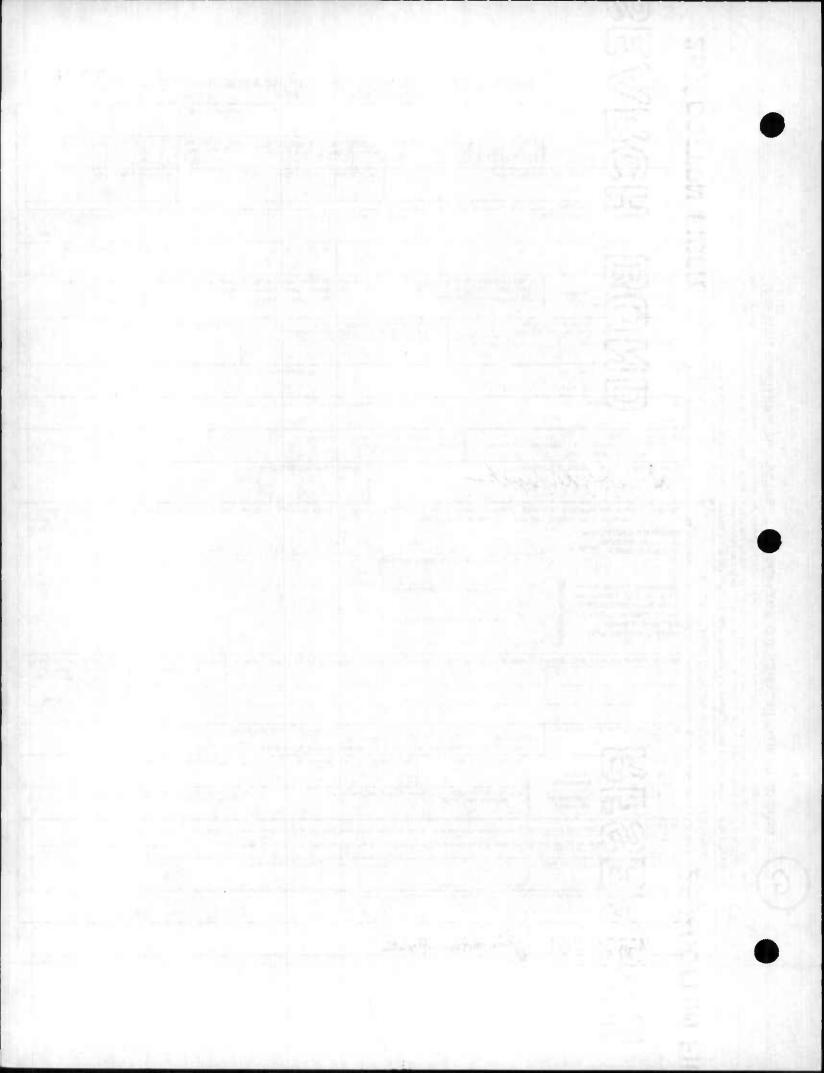
Χ

0
9
92
-
w
X 68760
×
BOX
0
m
_
-
, P.O
٠.
0
_
- 01
S
0
00
=
0
1
U
111
-
•
-
-
a
-
_
>
L
_
OF VITAL RECORDS,
7
=
O
_
VISION
='
-
COLUMN TO SERVICE STATE OF THE PERSON STATE OF

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	I THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the . De filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO CONTRACT OF THE PROPERTY OF THE CONTRACT OF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME	NT OF HEALTH AND TE OF DEATH		HYGIENE 9 4	07204
1. OECEOENT'S NAME (First, Middle, La ALMA TALIAF		CRIPPS		2. DATE OF MONTH MARCH	DAY	7:00 a N
4. SOCIAL SECURITY NUMBER 219-30-2989	1 □ M 2 XXF 61	yrs. lest birthday) IF U	IDER 1 YEAR IF UNDER 24 HRS. HIS DAYS HOURS MIN.	7 DATE OF		BIRTHPLACE (State or Foreign Country) Virginia
90. FACILITY NAME (If not institution, git 1714 Bolton Street		9b. 6	Baltimore	DEATH	9c. COUNT	Y OF OEATH
Maryland		10c. CITY, TOV	M OR LOCATION Baltimore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1714 Bolton S	Street		101. ZIP COOE 21217		10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 (X) Married  3 Widowed 4 Divorced	12. WAS OECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 X_/NR	13. WAS OCCENOENT OF NISP If yes, specify Cuban, Maxi- 1 YES 2 X NO Specify	can, Puerto Rica		Black, White, atc.  Specify:  White
15. OECEOENT'S E (Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	16a, OECEOENT'S USUA (Give kind of work of life. Do NOT use ratin	one during most of working	16b. KII	NO OF BUSINESS/INDUS	
	5+	Teache	r		Privat	ce School
17. FATHER'S NAME (First, Middle, Last)	Taliaform				fle, Meiden Sumame)	FL11-2011.0
Harry Gardner	Idiidieiio	104 1141 115 45	AIM:	Richa		
Thomas Cripps			Iton Street i			
20a, METHOO OF DISPOSITION 1 Burlal 2 XIXCremetion 3 R	20b.	PLACE AND DATE OF DIS		OATE	20c. LOCATION CH	
4 Dongton 5 Other (Specify) 21. Sugneturie OF Funerial Service			22. NAME AND ADDRESS OF I	4itchel	l-Wiedefel	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):	Carcino	ma		lyea
PART II. Other algolificant condit	one contributing to death be	at not resulting in the	underlying cause given i		e. WAS AN AUTOPSY PERFORMEO? YES 2 \( \triangle \) NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEATH (C	Check only one)		
1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe		HER: Nursing Home 5 Residence	6 Other (S	pecify)	
27. MANNER OF OEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. OESCR	BE HOW INJURY OCCU	REO
3 Suicide 6 Could not 4 Homicide determined	Dill building, etc. (Speci	— At home, farm, street,	fectory, office		ON (Street end Number or own, State)	Rural Route Number,
0001 —	YSICIAN: To the bast of my knowle INERy On the basis of examination					
296. BIGNATURE AND TITLE OF CERTY	4 1		29c. LICENSE N	UMBER	29d. DATE S	BIGNEO (Month, Day, Year)
Herbert !	turne 10	- mo	D428	369	<b>&gt;</b> 3	3-8-94
30. NAME AND ADDRESS OF PERSON Herbert Hora	vitz mo	Johns Hept	ins Oncolos	y Cent	les Balt	inione in
MAR 1 1 199	32. BEGISTRAR'S SIGNI	- Randest			,	



30	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM FRA	ANCIS	COF	FEY .	JR.	2. DATE (	Mar 1018	994 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-16-8725		E (In yrs. lest birthday)  58 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE C		8. Bif	ATHPLACE (State or Foreign unity) aryland
OR	Saint Joseph Hos				wson, Mar		90.	COUNTY OF	T DEATH TITTOPO
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  Maryland  Balt	imore	10e, CIT	Baltim					10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER 8503 Wendell	Ave.			101. ZIP CODE 21234		10g	U.S.	F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	8 2 NO	If yes,	ECENDENT OF NISPA specify Cuban, Mexic ES 2 NO Speci	an, Puerto R		81	ACE — American Indian, leck, White, atc. Decity: Whit
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)			s usual occupa work done during ree retired.) Superv	most of working		& P. Te		
COMP	17. FATNER'S NAME (First, Middle, Leet) William Franci	2		-	18. MOTNER'S NA	AME (First, M	liddle, Melden Sumer Clizabeth	me)	rt <b>i</b> n
TO BE	19s. INFORMANT'S NAME (Type/Print) William F. Coffe	y III			ke Ave.,				nd 21206
			0b. PLACE AND DATE (	OF DISPOSITION	(Name of	DATE	20c. LOCATIO	N — City or	Town, Stata
	► Wallace 23. PART I. Enter the disease, or	untel 2 Cremetion 3 Removal from State onetion 5 Ofther (Specify) Parkwood Cemetery 3-14-94 Parkville, Maryland  22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204  ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, interval Between Onset and Daath se or condition.  DIATE CAUSE (Finel se or conditions) Ing in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):							
	► Wallace 23. PART I. Enter the disease, or	Complications that cause on List only one cause on a. ACUTE MY DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d.	OCARDIAL  A CONSEQUENCE OF  A CONSEQUENCE OF	Ruck 1.050 not anter the r	Towson F York Roa node of dying, suc	unera	wson. Ma	211 y erreet,	Approximate interval Bett Oneet and E 20 DY
AN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions.	Complications that cause on List only one cause on a. ACUTE MY DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d.	OCARDIAL  A CONSEQUENCE OF  A CONSEQUENCE OF	Ruck 1.050 not anter the r	Towson F York Roa node of dying, suc  TION	unera d. To ch ea cerdi	24a. WAS AN AUTO PERFORMEDT	3 21' y erreet,	Approximate Interval Betw Onset and D
MEDICAL	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Complications that cause on List only one cause on a. ACUTE MY DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d.	each line.  OCARDIAL  A CONSEQUENCE OF  A CONSEQUENCE OF  B A CONSEQUENCE OF  B A CONSEQUENCE OF	Ruck 1050 not anter the r INFARC  Fig.  In the underly  28.  OTHER:	Towson F York Roa node of dying, suc	unera d. To sh as cerdi	24a. WAS AN AUTO PERFORMED? 1 □ YES 2	3 21' y erreet,	Approximate interval Betwoen and D 20 DY:
PHYSICIAN: MEDICAL	23. PART I. Enter tha disessea, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions in death and conditions in death and conditions in the initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATN  1 Seletural 5 Pending	Complications that cause on List only discusse on a. ACUTE MY DUE TO (OR AS DUE TO (OR	each line.  OCARDIAL  A CONSEQUENCE OF A CONSEQUENCE OF BA CONSEQU	Ruck 1050 not anter the r  INFARC  F):  OTHER: 4   Nursing H  AE OF 28c. 130HY	TOWSON F YORK ROA node of dying, suc TION  Ing cause given in	unera d. To sh as cerdi	24a. WAS AN AUTO PERFORMED? 1 □ YES 2	y erreet,	Approximate interval Bett Oneet and E 20 DY.  20 DY.  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter tha diseesea, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other eignificant conditions of the conditions	Complications that cause on List only discusse on Due to (or As Due to (	each line.  OCARDIAL  A CONSEQUENCE OF A CONSEQUENCE OF BA CONSEQU	Ruck 1050 not anter the r  INFARC  F):  In the underly  28.  OTHER: 44   Nursing H  AE OF JURY M  1	TOWSON F YORK ROA node of dying, aud  TION  Ing cause given in  PLACE DF DEATN (C ome 5   Residence NJURY AT WORK?   YES 2   NO	unera d. To ch as cerdi Part I. heck only one 6  Other 28d. DE84	24a. WAS AN AUTO PERFORMED? 1 YES 2	y erreet,	Approximate interval Bat Oneet and I 20 DY  20 DY  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 YES 2 100
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter tha diseesea, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Actural 5 Pending investigation 3 Suicide 8 Could not be determined	Complications that cause on List only done cause on a. ACUTE MY DUE TO (OR AS DUE TO (	DCARDIAL A CONSEQUENCE OF A CONSEQUENCE OF B A CONS	Ruck 1050 not anter the r  INFARC  INF	TOWSON F YO'K ROA node of dying, suc TION  Ing cause given in PLACE DF DEATN (C) ome 5   Residence NUJURY AT WORK? YES 2   NO Hice	Part I.  Part I.  Pack only one  \$ \( \)  Other  28d. DESt.  28f. LOCA.	24a. WAS AN AUTO PERFORMED?  1 YES 2  (Specify)  CRISE HOW INJURY  TION (Street and Nur Yourn, Stele)	y erreet,  PPSY 2  O CCURED  Imber or Run  e stated.	Approximate interval Bett Onset end E 20 DY:  20 DY:  20 DY:  24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 DIO  21 Route Number,
BY PHYSICIAN: MEDICAL	23. PART I. Enter tha diseesea, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Actural 5 Pending investigation 3 Suicide 8 Could not be determined	Complications that cause.  List only Dna cause on  a. ACUTE MY  DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DU	DCARDIAL A CONSEQUENCE OF A CONSEQUENCE OF B A CONS	Ruck 1050 not anter the r  INFARC  INF	TOWSON F YO'K ROA node of dying, suc TION  Ing cause given in PLACE DF DEATN (C) ome 5   Residence NUJURY AT WORK? YES 2   NO Hice	Part I.  Part I.  Pack only one  5 Other  28d. DE\$d.	24a, WAS AN AUTO PERFORMED? 1 YES 2  (Specify)  CRISE HOW INJURY  TION (Street and No. 17 Town, State)	y erreet,  y erreet,  y erreet,  o ccureo  r occureo  imber or Run  bate signed.  to the caus	Approximate interval Bett Onset end E 20 DY:  20 DY:  20 DY:  24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 DIO  21 Route Number,

Saint Joseph Hought Townson, Manyand Bellings MOTORARM LAIDRADOVM STUDA PRANCIS T XHOO NO TERS YORK AD, TOWEON NO TROL

AND 21215-0020	
MARYLAND	the second has and all the other framework and the second
BALTIMORE,	the state of the state of

DIVISION OF VITAL RECORDS, P.O. BOX 68760

AND THE COMPLETED BY CINEDAN	TO BE COMPLETED BY DHYSICIAN. MEDICAL CEDTIFICATION
examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for use as the burial-transit permit. Pag	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page
death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death, Page 6 may be retained by the hospital or attending physician.

	STATE REGISTRAR		SIAIL OF I	MANT LA	CEF	RTIFICA	TE O	F DEA	TH	MENTAL HYGIEN REG. NO		94	07206
1. DE	CEOENT'S NAME (First,									2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	Howard C									March 7,	199	94	11:40 A. M
	CIAL SECURITY NUMB		5. SEX		n yrs. last bi	MON	INDER 1 YEAR	_	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI Count	IPLACE (State or Foreign ry)
1	13-16-054		1XXM 2 □ F		72	YRS.				April 7,19			yland
	ACILITY NAME (If not in			•		9b.		OR LOCAT		EATH	1	NTY OF C	
BES	allston G	eneral	Hospita	1			Fa	11st	on		t	larfo	ord
10a. S	STATE	10b. COUNTY				IOc. CITY, TO	WN OR LO	CATION					10d. INSIDE CITY
Ma	ryland	Ha	rford				Be:	Air					LIMITS?
10e. S	STREET AND NUMBER							101. ZIP COC	Œ		10g. CIT	IZEN OF	WHAT COUNTRY?
	17 Fores	t Driv	e					2	21014	4		U.S	.A.
	ARITAL STATUS	167 197	12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARME	0				NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No	14. RACI	E — American Indian, k, White, atc.
	Never Married 2 🔀 Widowed 4 🗌 Divo		IF YES, GIVE W					ES 2 📉 NO				Spec	White
	15. OEC (Specify only	DENT'S EDUC highest grade	completed)		(Give	kind of work of	lone during	TION most of work	ing	16b. KIND OF BU	SINESS/IN	OUSTRY	
Ek	ementary/Secondary (0 N/A	-12)	College (1-4 or 5 or N/A	+)		F ADM		'RATOF	2	MARTIN	MAR	IETT	Α
19	THER'S NAME (First, M									ME (First, Middle, Maiden			
	Howard C.		er, Sr.					Ly	dia	Marie Whit	ely		
	NFORMANT'S NAME (7)									Route Number, City or Tow	n, State, Zip	code)	
-	Mary Joan		er (wife	e)	1	7 For	est I	rive,	Be1	Air, MD	2101	4	
1 LX E	METHOD OF DISPOSITI Burial 2 Crematio Donation 5 Other	n 3 🗌 Ramo	oval from Stata	ceme	PLACE AND	tory or other pieces	POSITION	Name of	,	1 1	cation —		wn, stata Maryland
_	GNATURE OF FUNERAL		ENSEE /		. 00	Jepii i	22. NAME	AND ADORE	SS OF FA	CILITY			Maryland
	MA	1/4					Sch 970	imune 5 Bel	k Fu air	neral Home Rd., Balti	s, I	nc.	21236
23. F	PART I. Enter the di	seasea, or c	omplications the	t ceused	the deet	n. Do not e				h as cerdiac or resp			Approximate
	EDIATE CAUSE (Fin					14		1	/	7 7 0		-	Interval Between Onset and Death
	ase or condition	<b>+</b> ,	HCU	ite	. /	hyo	CAI	rdi.	al	Infa	rc	lu	2
			DUE TO	(DR AS A	CONSEQUI	ENCE OF:							
Segu	uentielly list conditi	ona C	. H	20	V	D.							10years.
	ry, leading to immedia. Enter UNDERLYI	liate	DUE TO	(OR AS A	CONSEQUE	ENCE OF):							Jago.
	SE (Disease or Inju		DUE TO	(OR AS A	CONSEQUE	NCF OF							· ()
CAUS	initiated events	г											İ
CAUS CAUS that	iting in beatily LAS												
CAUS CAUS that resul						ulting in th	e underly	ing ceuse	given in	Part i. 24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
CAUS CAUS that resul	T II. Other eignifice	nt condition:	contributing to	deeth bu	At HOLIES	aung m ur							COMPLETION OF CAUSE OF DEATH?
CAUS CAUS that resul		nt condition	contributing to	deeth bu	zi not res					1 _ YES 2	NO		
CAUS CAUS that resul		nt condition	contributing to	deeth bu	A mot res					1 _ YES 2	NO		1 _ YES 2 _ NO
Caus CAUs that resul	T II. Other elgnifice		contributing to	deeth bu	A HOL 183					1 □ YES 2	NO		1 WES 2 NO
Caus CAUS that resul	T II. Other eignifice  AS CASE REFERREO TO XAMINER?		HOSPITAL:			ОТ		PLACE OF (	DEATH (Ch	1  YES 2	NO		1 YES 2 NO
Caus CAUs that resul	T II. Other eignifice  AS CASE REFERRED TO XAMINER?  YES 2 10 NO		HOSPITAL:	<b>FER/Outper</b>	itlant 3 🗆	DOA 4	HER: Nursing H	ome 5 🗆 R		_	NO		1 YES 2 NO
CAUS that result PART	AS CASE REFERRED TO XAMINER?  YES 2. NO  ANNER OF DEATH		HOSPITAL:	PER/Outpar	itlant 3 🗆	DOA 4 DOA 186. TIME OF INJURY	HER: Nursing H		asidenca	eck only one)		CUREO	1 YES 2 NO

29d. SIGNATURE AND TITLE OF CERTIFIER

29d. OATE SIGNED (Month, Day, Year)

29d. LICENSE NUMBER

29d. OATE SIGNED (Month, Day, Year)

29d. OATE SIGNED (Month, Day, Year)

29d. OATE SIGNED (Month, Day, Year)

29d. OATE SIGNED (Month, Day, Year)

29d. OATE SIGNED (Month, Day, Year)

29d. OATE SIGNED (Month, Day, Year)

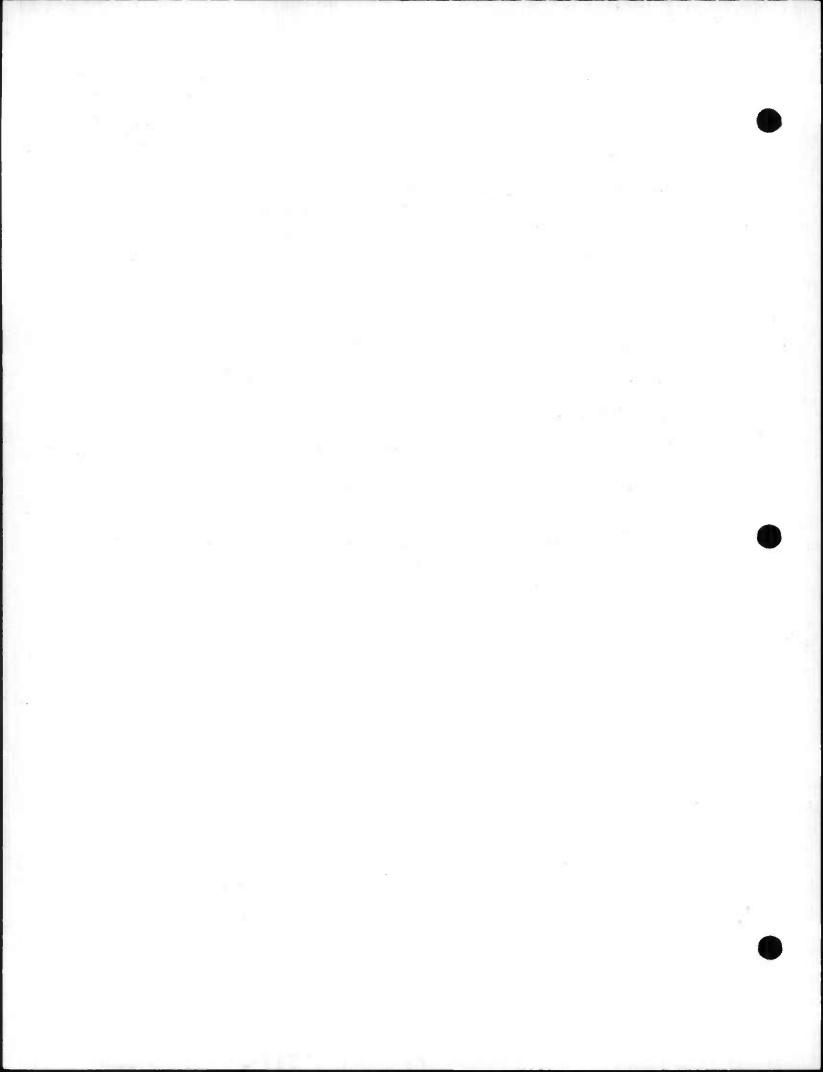
29d. OATE SIGNED (Month, Day, Year)

29d. OATE SIGNED (Month, Day, Year)

29d. OATE SIGNED (Month, Day, Year)

29d. OATE SIGNED (Month, Day, Year)

29d. OATE SIGNED (Month, Day, Year)



mit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760  THE HIGH OR ATTENDIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  O THE TIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPORTANT: If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Pa E

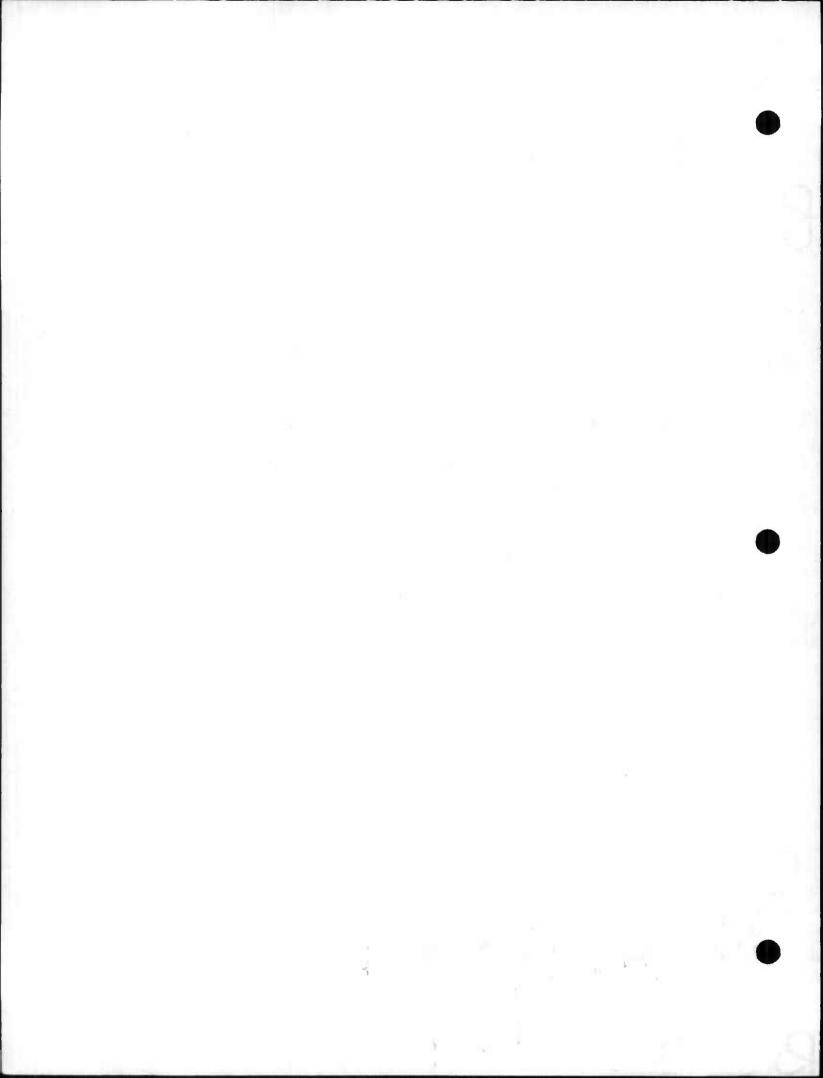
1. DECEDENT'S NAME (Firs	el Miriria i set)			ERIII	ICATE OF	DEATH	Ι.,	REG. NO.		94	
PERRY		UTTON	JR	,				NONTH DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM			B. AGE (In yrs. I	_	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7.0	DATE OF BIRTH		4 PIDTA	IPLACE (State or Foreign
218 01 18	324	M 2 🗆 F	75	YRS.	MONTHS DAYS	HOURS MIN.	(1	Month, Day, Year)	.8	Count	
9e. FACILITY NAME (If not					9b. CITY, TOWN	OR LOCATION OF I	DEATH		9c. COU	INTY OF D	EATH
GOOD SAMA		HOSPITAL			BALT	IMORE				N/A	
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN DR LOCA	TION					10d. INSIDE CITY LIMITS?
MD		N/A		] ]	BALTIMOR	Œ					1 X YES 2 ND
10e. STREET AND NUMBER	R				10	H. ZIP COOE			10g. CIT	IZEN OF Y	WHAT COUNTRY?
6222 CATAL	PHA RO	AD				21214				U.S.	.A.
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 X Div	_	12. WAS DECEDENT FORCES? 1	XYES 2	NO	If yes, a	CENDENT DF HISP/ pecify Cuban, Mexic S 2 X ND Spec	an, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No —	14. RACI Black Spec	
15, DE	CEDENT'S EDU	CATION			USUAL OCCUPATI			16b. KIND OF BUS	SINESS/INI	DUSTRY	BLACK
(Specify or Elementary/Secondary	nly highest grade (0-12)	College (1-4 or 5+)	H	fe. Do NOT u			İ	V3/7, TV (11)			
5TH		N/A	LA	BOREF	R on STE	EL SIDE	ļ	SPARROW	S PO	INT	
17. FATHER'S NAME (First,	Middle, Last)					16. MOTHER'S N	AME (F	First, Middle, Meiden	Sumame)		
PERRY	DUTTO	N, SR.				MZ	ARY				
19a. INFORMANT'S NAME	(Type/Print)		-1	96. MAILING	ADDRESS (Street	and Number or Rura	/ Route	Number, City or Town	n, State, Zij	p Code)	
DONITA GARD	NER DU	TTON WOODI	LEY 6	5222	CATALPHA	ROAD/BA	LT	IMORE, MI	D 21:	214	
20a. METHOD OF DISPOSI											
1 Surial 2 Cremet 4 Donation 5 Other	ion 3 🗆 Rem	oval from State	cemelery, c	rematory or o			1			City or To	
1 N Buriel 2 - Cremet	lon 3 🗆 Rem er (Specify)		cemelery, c	rematory or o	FOREST V		]	OM.			CS, MD
1 Burial 2 Cremet 4 Donation 5 Othe	lon 3 🗆 Rem er (Specify)		cemelery, c	rematory or o	FOREST V	A, CFM.	ACILITY	OM.	INGS	MILI	LS, MD
1 Burlel 2 Cremet 4 Donation 5 Oth 21. SIGNATURE OF FUNER	er (Specify)	CENSEE	GARR	rematory or o	FOREST V 22. NAME A	MARCH F.	ACILITY	/1101 E.	INGS NOR	LIIM 'A HI	LS, MD VENUE
1 N Burlel 2 Cremet 4 Donation 5 Othe 21. SIGNATURE OF FUNER 23. PART I. Enter the	Iton 3 - Reminer (Specify)  AL SERVICE Life  diseases, or haart failura.	CENSEE	GARR	ISON	PORFST V 22. NAME A WM . C .	MARCH F.	ACILITY	/1101 E.	INGS NOR	LIIM 'A HI	LS, MD
1 N Burlel 2 Cremet 4 Donation 5 Oth 21. SIGNATURE OF FUNER 23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition	diseases, or heart failura.	complications that List only one caus	GARR	death. Do death.	Pinetrolece) FOREST 22. NAME A WM - C -	MARCH F.	ACILITY	/1101 E.	INGS NOR	LIIM 'A HI	VENUE  Approximate interval Between
1 N Buriel 2 Cremet 4 Donation 5 Oth 21. SIGNATURE OF FUNER 23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or injuries) that initiated events	diseases, or heart failura.	CENSEE  Complications that List only one cause  DUE TO (C	caused the da on each lip	death. Do death. Do death. Do death. Do death. Do death. Do death.	POREST V 22. NAME A WM - C -	MARCH F.	ACRITY Ch as	/1101 E. cardiac or reaping	NOR!	MILI TH A	VENUE  Approximate interval Between
1 N Buriel 2 Gremet 4 Donation 5 Oth 21. SIGNATURE OF FUNER 23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or in that initiated avents resulting in death) LA	diseases, or heart failura.  ditions, ediata find ury ST	CENSEE  Complications that List only one cause  DUE TO (C	caused the da on each lip	death. Do death.	Pincher place) FOREST 22. NAME A WM - C - not enter tha m  In tha underlyin  26. F	MARCH F. ode of dying, au	h. H. ACILITY	/1101 E. cardiac or reaping  I. 24a. WAS AN PERFOR 1 YES 2	NOR!	MILI TH A	Approximate Interval Betwee Onset and Decons
1 N Buriel 2 Gremet 4 Donation 5 Othe 21. SIGNATURE OF FUNER 23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list condition in the shock of the shock, or Immediate in the shock, or Immediate in the shock, or Immediate in the shock, or Immediate in the shock, or Immediate in the shock, or Immediate in the shock, or Immediate in the shock, or Immediate in the shock of the sho	diseases, or heart failura.  ditions, ediata find ury ST	DUE TO (C. DUE TO (C.	caused the da on each lip  OR AS A CONSI  laath but not  ER/Oulpstlant NJURY , 'Year')	Jeath. Do da.	In the underlying the place of	MARCH F. ode of dying, au  rig causa given in  PLACE DF DEATH (Come 5   Rasidence UNIVERS 2   ND	h. H. ACILITY	/1101 E. cardiac or reaping  I. 24a. WAS AN PERFOR 1 YES 2	NOR!	MILITH AV	Approximate Interval Betwee Onset and Decons
1 N Buriel 2 Cremet 4 Donation 5 Othe 21. SIGNATURE OF FUNER 23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  PART II. Other significations of the condition of the condit	AL SERVICE LI diseases, or heart failure. intions, ediate find ury ST TO MEOICAL Pending investigation	DUE TO (C. DUE TO (C.	caused the da on each lip on AS A CONSI leath but not ER/Outpetlant NJURY (, 'ber)	Jeath. Do da.	Pilither place)  TOREST  22. NAME A  WM. C.  not enter tha m  Till  In tha underlyin  26. F  OTHER: 4   Nursing Hoi  WH   WH   WH    WH   WH   WH    WH   WH	MARCH F. ode of dying, au  rig causa given in  PLACE DF DEATH (Come 5   Rasidence UNIVERS 2   ND	n Part	/1101 E. cardiac or reaping  I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MEON NO NAJURY OC	MILI TH A	Approximate interval Betwee Onset and Deal Onset an

32 REGISTRAR'S SIGNATURE
Julia Savidson Rondoll

31. DATE FILEO (Month, Day, Year)

MAD 1 1 1994

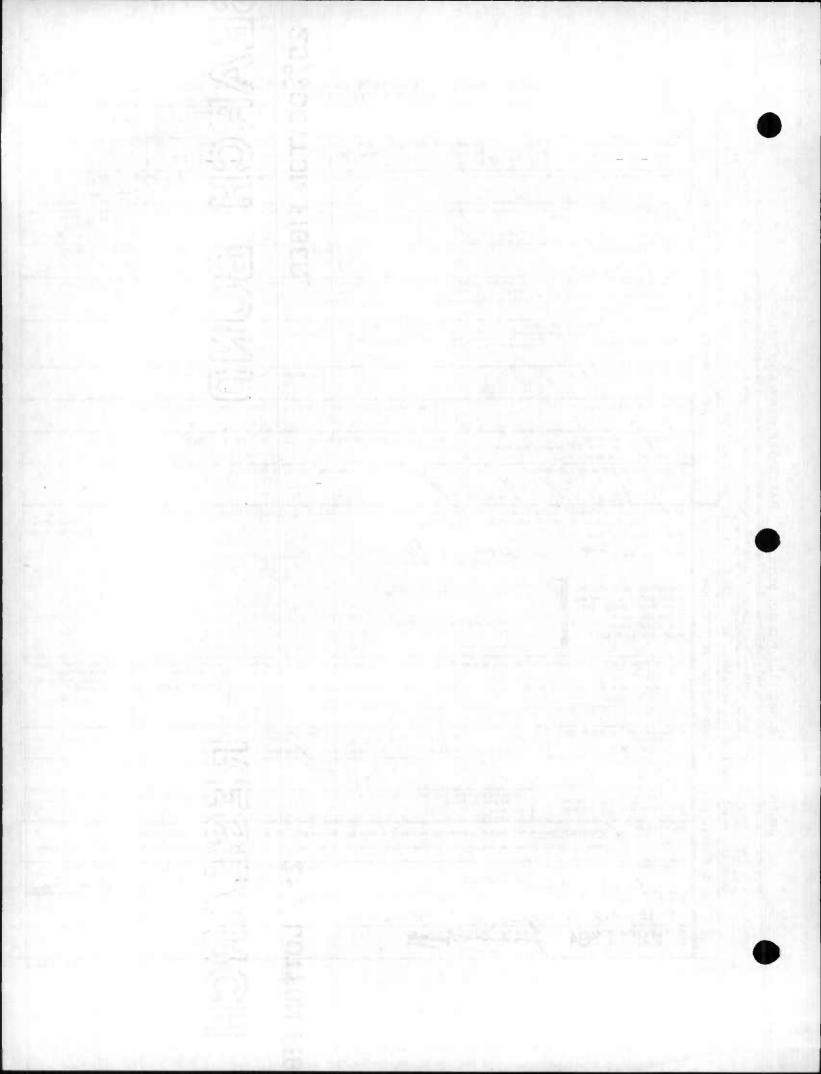
DHMH-16 Rev 1/89



FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last)					A DATE OF DE	ATM	
	I. DECEDENT & NAME (1931, MICCO), CEST	Elaine	Ruth	Dolch		2. DATE OF DE MONTH		3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER 21 5 to 1 4 to 0 2 0 3	5. SEX 1 M 2 XF	AGE (In yrs. lest birthday 76 YRS.	MONTHS DAYS		7. DATE OF BIR (Month, Day, 3++1 5++	(TH 8. Year)	BIRTHPLACE (State or 1 Country) Maryland
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
ECTOR	2904 Dunmury	Road		Du	ındalk		Bo	altimore
DIMEC	10a. STATE 10b. COUNT	Baltimor		ITY, TOWN OR LOC		undalk		10d. INSIDE CIT LIMITS? 1 YES 2 X
AL	10s. STREET AND NUMBER				101. ZIP CODE	arraideic	10g. CITIZEN	OF WHAT COUNTRY?
LONEH	2904 Dunmurry					21222		ited State
à	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 0 NO Speci	an, Puerto Rican, a		RACE — American Ind Black, White, atc. Specify:
3	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)		'S USUAL OCCUPA'		16b. KIND	OF BUSINESS/INDUST	TRY
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)		72.		
COMPLE	6th Grade  17. FATHER'S NAME (First, Middle, Last)		Was	tress	Las Meriumio M		estaurant	
2	Milton Wehr					AME (First, Middle,		
a	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IO ADDRESS (Stree		E. O CO	ON TOWN, State, Zip Co.	de)
2	Joseph Sigai						aryland	
	20g, METHOD OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOSITION			28c. LOCATION — City	
	1 🖾 Buriat 2 🗆 Cremation 3 🗆 Rer 4 🗆 Donation 5 🗆 Other (Specify)	novet from State	cemetery, cremetory or	other place) 1 Comoto	ru 3/8/	11994	Raltima	re, Maryl
1	21. SIGNATURE OF FUNERAL BERVICE L	ICENSEE /	//	22. NAME	AND ADDRESS OF F	ACILITY		
	23. PART I. Enter the diseases, or	FX	1					ındalk, In
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Severe	coro					Interval E Onset an
ALION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	AS A CONSEQUENCE					Interval I
EHIIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	bDUE TO (OR		OF):				Interval I
2	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (OR CDUE TO (OR	AS A CONSEQUENCE	OF):	Ing cause given in	Part I. 24a, 1	AAS AN AUTOPSY	Onset an
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR CDUE TO (OR d	AS A CONSEQUENCE	OF):	ing cause given in	F	MAS AN AUTOPSY PERFORMED? YES 2 NO	Interval I
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR CDUE TO (OR d	AS A CONSEQUENCE	OF): OF): g in the underlyi		_   10	PERFORMED?	24b. WERE AUTOPSY AWALABLE PRIOR COMPLETION OF OF DEATN?
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.	b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE  AS A CONSEQUENCE  with but not resulting	OF):  OF):  g in the underly!  26.  OTHER:	PLACE OF DEATN (C	1 []	PERFORMED? YES 2 100	24b. WERE AUTOPSY AWALABLE PRIOR COMPLETION OF OF DEATN?
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	b. DUE TO (OR  c. DUE TO (OR  d	AS A CONSEQUENCE  AS A CONSEQUENCE  with but not resulting	OF):  OF):  OF):  26. OTHER: 4   Nursing H:	PLACE OF DEATN (Come 5 Presidence	heck only one)  6 Other (Speci	PERFORMED? VES 2 ☐ NO	24b. WERE AUTOPSY AWAILABLE PRIOR COMPLETION OF OF DEATN? 1 YES 2
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERBED TO MEDICAL EXAMINER?  1 YES 2 W NO  27. MANNER OF DEATN  1 Natural 5 Pending	b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE  AS A CONSEQUENCE  with but not resulting	OF):  OF):  26.  OTHER: 4   Nursing Ht	PLACE OF DEATH (C	heck only one)  6 Other (Speci	PERFORMED? YES 2 100	24b. WERE AUTOPSY AWAILABLE PRIOR COMPLETION OF OF DEATN? 1 YES 2
LED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERBED TO MEDICAL EXAMINER?  1  YES 2 M NO  27. MANNER OF DEATN	b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE  AS A CONSEQUENCE  with but not resulting  thought a but	OF):  OF):  26.  OTHER: 4   Nursing He NURY   1	PLACE OF DEATN (Come 5 Residence NJURY AT WORK?  YES 2 NO	heck only one)  6  Other (Special Describe)	VES 2 NO	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATN?  1 YES 2
ELED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERBED TO MEDICAL EXAMINER?  1 YES 2 M NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined.	b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE  AS A CONSEQUENCE  with but not resulting  thought and a consequence  thought and a consequence  thought a consequence	OF):  26. OTHER: 4   Nursing He ME OF NJURY M 1   1, street, factory, of	PLACE OF DEATN (Come 5 Residence NJURY AT NORK? YES 2 NO fice	6 Other (Special Described City or Town of the cause(e) of the	VES 2 NO	24b. WERE AUTOPSY AWAILABLE PRIOR COMPLETION OF OF DEATN? 1  YES 2
e comprehend of raisicians medical ce	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERBED TO MEDICAL EXAMINER?  1 YES 2 M NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined.	b. DUE TO (OR c. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR DUE	AS A CONSEQUENCE  AS A CONSEQUENCE  At home testing  At home term (Specify)  At home, term (Specify)  At home, term (Specify)  At home term (Specify)	OF):  26. OTHER: 4   Nursing Holling OF NJURY M 1   1, street, factory, of	PLACE OF DEATN (Come 5 Residence NJURY AT NORK? YES 2 NO fice ste and place, end du , death occured at the	1 Description of the cause(e) e e time, deta and pl	VES 2 NO  NOW INJURY OCCUR  (Street end Number or In, State)  and manner ee stated.	24b. WERE AUTOPSY AWAILABLE PRIOR COMPLETION OF OF DEATN? 1  YES 2
BE COMPLETED BY PRISICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERBED TO MEDICAL EXAMINER?  1 YES 2 W NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Sutcide 8 Could not be determined  29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER.	b. DUE TO (OR c. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR DUE	AS A CONSEQUENCE  AS A CONSEQUENCE  At home testing  At home term (Specify)  At home, term (Specify)  At home, term (Specify)  At home term (Specify)	OF):  26. OTHER: 4   Nursing Holling OF NJURY M 1   1, street, factory, of	PLACE OF DEATN (Come 5 Residence NJURY AT NORK? YES 2 NO fice ste and place, end du , death occured at the	1 Description of the cause(e) e e time, deta and pl	VES 2 NO  NOW INJURY OCCUR  (Street end Number or In, State)  and manner ee stated.	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATN?  1 YES 2   BED  Rural Route Number,  suse(e) end manner ee
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERSED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined.  29e. CERTIFIER (Check only one) 1 CERTIFYINO PNY: 0 MEDICAL EXAMINER.	b. DUE TO (OR c. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR DUE	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  At home term (Specify)  At home, term (Specify)  At home, term (Specify)  At home, term (Specify)	OF):  26. OTHER: 4   Nursing Holling OF NJURY M 1   1, street, factory, of	PLACE OF DEATN (Come 5 Residence NJURY AT NORK? YES 2 NO fice ste and place, end du , death occured at the	1 Description of the cause(e) e e time, deta and pl	VES 2 NO  NOW INJURY OCCUR  (Street end Number or In, State)  and manner ee stated.	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATN?  1 YES 2   BED  Rural Route Number,



REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,  THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-trans filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH **МОИТН** 87 GEAR 08:10 AM ELDRIDGE FLORENCE 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH B. BIRTNPLACE (State or Foreign 1 🗌 M 2 🔯 F MONTHS DAYS HOURS 93 216-36-1489 1900 Oct Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR A.A. COUNTY NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Hanover 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7608 Harmans Road 21076 USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No--If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pue 1 ☐ YES 2 ☐ NO Specify: BY 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) Domestic Private Family 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Seawood Cager BE Katherine 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mamie Vernon 7608 Harmans Road Hanover, MD 21076 20g, METHOD OF DISPOSITION
1 M Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Saints 3/11 Rest Cemetery Anne Arundel, MD 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2501 Gwynns Falls Parkway Baltimore, Maryland 2121 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximate ahock, or heert fellure. List only one ceuse on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE O if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 4 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Name 5 □ Residence 8 □ Other (Specify) 1 - YES 2 - NO 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending 1 YES 2 NO ВУ 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

One)

Application of the course of the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(a) and manner as stated. 2 \_\_ MEDICAL EXAMINER: On the baels of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

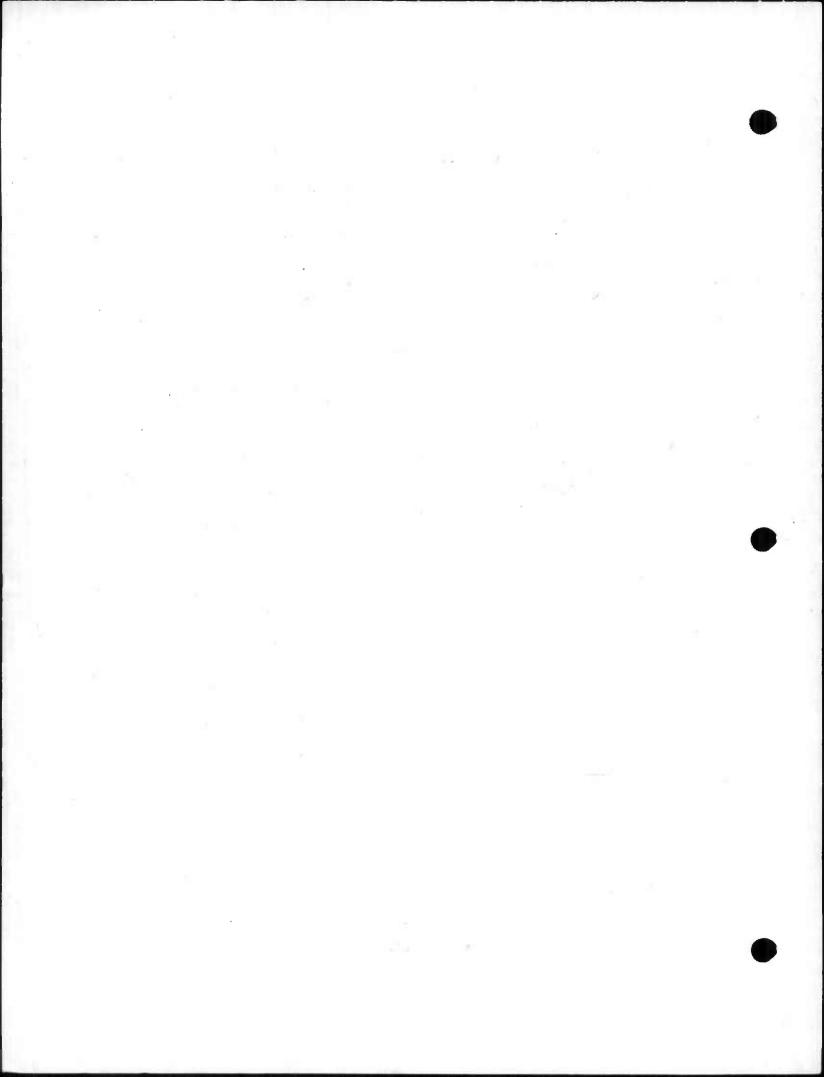
3/9/94 BE pDoctor uphroens 21684 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, CHACKUMKAL V. CYRIAC, M.D./1600 CRAIN HIGHWAY, SW, #106/GLEN BURNIE, MARYLAND 32. REGISTRATE SIGNATURE MAR 11 1994



DWG

	1		
		4. SOCIAL SECURITY NUMBER	5. SEX
		216-56-9295	1 🗆 M 2
pino		9e. FACILITY NAME (If not institution, give :	
020 physician. bunal-transit permit. Pages 1, 2, 3 should	Œ	NORTHWEST HOSP	
.2	2	RESIDENCE OF DECEDENT	TIME
S I	EC	10e. STATE 10b. COUNT	Y
Se .	FUNERAL DIRECTOR	MD Ba:	Ltimo
ermi	AL	10e. STREET AND NUMBER	
usit p	ER,	2635 Purnell 1	rive
orician M-tra	S	11. MARITAL STATUS	12. WAS D
D20 phys		1 Never Married 2 Merried	FORCE IF YES,
ding the	ВУ	3 Widowed 4 Divorced	17 123
BALTIMORE, MARYLAND 21215-0020 ser death. Page 6 may be retained by the hospital or attending physician, the funeral anector, page 5 should be detached for use as the bunat-training must be notified at once.	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	
21 or u	Щ	Elementary/Secondary (0-12)	College (1
ospitz	MPL	12	2
the hos	CO	17. FATHER'S NAME (First, Middle, Last)	
3 Y L	BE (	Kenneth Johnson	1
MAR retained 5 should notified	0	19a. INFORMANT'S NAME (Type/Print)	
E, N y be re sage 5	-		liott
RE may		20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem	ovet from S
TIMORE, I		4 Donation 6 Other (Specify)	
ALTIN death. Pa funeral S		21. SIGNATURE OF FUNERAL SERVICE U	DENSEE
A.L. Seath fune	11	1000	
B after by the	-	21 PART I, Enter the diseases, or	complication
BALT ours after death.  y filled in by the funeration, or remeal.		ahock, or hasrt fellurs.	
E O' E		iMMEDIATE CAUSE (Final disease or condition	
within but mpletely filled in cemation, or cemation, or cemation, or cemation, or cemation, or cemation, or cemation, or cemation, or cemation, or cemation, or cemation, or cemation, or cematical		resulting in death)	a. COCA
P.O. BOX 68760, in certificate be executed within ending physician and completel Hygiene prior to burial, crema or other traumatic event,			
X 687 executed n and con to burial, imatic er	N O	Sequentially list conditions,	b
D be e	F	if any, leading to immediate cause. Enter UNDERLYING	'
B cate	<u>2</u>	CAUSE (Disease or Injury	c
e gen al	#	that initiated events reaulting in dasth) LAST	
ath cath cath tal Hy	#	Total ting in ossin) CAST	d
AL RECORDS, P.O. BOX 68760,  BALTIMORE, N he law requires that the death certificate be executed within ours after death. Fig. 6 may be re has been signed by the attending physician and completely filled in by the funeral functor, page 5. bept. of Health and Mental Hygiene prior to burial, cremation, or removal.  23 shows any injury, or other traumatic event, the medical committee must be no	MEDICAL CERTIFICATION	PART II. Other significant condition	s contribu
OR that the stand of the stand	2		
C C Signe Health	밃		
Par regulation of the second o	2		
12 e 8 e 1	Ä	25. WAS CASE REFERRED TO MEDICAL	
F 5 5 5		EXAMINER?	HOSPIT
CIAN CIAN the S	ΥS	1 X YES 2 NO	1 Inpatie
PHYSI C	4	27. MANNER OF DEATH  1 Natural 5 Funding	28e. C
NG P	B	2 Accident Investigation	FOU
TSION OF TTENDING PHYS TOR: After this cafter death with 28 is marked	0	3 Suicide 6) Could not be	26e. P
DIVISION OF VIT. THE HOSPITAL OR ATTENDING PHYSICIAN: THE FUNERAL DIRECTOR: After this certificate filed within 72 hours after death with the State PORTANT: If Item 28 is marked, or Item	BE COMPLETED BY PHYSIC	4 Homicide datermined	
DIV L OR A L DIREC Phours	7	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the
SPITAL VERAL Nin 72	NO N	one) 2XXMEDICAL EXAMINI	R: On the be
THE HOSP! THE FUNER filed within	0	SHE SIGNATURE AND TITLE AT CERTIFIE	10/
표 표 를 통	8	WOID-OF BOOK	1/2000

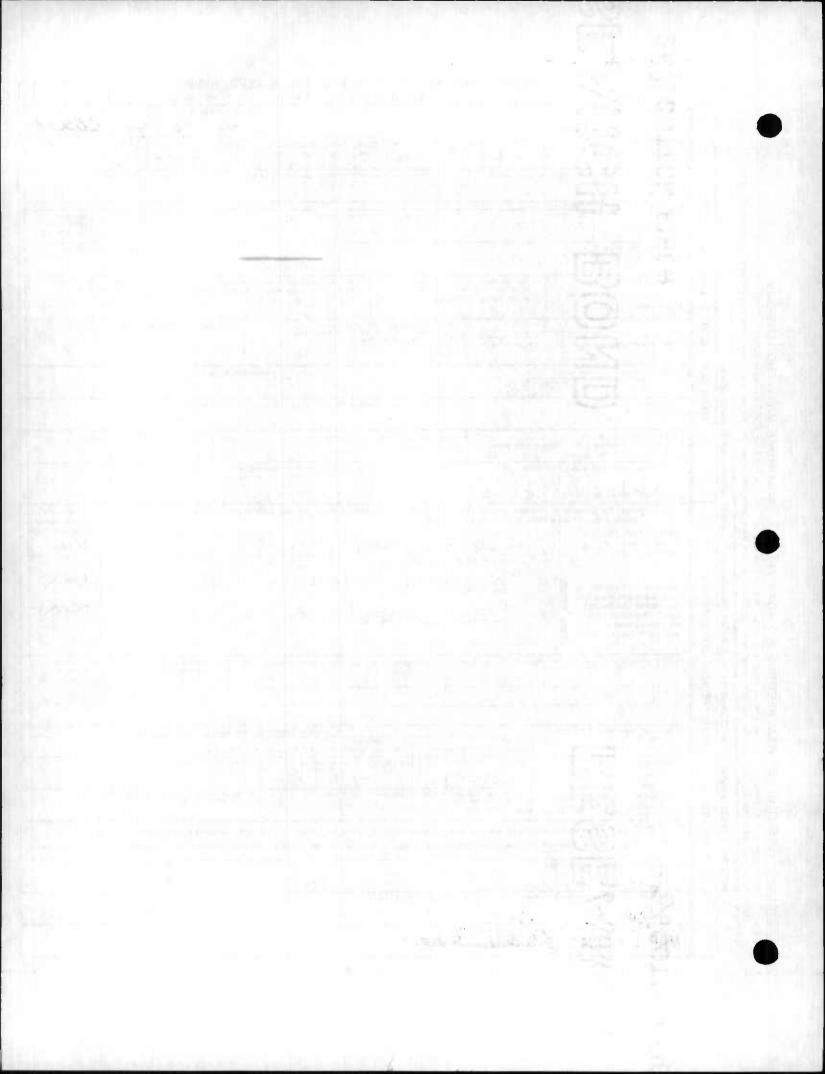
	FOR 1 STATE		STATE OF I	MARYLAND	/ DEPAR	TMENT	OF H	EALTH AND	MEN	TAL HYGIEN	Ē (	o I.	07210
	REGISTRAR			(	CERTIF	ICATE	OF	DEATH		REG. NO.		74	01210
	1. DECEDENT'S NAME (First									ATE OF DEATH	NY .	YEAR	3. TIME OF DEATH
	GLORIA A		ELLIOTT						-		19	94	7:21 P M
	216-56-92		5. SEX	6. AGE (in yrs.	last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(M	TE OF BIRTH lonth, Day, Year)		8. BIRTH Counti	HPLACE (State or Foreign ry)
	9e. FACILITY NAME (If not in		- /-	70	1113.	AL OUTY T	2000	R LOCATION OF DE	_	-2-53		MD	
œ	NORTHWEST							LLSTOW				NTY OF D	MORE
6	RESIDENCE OF DEC		LIAL			KAI	NDE	TITISIOM	IA		DA	111 11 111	MORE
DIRECTOR	10e. STATE	10b. COUNTY				Y, TOWN OR							10d. INSIDE CITY LIMITS?
	MD		Ltimore			Randa	a 1 1	stown					1 YES 2 NO
FUNERAL	100. STREET AND NUMBER						101.	ZIP CODE					WHAT COUNTRY?
	2635 Purn	ell I						21207				USA	
	1 Never Married 2	Merried		YES 2		lt y	res, spe	ENDENT OF HISPAI city Cuben, Mexico	nn, Pue		or No-	Black	E — American Indian, k, While, etc.
ВУ	3 Widowed 4 Divo	erced	IF YES, GIVE Y	MAH OR DATES		1 10	YES	2 NO Specif	y:			Spec	Black
COMPLETED	15. DEC	EDENT'S EDU	CATION completed)	16a.	DECEDENT'S	USUAL OCC	UPATIO	N et of worklag	T	16b. KINO OF BUS	INESS/IN		
9	Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of sittle. Do NOT us		my mod	a or working					
ΔE					Nurs	e							
	17. FATHER'S NAME (First, M									st, Middle, Maiden			
BE	Kenneth Jo		1		405 444 1150	4000500	21 .			Johnson			
2	_Charles J		iott					nd Number or Rurel					1207
	20a METHOD OF DISPOSIT			20b. PLA	CEANDDATE								LZU / own, State
	1 Buriel 2 ☐ Cremetto 4 ☐ Donation 6 ☐ Other	(Specify)	ovat from State		crematory or o	ther place)  n Fol	res	t Vet.	3/	14/94	)win	as 1	Mill, MD
	21. SIGNATURE OF FUNERA	T BESIVICE THE	NENSEE			22. NA	ME AN	O ADDRESS OF FA	CILITY				lie F/H
	10//					638	R N	. Gilm	or			_	o.MD 21217
	21. PART I, Enter the o	seasea, or o	omplications the	t caused tha	death. Do r			de of dying, suc	h aa c	ardiac or reapi	ratory ar	rest,	Approximate
			List only ons ce	use on secn i	line.								Interval Between
- 1	disease or condition	IMMEDIATE CAUSE (Final disease or condition						Onset and Death					
	a. COCAINE INTOXICATION  Due to (or as a consequence of):												Onset and Death
	resulting in death)	<b>→</b>		The state of the s		F):							Onset and Death
NO	Sequentially list condit	Iona,	DUE TO	(OR AS A CON	ISEQUENCE O								Onset and Death
ATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY.	lona, dlets	DUE TO	The state of the s	ISEQUENCE O								Onset and Death
IFICATION	Sequentially list condit	lona, dlets	DUE TO	(OR AS A CON	SEQUENCE O	F):							Onset and Death
ERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	lona, dlets iNG	DUE TO	(OR AS A CON	SEQUENCE O	F):							Onset and Death
L CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in dasth) LAS	lona, diets iNG iry	DUE TO  DUE TO  OUE TO	(OR AS A CON	SEQUENCE OF	F):	srivino	ı causa givan in	Part I	24a. WAS AN	VSGOTUA	241	
ا پ	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	lona, diets iNG iry	DUE TO  DUE TO  OUE TO	(OR AS A CON	SEQUENCE OF	F):	sriying	csuss glvsn in	Part I	PERFOR	MEO?	24b	Onset and Death  Onset and Death  WERE AUTOPSY FINDINGS  AMALABLE PRIOR TO  COMPLETION OF CAUSE
ا پ	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in dasth) LAS	lona, diets iNG iry	DUE TO  DUE TO  OUE TO	(OR AS A CON	SEQUENCE OF	F):	sriying	ı csuss glvsn in	Part I	. 24a. WAS AN PERFOR	MEO?	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
N: MEDICAL CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in dasth) LAS	lona, diets iNG iry	DUE TO  DUE TO  OUE TO	(OR AS A CON	SEQUENCE OF	F):	sriying	csuss givsn in	Part I	PERFOR	MEO?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
ا پ	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in dasth) LAS	lona, dlets ING Iry	DUE TO DUE TO C. OUE TO d. se contributing to	(OR AS A CON	SEQUENCE OF	F):		csuss glvsn in		PERFOR	MEO?	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ا پ	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthst Initiated events resulting in dasth) LAS  PART II. Other significations.  25. WAS CASE REFERRED T EXAMINER?  1 X YES 2 NO	lona, dlets ING Iry	DUE TO  DUE TO  OUE TO  d.  HOSPITAL:  1   Inpatient   X	(OR AS A CON OR AS A CON OR AS A CON OR AS A CON	SEQUENCE OF SEQUEN	OTHER:	26. PL		neck onl	PERFOR 1 YES 2	MEO?	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthst Initiated events resulting in dasth) LAS  PART II. Other significations.  25. WAS CASE REFERRED TEXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH	iona, diets in in in in in in in in in in in in in	DUE TO  DUE TO  OUE TO  d.  HOSPITAL:	(OR AS A CON  (OR AS A CON  (OR AS A CON  dasth but no	ISEQUENCE OF ISEQU	OTHER:	26. PL og Home 6c. INJE WOI	ACE OF DEATH (Ch	heck onl	PERFOR 1 YES 2	MEO?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthst initiated events resulting in dasth) LAS  PART II. Other significations of the condition of the condition of the condition of the condition of the cause of	iona, diets ING III III III III III III III III III	DUE TO  DUE TO  OUE TO  d.  BE contributing to  HOSPITAL:  1   Inpetient   Month, if  FOUND 3	(OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON EXER/Outpatient FINJURY Jay, 16ar) -9-94	ISEQUENCE OF ISEQU	OTHER:  OTHER:	26. PL ng Home 6c. INJE WOI 1  Y	ACE OF DEATH (Ch.	6 C 26d.	y one)  Wher (Specify)  DESCRIBE HOW II	MEO?	CURED	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or injuthst initiated events resulting in dasth) LAS  PART II. Other significs  25. WAS CASE REFERRED T EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Natural ST	iona, diets ing iny in condition	DUE TO  DUE TO  OUE TO  d.  HOSPITAL: 1   Inpatient   1   280. DATE OI (MOND), 3 280. PLACE (	(OR AS A CON  (O	DESCOUENCE OF SECU	OTHER: 4   Nursin	26. PL ng Home 6c. INJE WOI 1  Y	ACE OF DEATH (Ch.	8	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  NKNOWN  DOCATION (Street a  City or Town, Stete)	MEO?  NO  NJURY OC	CCURED  or or Rural I	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
TED BY PHYSICIAN: MEDICAL	Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or injuthat initiated events resulting in dasth) LAS  PART II. Other significs  25. WAS CASE REFERRED T EXAMMER?  1	iona, diets in condition of the conditio	DUE TO  DUE TO  OUE TO  d.  HOSPITAL: 1   Inpatient   28e. DATE Of (Month, (FOUND 3) 28e. PLACE (building)	(OR AS A CON OR AS	DOA TOME TERM, SERVICE OF THE SERVIC	OTHER: 4   Nursin William with the too	26. PL. og Home 6c. INJE WOI 1  Y	ACE OF DEATH (Ch	8 0 0 26d.	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  NKNOWN  LOCATION (Street a City or Town, Stele)  I IMORE CO	MEO?  NO  NJURY OC  NJURY OC	OCURED or or Rural MINDA	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL	Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or Injuthst Initiated events resulting in dasth) LAS  PART II. Other significs  25. WAS CASE REFERRED T EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Natural SUCIDIAL	iona, diets in in in in in in in in in in in in in	DUE TO  DUE TO  OUE TO  d.  HOSPITAL: 1   Inpatient   28e. DATE Of (Month, (FOUND 3)   28e. PLACE (building)	(OR AS A CON OR AS	DOA 26b. TIME IN UNKNO	OTHER: 4   Nursin E OF 2 WN M 2 street, fector	26. PL og Home 6c. INJt WOI 1  Y y, office	ACE OF DEATH (Ch	8 C C 26d. UI 26f. I BAI	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  NKNOWN  COATION (Street & City or Town, Stete)  I MORE CO  cause(s) end men	MEO?  NO  NJURY OC  NJURY OC  NJURY OC	or or Rural NDA	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or Injuthst Initiated events resulting in dasth) LAS  PART II. Other significs  25. WAS CASE REFERRED T EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Natural SUCIDIAL	iona, diets iNG iry T	DUE TO  DUE TO  OUE TO  OUE TO  DUE TO	(OR AS A CON OR AS	DOA 26b. TIME IN UNKNO	OTHER: 4   Nursin E OF 2 WN M 2 street, fector	26. PL og Home 6c. INJt WOI 1  Y y, office	ACE OF DEATH (Ch	8 C 28d. U 26t.   BAI 10 the 10 time, (	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  NKNOWN  COATION (Street & City or Town, Stete)  I MORE CO  cause(s) end men	MEO?  NO  NJURY OC  NJURY OC  MD	or or Rural MINDA	Route Number, LE CIRCLE  D) (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthst Initiated events resulting in dasth) LAS  PART II. Other significs  25. WAS CASE REFERRED TEXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Natural 2 Accident 3 Suicide 6XX 4 Homicide  29e. CERTIFIER (Check only one) 2X XMED	iona, diets in my condition of the condi	DUE TO  C.  OUE TO  d.  HOSPITAL: 1 Inpatient 10  28e. DATE 01  (MOND) 3  26e. PLACE 6  building  CIAN: To the best of 6	(OR AS A CON  (O	DESCOUENCE OF SECU	OTHER:  In the undi  OTHER:  4   Nursin  E OF URY  WN M  Street, tector  USE  and at the timen, in my opin	26. PL og Home 6c. INJt WOI 1  Y y, office	ACE OF DEATH (Ch.  5	BAL SIME NO SIME SIME SIME SIME SIME SIME SIME SIME	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  NKNOWN  COATION (Street & City or Town, Stete)  I MORE CO  cause(s) end men	MEO7  NO  NJURY OC  NJURY	or or Rural MINDA	Route Number, LE CIRCLE  a) end menner ee stated.  D (Month, Day, Veer)
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthst Initiated events resulting in dasth) LAS  PART II. Other significs  25. WAS CASE REFERRED TEXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Natural 2 Accident 3 Suicide 6XX 4 Homicide  29e. CERTIFIER (Check only one) 2X XMED	iona, diets in my condition of the condi	DUE TO  DUE TO  OUE TO  OUE TO  DUE TO	(OR AS A CON  (O	DESCOUENCE OF SECU	OTHER:  In the undi  OTHER:  4   Nursin  E OF URY  WN M  Street, tector  USE  and at the timen, in my opin	26. PL og Home 6c. INJt WOI 1  Y y, office	ACE OF DEATH (Ch	BAL SIME NO SIME SIME SIME SIME SIME SIME SIME SIME	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  NKNOWN  COATION (Street & City or Town, Stete)  I MORE CO  cause(s) end men	MEO7  NO  NJURY OC  NJURY	occured or or Rural I	Route Number, LE CIRCLE  D) (Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Frours after death. Page 6 may be retained by the hospital or attending physician.	AAL DRECTOR: After this cartificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE HOSPITAL OR ATTENDIN	THE FUNERAL DIRECTOR: After this	d within 72 hours after dea	RTANT: If item 28 is n

FOR 1 - STATE REGISTRAR		CERTIFI	CATE OF	DEAIII	REG. NO	٠.	_	01-1
1. DECEDENT'S NAME (First, Middle, Las				4.75	2. DATE OF DEATH	OAY	TEAT	3. TIME OF DEATH 0650 A
4. SOCIAL SECURITY NUMBER 218-22-4387	6. SEX 6. AGE	(In yrs. lest birthdey) VRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1000	Country	
90. FACILITY NAME (If not institution, give SINAI HOSPITAL				OR LOCATION OF DE		1907   9c. COUN	MAR:	YLAND ATH
RESIDENCE OF DECEDENT			BALTIN	IORE				
10a. STATE 10b. COUN	'IMORE		TIMORE	TION	WILE			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
7 SLADE AVE AF	т. 503		101	ZIP COOE 21208212	21208	USA	ZEN OF WI	HAT COUNTRY?
11. MARITAL STATUS 1  Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, OIVE WAR OR D	2 VNO	If yes, sp		NC ORIGIN? (Specify Yon, Puerto Rican, etc.)	es or No-	14. RACE Stack, Specify WHI	— American Indian, White, etc.
1s. DECEDENT'S ET (Specify only highest gra Elemantary/Secondary (0-12)		16e. DECEDENT'S (Give kind of with). Do NOT use HOUSEWI	vork done during mo e retired.)	ON set of working	18b. KIND OF SI	USINESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, Last) LOUIS ROBI	NSON			18. MOTHER'S NAI	ME (First, Middle, Melde	n Sumame) SILVER	MAN	
180. INFORMANT'S NAME (Type/Print) DR LOUIS L FINE					Route Number, City or To		Code)	
1		182//	E EASTE	LK AUF	RORA, CO 8	OOTO		
200. METHOD OF DISPOSITION		b. PLACE AND DATE O	F DISPOSITION (Na		DATE 20c, L	OCATION -	City or Tow	rn, State
20e. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ille 4 Donation 5 Dither (Specify)	movel from State Cer	b. PLACE AND DATE Of metery, crematory or ot ARLINGTON	OF DISPOSITION (Na	nme of	3/10/94			rn, State MD
	movel from State	metery, crematory or oti	of disposition (Na ther place) (CHIZUF 22. NAME AR	AMUNO)	3/10/94	BALTI		
1 Burial 2 Cremation 3 In 4 Donation 5 Other (Specify)	movel from State	metery, crematory or oti	PFDISPOSITION (Na ther place) (CHIZUE 22. NAME AN SOL LE	ME OF FAMUNO) ND ADDRESS OF FAMUNON &	3/10/94 BROS., I	BALTI	MORE	MD
Burlel 2   Cremetton 3   4   Donatton 5   Other (Specify)   21. SIGNATURE OF FUNERAL SERVICE   22. PART   Enter the diseases, o	uce see	ARLINGTON	PFDISPOSITION (Na ther place) (CHIZUE 22. NAME AN SOL LE 6010 F	MEDITION & REISTERTO	3/10/94 CHITY BROS., I	BALTI NC. BALTO.	MORE, MD	MD  21215  Approximata
Burlal 2 Cremetton 3 4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE 1  22. PART / Enter the diseases, o shock, or heart failure immediate CAUSE (Finel disease or condition	r complications that cause	metery, crematory or of ARLINGTON  and the death. Do neach line.	PDISPOSITION (New place)  (CHIZUF  22. NAME AN SOL LE  6010 F	ME OF AMUNO)  ND ADDRESS OF FAMILY  EVINSON &  REISTERT  Inde of dying, auch	3/10/94 CILITY BROS., I WN RD. E	BALTI NC. BALTO.	MORE, MD	MD  21215  Approximata Interval Between
Desired 2 Cremetton 3 4 Doneston 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE  22. PART / Enter the diseases, o shock, or shapt failure immediate CAUSE (Finel disease or condition resulting in death)	r complications that cause	metery, crematory or of ARLINGTON  and the death. Do neach line.	PDISPOSITION (New place)  (CHIZUF  22. NAME AN SOL LE  6010 F	ME OF AMUNO)  ND ADDRESS OF FAMILY  EVINSON &  REISTERT  Inde of dying, auch	3/10/94 CILITY BROS., I WN RD. E	BALTI NC. BALTO.	MORE, MD	MD  21215  Approximata Interval Between Onset and Dear MIN
Burlal 2 Cremetton 3 4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE 1  22. PART / Enter the diseases, o shock, or heart failure immediate CAUSE (Finel disease or condition	complications that cause on a cutle C.  DUE TO (OR AS.  DUE TO (OR AS.  C.  DUE TO (OR AS.  C.  DUE TO (OR AS.	metery, crematory or of ARLINGTON  and the death. Do neach line.	DEDISPOSITION (No. her place)  (CHIZUE  22. NAME AN SOL LE 6010 F  not antar the mo	ME OF AMUNO)  ND ADDRESS OF FAMILY  EVINSON &  REISTERT  Inde of dying, auch	3/10/94 CILITY BROS., I WN RD. E	BALTI NC. BALTO.	MORE, MD	MD  21215  Approximate interval Betwee Onset and Deat
Burial 2 Cremetton 3 4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE 1  22. PART Finer the diseases, or heart fellun immediate cause in the conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	ACONSEQUENCE OF	DEDISPOSITION (No. 1)  CHIZUE  22. NAME AN SOL LE 6010 F  not antar tha mo	AMUNO)  ND ADDRESS OF FAR EVINSON & REISTERTO  Inde of dying, such  Action  Action  Action	3/10/94 CILITY BROS., I DWN RD. E h as cerdiac or rea	BALTI NC. BALTO. piratory arr	MORE , MD eat,	MD  21215  Approximate interval Betwee Onset and Dea MIN  I WK  VEARS
Burial 2 Cremation 3 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE  22. PARTI / Enter the diseases, o shock, or heart failure immediate course. Enter UNDERLYING CAUSE, Olseese or injury that initiated events resulting in death)	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	ACONSEQUENCE OF	DEDISPOSITION (No. 1)  CHIZUE  22. NAME AN SOL LE 6010 F  not antar tha mo	AMUNO)  ND ADDRESS OF FAR EVINSON & REISTERTO  Inde of dying, such  Action  Action  Action	3/10/94 CILITY BROS., I DWN RD. E h as cerdiac or rea	BALTO. BALTO. Piratory arr	MORE , MD eat,	MD  21215  Approximate Interval Betwee Onset and Deat MIN  I WK  VEARS
Burial 2 Cremation 3 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE  22. PARTI / Enter the diseases, o shock, or heart failure immediate course. Enter UNDERLYING CAUSE, Olseese or injury that initiated events resulting in death)	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	ACONSEQUENCE OF	proposition (Name of place)  (CHIZUH  22. NAME AN  SOL LE  GOLO F  Tot antar the mo	MEDIANDON & REISTERTY de of dying, auct	3/10/94   CHITY   BROS., I   WN RD. E   h as cerdiac or real	BALTO. BALTO. Piratory arr	MORE , MD eat,	MD  21215  Approximate interval Betwee Onset and Dea MIN  I WK  VEARS  WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Burial 2 Cremation 3 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE OF SUPPLY OF	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	and the death. Do neach line.  ACONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF DUTY NOT THE PROPERTY OF THE	DEDISPOSITION (Not her place)  (CHIZUF  22. NAME AN SOL LE GOLO F  not enter the mo  ling /-	MEDIANDO MANAGERIA MANAGER	3/10/94   CHITY   ENOS., I     WIN RD. E     h as cerdiac or rea     Part I.   24a. WAS A     PERF(   1   YES     pack only one)	BALTO. BALTO. Piratory arr	MORE , MD eat,	MD  21215  Approximate interval Betwee Onset and Deal MIN  I WK  VEARS  WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Burial 2 Cremation 3 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE  22. PART Finer the diseases, o shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the condit	Complications that cause on a contributing to death in the contributing to death in the contributing to death in the contributing to death in the contributing to death in the contributing to death in the contributing to death in the contributing to death in the contributing to death in the contributing to death in the contributing to death in the contributing to death in the contributing to death in the contributing to death in the contributing to death in the contributing to death in the contributing to death in the contribution of the con	aconsequence of a consequence ISPOSITION (Not her place)  CHIZUE  22. NAME AR SOL LE 6010 F  oot anter the mo  Chi Chi Chi Chi Chi Chi Chi Chi Chi Chi	MEDIANDO  AMUNO  ND ADDRESS OF PARE  EVINSON & REISTERTY  Ide of dying, auci  Fresh  Control  Grave given in  ACE OF DEATH (Chi	3/10/94   CHITY   ENOS., I     WIN RD. E     h as cerdiac or rea     Part I.   24a. WAS A     PERF(   1   YES     pack only one)	BALTI NC. BALTO. BALTO.	MORE , MD eat,	MD  21215  Approximate interval Betwee Onset and Dea MIN  I WK  VEARS  WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Burial 2 Cremation 3 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE  22. PART Length the diseases, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the	Corplications that cause  a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR	and the death. Do neach line.  ACONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting in the consequence of the cons	DE DISPOSITION (Not her place)  CHIZUE  22. NAME AR SOL LE  6010 F  oot anter the mo  Chi Chi Chi Chi Chi Chi Chi Chi Chi Chi	MINO MANU	3/10/94   CHITY   ENOS., I     WIN RD. E     h as cerdiac or rea     1   YES     eck only one)     6   Other (Specify)	BALTI NC. BALTO.	MORE , MD eat,	MD  21215  Approximate interval Between Onset and Dea MIN  I WK  VEARS  WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Burial 2 Cremation 3 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE  22. PART Letter the diseases, or heart failure immediate councillation resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the councillation of the councillation of the council of the counci	Complications that cause b. List only one ceuse on a  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE	and the death. Do neach line.  ACONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF But not resulting in the consequence of the cons	DEDISPOSITION (Not her place)  CHIZUE  22. NAME AN SOL LE GOLO F  tot anter the mo  Chi Chi Chi Chi Chi Chi Chi Chi Chi Chi	MINO)  ND ADDRESS OF FAME  CVINSON &  REISTERTY  Inde of dying, auci  ACC OF DEATH (Charles 5   Realdence  URY AT  YES 2   NO  and place, end due	Part I. 24a. WAS A PERFC 1 YES  sck only one)  6 Other (Specify)  28f. LOCATION (Street City or Town, Stet to the cause(e) and m	BALTI NC. BALTO.	MORE , MD est,  24b.	Approximate Interval Betwee Onset and Dea MIN I WEARS  WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Burial 2 Cremation 3 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE  22. PART Letter the diseases, or heart failure immediate councillation resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the councillation of the councillation of the council of the counci	Complications that cause  List only one cause on a  DUE TO (OR AS	and the death. Do neach line.  ACONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF But not resulting in the consequence of the cons	DEDISPOSITION (Not her place)  CHIZUE  22. NAME AN SOL LE GOLO F  tot anter the mo  Chi Chi Chi Chi Chi Chi Chi Chi Chi Chi	MINO)  ND ADDRESS OF FAME  CVINSON &  REISTERTY  Inde of dying, auci  ACC OF DEATH (Charles 5   Realdence  URY AT  YES 2   NO  and place, end due	3/10/94   CHLITY   BROS., I     DWN RD. E     h as cerdiac or rea     h as cerdiac or rea     1   YES     1   YES     24a. WAS A     PERFO     1   YES     24b. WAS A     PERFO     1   YES     24c. WAS A     PERFO     1   YES     24c. WAS A     PERFO     1   YES     24c. WAS A     PERFO     1   YES     24c. WAS A     PERFO     1   YES     24c. WAS A     PERFO     1   YES     24c. WAS A     PERFO     1   YES     24c. WAS A     PERFO     1   YES     24c. WAS A     PERFO     1   YES     24c. WAS A     PERFO     1   YES	BALTI NC. BALTO. BALTO. Plratory arr NAUTOPSY DRMED? 2 NO VINJURY OCC	MORE , MD eat,  24b.  cureo or Rural Ro ed. e cause(e)	Approximate Interval Betwee Onset and Dea MIN I WEARS  WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO



BALTIMORE, MARYLAND 21215-0020

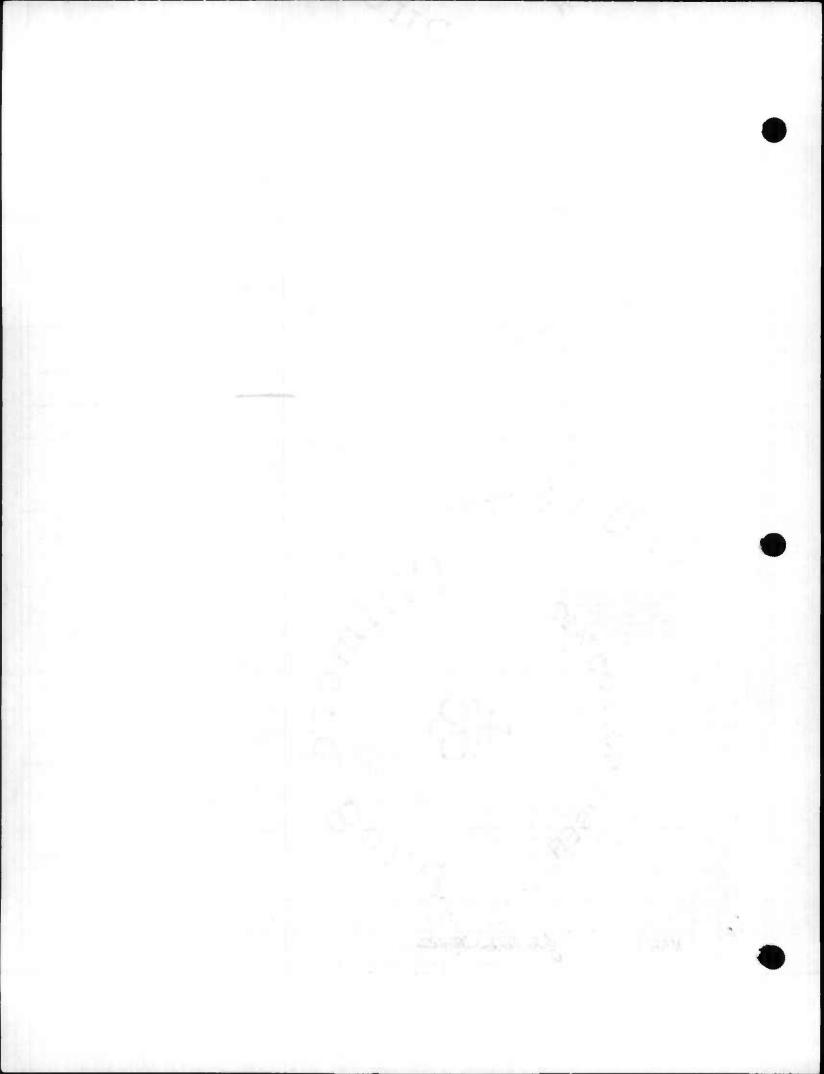
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIENE REG. NO.	94	01212
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	BESS DOF	ROTHY	FEDDER			MAR. 4,	1994	8:45P W
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8, Bif	ATHPLACE (State or Foreign unitry)
- 8	219-42-9588	1 🗆 M 2 🗔 E	90 YRS.	ONTHS DAYS	HOURS MIN.	12-8-1903	-	MD
-	9a. FACILITY NAME (If not institution, give :				R LOCATION OF D	EATH 9	c. COUNTY O	FOEATH
DIRECTOR	7111 PARK HEIGHT	rs ave apr.	210	BALTI	MORE			
) E	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCATI	ION			10d. INSIDE CITY
2	MD		В	ALTIMOR	E			LIMITS?
AL	10e. STREET AND NUMBER			101.	ZIP CODE	1	0g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	7111 PARK HEIGH	HTS AVE, APT.	.610		21215		USA	
FU	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEOENT EVER FORCES? 1 YES	N U.S. ARMED			NIC ORIGIN? (Specify Yes or an, Puerto Rican, etc.)	No- 14. R/	ACE American Indian, lack, White, atc.
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES 22	1 TYES	2 X NO Specif	y:	Sp	WHITE
ED	15. DECEOENT'S EDU	ICATION	16a. DECEDENT'S US	BUAL OCCUPATIO	N	16b. KIND OF BUSIN	ESS/INDUSTRY	1
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during mos retired.)	at of working			
COMPLET	12		HOUS	EWIFE		AT	HOME	
O	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meiden Sur	,	
BE	MAX	COHEN				ECCA Fannie		
2	19a. INFORMANT'S NAME (Type/Print)  MR. JOEL FEDDER					Route Number, City or Town, S		
	20e. METHOD OF DISPOSITION	Tao	b. PLACE AND DATE OF			INGS MILLS,	ION — City or	
3	1 Donation 5 Other (Specify)	noval from State cel	metery, crematory or othe SETH TETLO	r place)		1		
3	21. DIGRAFURE OF FUNERAL SERVICE LI		SETH TELLO		D ADDRESS OF FA		IMORE	MD
	Doel	Vota.	۸ ۸			& BROS, INC		
	23. PART I Enter the diseases, or	complications that cause	the deeth. Do not	L 6010	RETSTERS to of dying, suc	STOWN RD, BAL	TIMORE	E, MD 21215 Approximate
	immediate cause (Final	List only one cause on e	each line.					Interval Between Onset and Death
	disease or condition resulting in death)		1/5	Certo	n	IT		imme
	reading in death)	DUE TO (OR AS	A CONSEQUENCE OF):	(0)	//\			12
NO	Sequentially list conditions.	b	1	SCV	V		· · · · ·	1100
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):					
윤	CAUSE (Disease or injury that initiated events	C. DUE TO (DR AS	A CONSEQUENCE OF):					-
CERTIFICATION	resulting in death) LAST	d						
	PART II. Other algnificent condition	ns contributing to death	but not resulting in	the underlying	Cours chara in	Part I. 24s. WAS AN AU	manay La	24b. WERE AUTOPSY FINDINGS
CAL			out not resulting in	are anderlying	couse given in	PERFORME	0?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 TYES 2 🗗	NO	OF DEATH?
						-	- 1	1 NES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (CI	neck only one)		
Sic	1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out		THER:	5 Residence	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE DF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJU		28d. DESCRIBE HOW INJU	JRY OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, strendily)	et, factory, office		28f. LOCATION (Street and City or Town, State)	Number or Run	al Route Number,
E							_	
COMPLETED		ICIAN: To the best of my know						
8		ER: On the basis of examination	on end/or investigation,	In my opinion, de			us to the caus	e(s) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	300	MC	)/	29c. LICENSE NU	MBER J G 2	DATESION	ED (Monn, Day, Your)
5	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (TO)0. P	ginu _ I	1)00	774	0	) ·
	STUDRT 1	3 Bell 1	m 33	33	Vild	lent ST	180	UiM
	at takin bil bil (stooth Jime Moor)	32. REGISTRAR'S SIGN	WATURE					

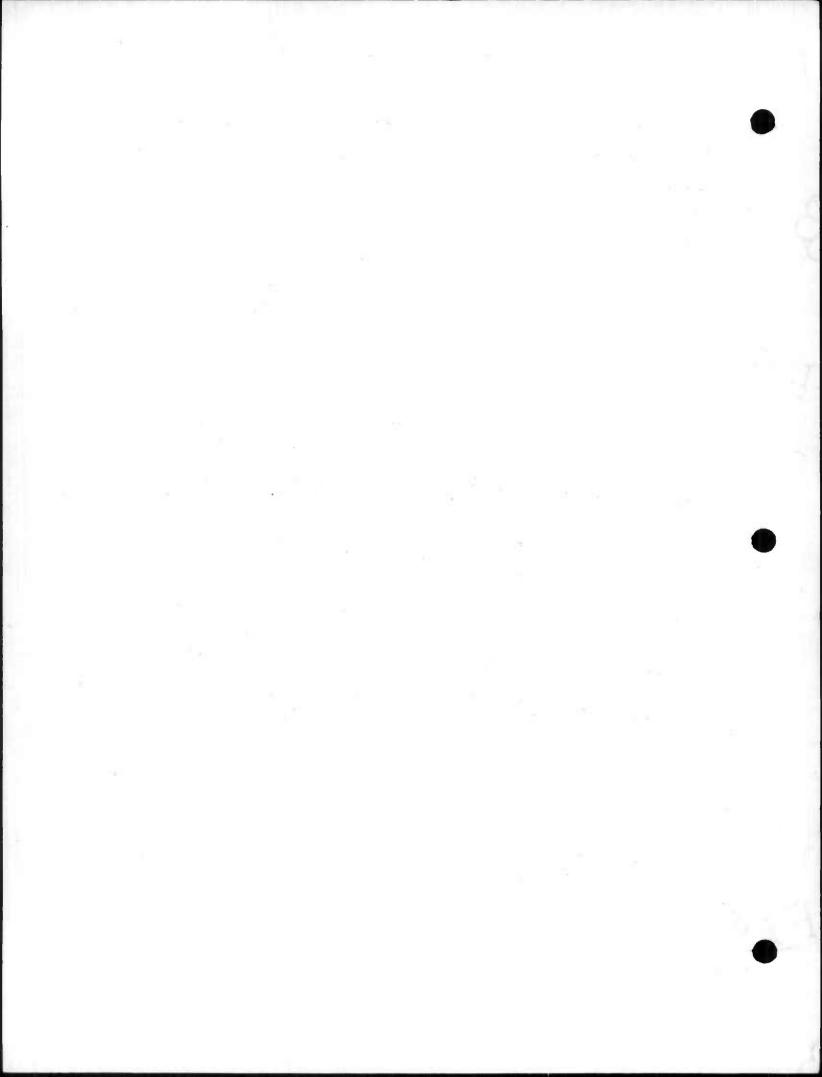


BALTIMORE, MARYLAND 21215-0020	SICIAM: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITE OF MEETING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNEMAN OFFICIAL After this certificate has been signed by the attending physician and completely filled in by the funeral din be first with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE

20,20,21,	-	
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	94	072
CERTIFICATE OF DEATH REGINO		

4 0000000000000000000000000000000000000				MENT OF I		MENTAL HYGIE		94	07213
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
Thomas N		G	INGEL	L			BAY	94	11:30 A
4. SOCIAL SECURITY NUMBER		E (In yrs. lest I		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
213-07-4408	1 € M 2 □ F 81		YRS.	ONTHS DAYS	HOURS MIN.	May 5, 1	212	Country	vland
9a. FACILITY NAME (If not institution, give			9	b. CITY, TOWN	OR LOCATION OF DE			INTY OF DE	/
Franklin Square RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Maryland	Hospital			Baltim	ore		Ва	1 <u>timc</u>	re
10e. STATE 10b. COUNT			10c. CITY, 1	TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland			Ralt	imore					LIMITS?
10e. STREET AND NUMBER			Duze		. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?
5000 Erdman Aven	110				21205		11	S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER					IC ORIGIN? (Specify Y			- American indian,
1 Never Married 2 X Married	FORCES? 1 YES				ecify Cuben, Mexicar 2 NO Specify.			Black Specif	White, atc.
3 Widowed 4 Divorced					a E ino opeciny.			Specia	White
15. DECEDENT'S EDU (Specify only highest grade	JCATION (e. completed)	16a. DECI	EDENT'S US	UAL OCCUPATION	ON	16b. KIND OF B	USINESS/IN	DUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	- Iffe. E	Do NOT use r	etired.)	ist or working				
N/A	N/A	Ga1	vaniz	er		Sparre	ows P	oint	
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAM	NE (First, Middle, Maide	n Sumame)		
Walter Gingell					Sarah (	Green			
19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	ODRESS (Street a	and Number or Rural R	loute Number, City or To	wn, State, Zi	(o Code)	
Mabel F. Gingell	(Wife)	5	000 E	rdman	Avenue. E	Baltimore	Md.	212	.05
20a. METHOD OF DISPOSITION	20	0b.PLACE AN	D DATE OF	DISPOSITION (Na	ame of	DATE 20c. L	OCATION -	City or Tox	vn, Slate
t 🎖 Burial 2 □ Cremation 3 □ Ran 4 □ Donation 5 □ Other (Specify)	noval from State	emetery cremi	atory or other	Memori	al Garder	s 3/10 1	Ralti	more.	Maryland
21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE				ND ADDRESS OF FAC		Ja 1 0 1.	moz c ,	nar y rana
1 1/-	e ///					eral Home			
1	all			3331	Brehms I	ane, Bal	imor	e, Md	. 21213
23. PAPM . Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Embolic C	eech line.	ovasc		Accident		piratory at	reat,	Approximate Interval Batwee Onset and Dea
	DUE TO (OR AS			ibrill	ation				HOURS
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQU	ENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or injury	C								
that initiated evente	DUE TO (OR AS	A CONSEQU	ENCE OF):						
									ì
resulting in deeth) LAST	d								
resulting in death) LAST	ne contributing to death	but not rea	ultina in	the underlyin	a seuse alves to l	Ocat Con unio	AI AI PRODU	200	
PART II. Other aignificent condition			sulting in	the undarlyin	g ceuse given in i		N AUTOPSY	246.	AMILABLE PRIOR TO
PART II. Other significent condition Stephylococcus	Aureus Pnemo	nia					PRMED?	24b.	AMILABLE PRIOR TO
PART II. Other aignificent condition Stephylococcus Left Hemiplegia	Aureus Pnemo Secondary S	nia				PERF	PRMED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other mignificent condition Stephylococcus Left Hemiplegia Nutrition VIA P	Aureus Pnemo Secondary S	nia		yr. ag	0	PERFO	PRMED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algoriticant condition Stephylococcus  Left Hemiplegia  Nutrition VIA P  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Aureus Pnemo Secondary S EG	onia Stroke	one	yr. ag		PERFO	PRMED?	24b.	COMPLETION OF CAUSE OF DEATH?
PART II. Other algorithms conditions tephylococcus  Left Hemiplegia  Nutrition VIA P  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 XXNO	Aureus Pnemo Secondary S	onia Stroke	one	yr. ag	0	PERF( 1   YES	PRMED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algorithms conditions tephylococcus  Left Hemiplegia  Nutrition VIA P  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2	Aureus Pnemo Secondary S EG	onia Stroke	one	yr. ag	O	PERF( 1   YES	PRMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significent condition Stephylococcus  Left Hemiplegia  Nutrition VIA P  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   X NO	Aureus Pnemo Secondary S EG HOSPITAL: Will Inpetient 2 = ERVOU 280. DATE OF INJURY	onia Stroke	One DOA 4	yr. ag	O  ACE OF DEATH (Che to 5   Residence	PERF( 1 YES	PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificent condition Stephylococcus  Left Hemiplegia Nutrition VIA P  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	Aureus Pnemo  Secondary S  EG  HOSPITAL: WA Inpetient 2 = ER/Ou  28e. DATE OF INJURY (Month. Day, Year)	onia Stroke  stroke  stroke  stroke  stroke  stroke	One DOA 4 28b. TIME ( INJUR	yr. ag	O  LACE OF DEATH (Che to 5   Residence IURY AT THK? YES 2   NO	PERFO  1 VES  ck only one)  6 Other (Specify)  26d. DESCRIBE HOW	PRMED?  2)(1) NO  INJURY OC	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other aignificent condition Stephylococcus  Left Hemiplegia  Nutrition VIA P  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH  1 X Netural 5 Pending Investigation	Aureus Pnemo  Secondary S  EG  HOSPITAL: WA inpetiant 2 = ER/Ou  28a. DATE OF INJURY (Month, Dey, Veer)	onia Stroke  stroke  stroke  stroke  stroke  stroke	One DOA 4 28b. TIME ( INJUR	yr. ag	O  LACE OF DEATH (Che to 5   Residence IURY AT THK? YES 2   NO	PERF( 1 VES  ck only one)  8 Other (Specify)  28d. DESCRIBE HOW	PRMED?  2)(1) NO  INJURY OC	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other aignificent condition Stephylococcus Left Hemiplegia Nutrition VIA P  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XX NO  27. MANNER OF DEATH 1 XX Notural 2	Aureus Pnemo  Secondary S EG  HOSPITAL:  VIA inpetiant 2 = ER/Ou  26a. DATE OF INJUR  (Month. Day, Year)  26a. PLACE OF INJUR building, stc. (Sp	onia Stroke  utpatlent 3 [  RY — At homoectly)	One  DOA 4  28b. TIME C INJUR  e, farm, stre	yr ag  26. Pl  PTHER: Nursing Non  DF  Y  M  1   Let, lactory, office  at the lime, data	O LACE OF DEATH (Che to 5   Residence the 5   Re	PERFO  1 VES  CK only one)  5 Other (Specify)  28d. DESCRIBE HOW  City or Town. State  to the cause(a) and m	PRMED?  2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	COURED or or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other algnificent conditions tephylococcus  Left Hemiplegia  Nutrition VIA P  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	Aureus Pnemo  Secondary S  EG  HOSPITAL: WA Inpettent 2 = ER/Ou  28a. DATE OF INJURY (Month. Dey. Year)  28a. PLACE OF INJURY building, stc. (Sp	onia Stroke  utpatlent 3 [  RY — At homoectly)	One  DOA 4  28b. TIME C INJUR  e, farm, stre	yr ag  26. Pl  PTHER: Nursing Non  DF  Y  M  1   Let, lactory, office  at the lime, data	O LACE OF DEATH (Che to 5   Residence the 5   Re	PERFO  1 VES  CK only one)  5 Other (Specify)  28d. DESCRIBE HOW  City or Town. State  to the cause(a) and m	PRMED?  2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	COURED or or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other aignificent condition Stephylococcus Left Hemiplegia Nutrition VIA P  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XX NO  27. MANNER OF DEATH 1 XX Notural 2 Accident Investigation 3 Suicide 6 Could not ba 4 Homicide 6 Could not ba 4 Homicide 6 Could not ba 4 Check only 1 CERTIFYING PHYS	Aureus Pnemo  Secondary S  EG  HOSPITAL: WA Inpettent 2 = ER/Ou  28a. DATE OF INJURY (Month. Dey. Year)  28a. PLACE OF INJURY building, stc. (Sp	onia Stroke  utpatlent 3 [  RY — At homoectly)	One  DOA 4  28b. TIME C INJUR  e, farm, stre	yr ag  26. Pl  PTHER: Nursing Non  DF  Y  M  1   Let, lactory, office  at the lime, data	O LACE OF DEATH (Che to 5   Residence the 5   Re	PERFORMAN STEEL ST	PRMED?  2 \( \) NO  INJURY OC  and Number  anner es stand due to the	or or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other aignificent condition Stephylococcus  Left Hemiplegia  Nutrition VIA P  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	Aureus Pnemo  Secondary S EG  HOSPITAL:  VIA Inpatient 2 = ERVOU  28a. DATE OF INJURY (Month. Day, Year)  28a. PLACE OF INJURY building, stc. (Sp	onia Stroke  stroke  stroke  stroke  stroke  stroke  stroke  stroke  stroke  stroke  stroke  stroke  stroke	One  DOA 4 28b. TIME C INJUR a, farm, stre	26. PI PTHER: Nursing Non DF V M 1  et, lactory, office st the lime, date in my opinion, c	O LACE OF DEATH (Che to the total control of the to	PERFORMAN STEEL ST	PRMED?  2 \( \) NO  INJURY OC  and Number  anner es stand due to the	or or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  oute Number,



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO

	HEGISTHAN	CERTIFICATE	P DEATH	REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)	Gloven	2. DATE OF MONTH	DEATH DAY YEAR 3. TIME OF DEATH 12,15 P. M
	4. SOCIAL SECURITY NUMBER 5. SEX 2/3 - 64-7377 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F YRS. MONTHS DAY	44 4	
стов	9a. FACILITY NAME (If not institution, give atreet and number)	HOSP. BA	ON OR LOCATION OF DEATH	9c. COUNTY OF DEATH
8	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	10c. CITY, TOWN OR LC	DCATION	10d. INSIDE CITY LIMITS?
RAL DI	100. STREET AND NUMBER	AIR	101. ZIP CODE	1  YES 2  NO 10g. CITIZEN OF WHAT COUNTRY?
FUNER	1 Never Married 2 Married FORCES?	1 FYES 2 NO If yes	DECENDENT OF HISPANIC ORIGIN? (S , specify Cubeg, Maxican, Puarto Ricar	pecify Yea or No— 14. RACE — American Indian, Black, Whita, atc.
ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL OCCUP	YES 2 AND Specify:	Specify CK
LET	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 o	Give kind of work done during	most of working	D OF BOSINESS/INDUSTRY
E COM	17. FATHER'S NAME (First, Middle, Last)	longe	MOTHER'S NAME (First, Middle A)	ie, Meiden Surneme),
TO BI	19a. INFORMANT'S NAME (TOCKPINI)	+6 heren 3022 Pa	pet and Number or Furni Fourte Number, (	City or Town. State, Zip Code
	28a. METHOD OF DISPOSITION 1. Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DISPOSITION competery, crematory or other place)	A (Name of DATE	20c. LOCATION — City or Town Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		E AND ADDRESS OF MICHETY  APPLICATION  APPLI	ENERAL Home
	23. PART I. Enter the diseases, or complications shock, or heart failure. List only one	that caused the death. Do not enter the cause on each line.	mode of dying, such as cardiec	or respiratory erreat, Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	TR Hepartic &	Faline In C	Onset and Death
NO	Sequentially list conditions,	TO (OR AS A CONSEQUENCE OF):	O	
CATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	TO COM AS A CONSEQUENCE OFF:	18 th when for	I bleeding
CERTIFI	that initiated events resulting in deeth) LAST	TO (OR AS A CONSEQUENCE OF):	to I Esop	hezal Vance
DICAL (	PART II. Other algnificent conditions contributing	o death but not resulting in the under		D. WAS AN AUTOPSY PERFORMED?  VES 2 7 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	Heynts, Re	rich Falin	ndines	1   YES 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 negative.	OTHER:	PLACE OF DEATH (Check only one)	
	27. MANNER OF DEATH  1	OF INJURY 28b. TIME OF 18c INJURY	Home 5 Residence 6 Other (Sp. INJURY AT WORK?  YES 2 NO	BE HOW INJURY OCCURED
red BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	E OF INJURY — At home, farm, street, factory, ing, atc. (Specify)	office 28f. LOCATIO	ON (Street and Number or Rural Route Number, wn, State)
COMPLET	and the second s	t of my knowledge, death occurred at the time,		e) and manner ea stated.  I place, and due to the cause(a) and manner as stated.
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	0	29c. LICENSE NUMBER	29d. DATE SIGNED; (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (Typo, Prigi)	Am Sein	7/08/90
	31. DWAR 111 1994 4.232.8528	DARK WILLS	300 W.	Sello, Mul 2/223
	U and a second contract of the second contrac	the state of the s		

burial-transit permit. Pages 1. 2. 3 should

9	35	
P	98	
5	Ď	
3	Ped	_+
2	etac	9
7	9	#
3	ph	9
Stam	Sho	=
8	e 5	2
del	23	0
9	CPO	Ē
age	- O	-
-	Jera .	Ē
200	e =	exa
9710	THE THE	23
2	in in	90
	filled in, o	
3	natio	= 1
	crem	/en
2010	Par jag	9
2	and o	Teu
8	cian ior t	2
2000	e pr	-
200	gien	5
	al Hy	0
3	le at	u,
J. U.E.	nd k	E
1010	th a	any
	Sign	¥2
Ď	of	S.
HDI .	Dep	23
	ate	tem
	rtific he S	10
Š	S Ce	d,
-	it the	ark
	Afte	E
5	TOR:	82
5	INEC Urs	E
TO THE PROPERTY THE PROPERTY OF THE PROPERTY O	ALL RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE

2

296. SIGNATURE AND TITLE OF CERTIFIER

DAVID ROSE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 07215 94 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH p YEAR 03 GILLENWATER VIRGINIA A. 09 94 8:00 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 20 MONTHS DAVE HOURS 424-16-5955 1 M 2 X F 69 04 ALABAMA 24 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10b COUNTY 10c. CITY, TOWN OR LOCATION 10a STATE 10d. INSIDE CITY TENNESSEE HAWKINS ROGERSVILLE 1 TYES 2 THO FUNERAL 10a STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 37857 U.S.A. ROUTE 1-2310 GRANDVIEW ESTATE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 ANO Specify: 1 Never Married XX Married IF YES, DIVE WAR OR DATES BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Ò CLERK MANUFACTURING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CASEY CLARANCE HARALSON JEWELL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 37857 RTE.1-2310 GRANDVIEW ESTATE-ROGERSVILLE, TENN. 2 JAMES W. GILLENWATER 20s\_METHOD OF DISPOSITION
1 A Burlal 2 Cremation 3 C 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State HIGHLAND CEMETERY 3/15 ROGERSVILLE, TENN. 21. SIGNATURE OF FUNDING SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21061 RAYMOND C. FINK FUNERAL HOME 426 CRAIN HWY.S.W.GLEN BURNIE, MD. 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ Y POXIC resulting in death) DUE TO (OR AS A CONSEDUENCE OF MADITONES PRATO CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING MA Paulys CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMRIABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 1 TYES 2 XNO OF DEATH? 1 | YES 2 | NO DYS UPPDEN N/A 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) HOSPITAL: XX inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 | YES 2 | NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME DF 284 DESCRIBE HOW INJURY OCCURED 1 X Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 8 Could not be detarmined COMPLETED 4 Homicide 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated,

> 03/10/94. D-19991 WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D.200 HOSPITAL DR.SUITE 500-GLEN BURNIE, MD. 32. REGISTRAR'S SIGNATURE

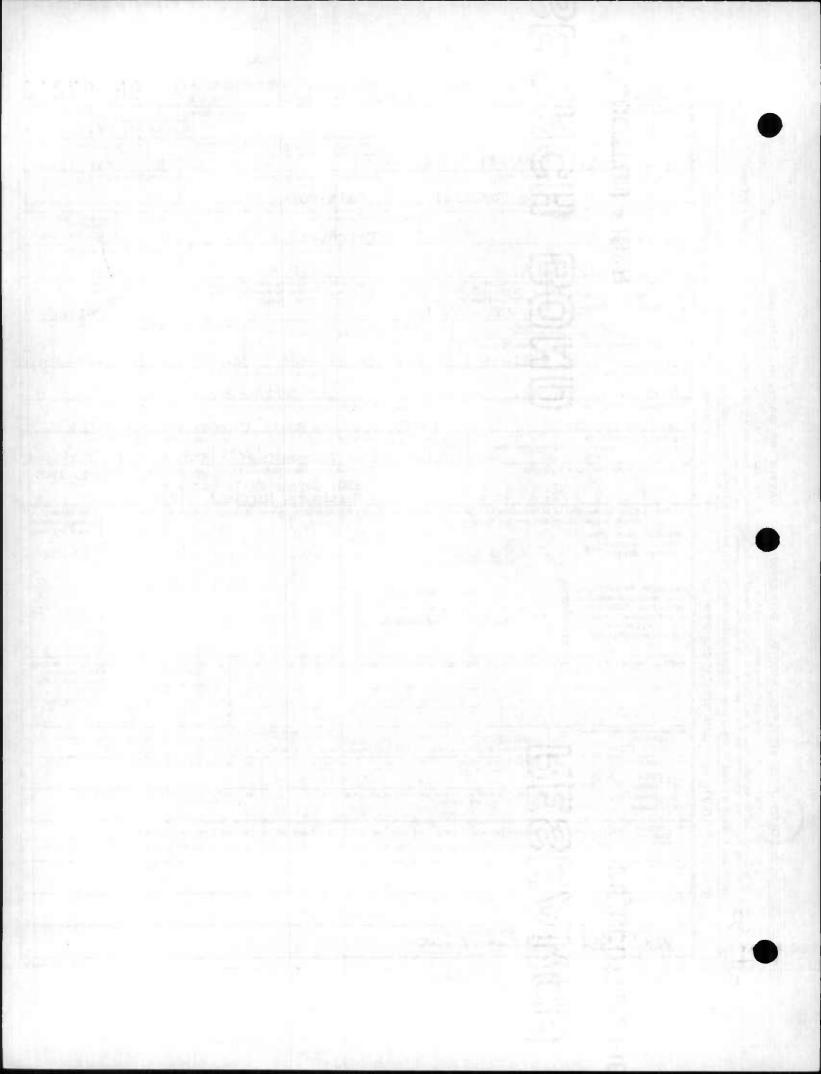
29c. LICENSE NUMBER

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29d. DATE SIDNED (Month, Day, Year)

Bakes 1

			CE	MIIFIC	SAIE UF	DEATH		REG. NO	0.	2 -1	01	2
	1. DECEDENT'S NAME (First, Middle, HO U STON)		MARKE				MONTH		DAY	YEAR 94	3. TIME OF D	EATH
	4. SOCIAL SECURITY NUMBER		6. AGE (in yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			-	PLACE (State o	For
-	214-50-8431	LDM2DF	45	YRS.	ONTHS DAYS	HOURS MIN.	Mar	1, Day, Year)	1948	Country		
-	Sa. FACILITY NAME (If not institution	n, give street end number)			DE. CITY, TOWN	OR LOCATION OF D		1 21	9c. COUN			21
ECTOR	Maryland Vet	erans Hosp	oital .		Balt	imore						_
0		COUNTY		10c. CITY,	TOWN OR LOCAT						10d. INSIDE (	ITY
AL DI	Maryland  10e. STREET AND NUMBER				- T	SVILLE			100 CITIZ	EN OF W	1 YES 2	_
H	6303 Craign	ont Road				21228			logi orric	US		
FUNI	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	IED		CENDENT OF HISPA			es or No-	14. RACE	- American I	ndl
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA				2 NO Speci		mount, accep		Specif	y:	~ I
ED	15. DECEDENT (Specify only highes	'S EDUCATION	16a. DEC	EDENT'S US	SUAL OCCUPATION		16b.	KIND OF BO	USINESS/INDU	ISTRY	Bla	21
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Alfa I	Do NOT use i	rk done during mo retired.)	est of working						
COMPLET	17. FATHER'S NAME (First, Middle, L.	College	1 Fur	nitu	re Ha	ndler				nes	Geipe	I
						16. MOTHER'S NA			n Sumame)			
BE	James E. Houst  190. INFORMANT'S NAME (Type/Prin		19b.	MAILING A	ODRESS (Street e		ine E		wn, State, Zio	Code)		_
10	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Earline Houston  6303 Craicmont Road Catonsville, MD										21228	
	20b. PLACE AND DATE OF DISPOSITION / Name of Cemetery, cremetory or other place)  20b. PLACE AND DATE OF DISPOSITION / Name of Cemetery, cremetory or other place)											
	4 Donation 5 Other (Specify	y)	Garris	on Fo	rest Ve	eteran C	$em^{3/1}$	4 Ow:	ings M	i115	s, Mar	13
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY NUTTER TUNERAL HOMES, II											T
	Plow Varker 2501 Gwynns Falls Parkway Baltimore, Maryland 21216											1
	TSERU	parler			2501 Balti	Gwynns imore, M	Falls aryla	Park	way 1216		Oncs /	1.
	23. PART I. Enter the disease ehock, or haert fa	es, or complications that allure. List only one cause	caused the dea	ith. Do no	2501 Balti	Gwynns i	Falls aryla	Park	way 1216		Approx	ılm
	ehock, or haert fa	allure. List only one caus	e on each line.		2501 Balti t enter the mo	Gwynns i	Falls aryla	Park	way 1216		Approx Interva Onset	ilm I B
	ehock, or haert fa	allure. List only one caus	e on each line.		2501 Balti t enter the mo	Gwynns i	Falls aryla	Park	way 1216		Approx	ilm I B
7	ehock, or haert fa IMMEDIATE CAUSE (Finel disease or condition	a. Awnth	OR AS A CONSECU	UENCE OF):	2501 Balti t enter the mo	Gwynns i	Falls aryla	Park	way 1216		Approx Interva Onset	liv I E
TION	ehock, or haert fa IMMEDIATE CAUSE (Finel disease or condition	a. Arrytto Due to (c) b. Hymno Due to (c) Due to (c) Due to (c)	on each line.  WWW.  OR AS A CONSECUTOR AS A CONSECUTOR  OR AS A CONSECUTOR  OR AS A CONSECUTOR	UENCE OF): UENCE OF):	2501 Balti t enter the mo	Gwynns imore, Minde of dying, euc	Falls aryla	Park	way 1216		Approx Interva Onset	liv I E
ICATION	ehock, or haert fa  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions,	a. Arryth  Due to (c  b. Liver  Liver	on each line.  WILL  OR AS A CONSEQUENCY  CHASE  OR AS A CONSEQUENCY  ACLE  AC	UENCE OF): UENCE OF): CANC	2501 Balti t enter the mo	Gwynns imore, Minde of dying, euc	Falls aryla	Park	way 1216		Approx Interva Onset	liv I E
TIFICATION	ehock, or haert fa  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING	a. Arryth  Due to (c  b. Liver  Liver	on each line.  WWW.  OR AS A CONSECUTOR AS A CONSECUTOR  OR AS A CONSECUTOR  OR AS A CONSECUTOR	UENCE OF): UENCE OF): CANC	2501 Balti t enter the mo	Gwynns imore, Minde of dying, euc	Falls aryla	Park	way 1216		Approx Interva Onset	liv I E
CERTIFICATION	ehock, or haert far immediate couse. Enter UNDERLYING CAUSE (Please or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Arryth  Due to (c  b. Liver  Liver	on each line.  WILL  OR AS A CONSEQUENCY  CHASE  OR AS A CONSEQUENCY  ACLE  AC	UENCE OF): UENCE OF): CANC	2501 Balti t enter the mo	Gwynns imore, Minde of dying, euc	Falls aryla	Park	way 1216		Approx Interva Onset	liv I E
AL	ehock, or haert far immediate couse. Enter UNDERLYING CAUSE (Please or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Awyto  a. Awyto  Due to (c  C  C  Due to (c  d.	OR AS A CONSEQUENCE OF AS	UENCE OF):  UENCE OF):  UENCE OF):	2501 Balti t enter the mo	Gwynns imore, Minde of dying, euc	Falls aryla ch ae carc	Park nd 2	Way 1216 piretory erre	et,	Approximaterya Onset 30	YE
AL	shock, or haert far immediate course. Enter UNDERLYING CAUSE (Pinel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Awyto  a. Awyto  Due to (c  C  C  Due to (c  d.	OR AS A CONSEQUENCE OF AS	UENCE OF):  UENCE OF):  UENCE OF):	2501 Balti t enter the mo	Gwynns imore, Minde of dying, euc	Falls aryla ch ae carc	Park nd 2	NAUTOPSY	et,	Approximerva Onset 30 2 d	YE
MEDICAL	shock, or haert far immediate course. Enter UNDERLYING CAUSE (Pinel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Awyto  a. Awyto  Due to (c  C  C  Due to (c  d.	OR AS A CONSEQUENCE OF AS	UENCE OF):  UENCE OF):  UENCE OF):	2501 Balti t enter the mo	Gwynns imore, Minde of dying, euc	Falls aryla ch ae carc	Park nd 2	NAUTOPSY	246.	Approximately ap	YFOR
MEDICAL	ehock, or haert fa  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent cor	a. Awyth  Due to (c)  b. Liver  C. Liver  Due to (c)  d	OR AS A CONSEQUENCE OF AS	UENCE OF):  UENCE OF):  UENCE OF):	2501 Balt: t enter the mo	Gwynns imore, Minde of dying, euc	Falls aryla ch as card	Park nd 2 lilec or resi	NAUTOPSY	246.	Approximately ap	YEOR
MEDICAL	ehock, or haert fa  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent cor	a. Awyth  Due to (c)  b. Liver  C. Liver  Due to (c)  d	OR AS A CONSEQUENCE OF AS	UENCE OF):  UENCE OF):  UENCE OF):	2501 Balt: t enter the mo	Gwynns imore, Minde of dying, euc	Falls aryla bh sa carc	24s. WAS A PERFC	NAUTOPSY	246.	Approximately ap	YEOR
EDICAL	ehock, or haert far immediate Couse. Enter UNDERLYING CAUSE (Pinel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions or conditions in the conditions of the conditions o	a. Awyto  a. Awyto  b. Due to (c  c. Livev  c. Due to (c  d. HOSPITAL: 1   Inpatient 2    28e. Date Of the (Month, Dec)	on eech line.  WWW.  OR AS A CONSEQUENCE  OR AS A C	UENCE OF):  UENCE OF):  UENCE OF):	2501 Balt: t enter the mo  the underlyin  26. Pi  DTHER: I   Nursing Hom  RY 28c. RN	GWYNNS I MOTE, Middle of dying, euclide of dying, euclide of grant of the second of th	Part I.	24s. WAS A PERFC 1 YES	NAUTOPSY	24b.	Approximately ap	YI
BY PHYSICIAN: MEDICAL	ehock, or haert fa  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent cor  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pendin investig	a. AWYY  a. AWYY  DUE TO (C  LIVEV  C. DUE TO (C  d. DUE TO (C  LIVEV  DUE TO (C  LI	OR AS A CONSEQUENCE OF AS	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  DOA 4  28b. TIME	2501 Balt: t enter the mo  the underlyin  26. Pi  THER: Nursing Horr OF Nursing Horr WC M 1	GWYNNS INOTE, Minde of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying and some statement of the stateme	Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 \( \text{N} \) NO	24b.	Approximateryal Onset 370 2 discourse 4 di	YEOR
ED BY PHYSICIAN: MEDICAL	ehock, or haert far IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are sufficient to the conditions of the	a. AWYY  a. DUE TO (C  b. DUE TO (C  C C C C C C C C C C C C C C C C C C	on eech line.  WWW.  OR AS A CONSEQUENCE  OR AS A C	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  DOA 4  28b. TIME	2501 Balt: t enter the mo  the underlyin  26. Pi  THER: Nursing Horr OF Nursing Horr WC M 1	GWYNNS INOTE, Minde of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying and some statement of the stateme	Part I.	24a. WAS A PERFC 1 YES	NAUTOPSY PRIMED?  2 NO  INJURY OCC	24b.	Approximateryal Onset 370 2 discourse 4 di	Y
ED BY PHYSICIAN: MEDICAL	ehock, or haert fa  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent cor  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pendin Investig 2 Accident 3 Suicide 6 Could of determine the conditions of the condit	a. AWYY  a. AWYY  DUE TO (C  LIVEY  DUE TO (C  L	e on eech line.  WWW.  OR AS A CONSEQUENCY  OR AS A CONSEQUENCY  OR AS A CONSEQUENCY  OR AS A CONSEQUENCY  INJURY  ( Your)  INJURY  ( Your)  INJURY  ( Specify)	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  DOA 4  28b. TIME INJUF	t enter the mo	GWYNNS I MOTE, Minds of dying, such that the second dying, such that the second dying, such that the second dying at the secon	Part I.	24a. WAS A PERFC 1 YES  ATION (Street, State )	NAUTOPSY PRIMED?  2 NO  INJURY OCC	24b.	Approximateryal Onset 370 2 discourse 4 di	YI
ED BY PHYSICIAN: MEDICAL	ehock, or haert fa  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent con  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pendin Investig 2 Accident 3 Suicide 6 Could of 4 Homicide Check only  Check only	a. AWYY  a. AWYY  DUE TO (C  LIVEY  DUE TO (C  LIVEY  DUE TO (C  A. DUE	e on eech line.  WWW.  OR AS A CONSEQUENCY  OR AS A CONSEQUENCY  OR AS A CONSEQUENCY  INJURY  (, Year)  INJURY  INJURY  Al homits. (Specify)	UENCE OF):  UENCE	the underlying the un	GWYNNS I MOTE, Mide of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying, eu	Part I.  Part I.  O Part I.  O Chy  Color Ch	24s. WAS A PERFC 1 YES  ATION (Streed) and missing issues or rown, State	N AUTOPSY PRIMED?  2 NO  INJURY OCC  Tend Number (e)	24b.  URED  Or Rural R	Approximaterya Onset 370 2 d 1 mg 2 d 1	YIII
COMPLETED BY PHYSICIAN: MEDICAL	ehock, or haert fa  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent cor  25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pendin 1 Netural 5 Pendin 1 Netural 6 Could determined 2 Accident 1 Investig 3 Suicide 6 Could determined 2 CERTIFIER (Check only one) 2 MEDICAL E	a. ANY 1/2  a. ANY 1/2  B. DUE TO (C  C. LYEV  OUE TO (C  C. LYEV  OUE TO (C  DUE TO (C  A. DUE TO (C  DUE TO (C  DUE TO (C  A. DUE TO (C  DUE TO (C  DUE TO (C  A. DUE TO (C  D	e on eech line.  WWW.  OR AS A CONSEQUENCY  OR AS A CONSEQUENCY  OR AS A CONSEQUENCY  INJURY  (, Year)  INJURY  INJURY  Al homits. (Specify)	UENCE OF):  UENCE	the underlying the un	GWYNNS INOTE, Mide of dying, euclide of dying, euclide of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying and discoursed of the dying	Falls aryla ch as card  Part I.  Peck only on  G Othe  286. DES  Loc City  In line, date	24s. WAS A PERFC 1 YES  ATION (Streed) and missing issues or rown, State	NAUTOPSY PAMED?  2 NO  INJURY OCC  Injury occ  Injury occ  Injury occ  Injury occ  Injury occ  Injury occ  Injury occ	24b.  URED  or Rural R	WERE AUTOPS AMAILABLE PRICOMPLETION 1 OF DEATH?	Y F F F F F F F F F F F F F F F F F F F
ED BY PHYSICIAN: MEDICAL	ehock, or haert fa  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent con  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pendin Investig 2 Accident 3 Suicide 6 Could of 4 Homicide Check only  Check only	a. AWYY  BUE TO (C  C. WEV  DUE TO (C  C. WEV  DUE TO (C  DUE TO (C  A. DUE TO (C  DUE TO (C  DUE TO (C  A. DUE TO (C  DU	e on eech line.  WWW.  OR AS A CONSEQUENCY  OR AS A CONSEQUENCY  OR AS A CONSEQUENCY  INJURY  (, Year)  INJURY  INJURY  Al homits. (Specify)	UENCE OF):  UENCE	the underlying the un	GWYNNS I MOTE, Mide of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying, euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying and euclided of dying, eu	Falls aryla ch as card  Part I.  Peck only on  G Othe  286. DES  Loc City  In line, date	24s. WAS A PERFC 1 YES  ATION (Streed) and missing issues or rown, State	NAUTOPSY PAMED?  2 NO  INJURY OCC  Injury occ  Injury occ  Injury occ  Injury occ  Injury occ  Injury occ  Injury occ	24b.  URED  or Rural R	Approximaterya Onset 370 2 d 1 mg 2 d 1	Y F F OPF



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE 2

31. DATE FILED (M

DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE FUN filed with

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (SI Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 PF 12-9e. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATI 0 RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY imore 1 YES 2 NO 101. ZIP CODE 100. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? ee 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—H was, specify Cuben, Mexicen, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian Black, White, atc. If yes, specify Cuben, Mexicen, Pu 1 YES 2 2-NO\* Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 18+. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high nost of working Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) MOTHER'S NAME (First, Middle, Maiden Samene) 175 19a INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stre 20a. METHOD OF DISPOSITION
16 Burlel 2 Cremetton 3 Removal from State 296 PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION 4 Doryftion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ADMRESS OF FACILITY SS UNERAI Novi 23. PABT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, Approximate ahock, or heart failure. List only one cause on each line. Interval Retween IMMEDIATE CAUSE (Final Onset and Death ervica disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE DF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE DF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1 YES 2 ND HOSPITAL OTHER ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA Residence 6 - Other (Specify) 4 Nursing Ho 27. MANNER OF DEATH 26e. DATE DF INJURY (Month, Day, Year) 28c. INJURY WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner ee stated. (Check only one) MEDICAL EXAMINER: On the basis of exa n endier investigation, in my opinion, death occured at the time, date and piece 296. BIGNATUS AND TITLE OF CE

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MIVERSI

WHD CDM

1994

bbas

32. REGISTRAR'S SIGNATURE

OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECOR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any

BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending Investigati

6 Could not be determined

1 YES 2 ND

27. MANNER OF DEATN

1 Natural

2 Accident

3 Suicide

4 🔲 Homicide

HOSPITAL:

1 | Inpatient 2 | ER/Outpatient 3 | DOA

26e. DATE DF INJURY (Month, Day, Year)

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYL	AND / DEPAR CERTIF	RTMENT	T OF H E OF	IEALTH DEA	AND I	MENTA	L HYGIEN		94	0721	
	1. DECEDENT'S NAME (First, Middle, Last)					_			2. DATE	OF DEATH		1,521	3. TIME OF DEATH	
	DWAYNE	ERIC	HAY	ES						709/92		YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (	In yrs. lest birthday)	IF UNDER		IF UNDER	24 HRS.	7 DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	218-76-4933	1√2×M 2 □ F		30 YRS.	MONTHS	DAYS	HOURS	MIN.	06	730/6:	3	Country		
	Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN D	R LOCATI	ON OF DE			9c. COUN	TY OF DE	EATH	
OR	2704 FENWICK	AVE				BP	ALTI	MOR	E					
ᇈ	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	PV												
DIRECTOR	MD.	· ·			Y, TOWN O								10d. INSIDE CITY LIMITS?  1) XYES 2 NO	
A	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?	
FUNERAL	2704 FENWICK	AVE.					2	121	8		U.	S.A		
5	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGI	N7 (Specify Yea		14. RACE	- American Indian.	
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES?	MAR OR DA	TES NO		If yes, spe I YES	2 XND	n, Mexical Specify	n, Puerto	Rican, atc.)			Black, White, etc.  Specify:	
												BLA		
E I	15. DECEDENT'S EDU (Specify only highest grad	JCATIDN e completed)		16e. DECEDENT'S (Give kind of a	work done	CCUPATIO	ON st of workli	na	16	. KIND OF BUS	SINESS/INDU	JSTRY		
COMPLETED	Elementary/Secondary (0-12)	+)	ilio. Do NOT use retired.)  LABORER					INDUSTRY						
ő	17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maiden Surname)													
BE	BURT	BROWN					ES	TEL	LE		HA	HAYES		
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street e	nd Number	or Rural F	loute Nun	ber, City or Town	n, State, Zip	Code)		
٩	ESTELLE MORR	IS		2704	FENV	WICK	AV	E. 1	BAL	ro. MI	0. 21	1218	3	
	20e. METHOD OF DISPOSITION 1 Regulated 2 Cremation 3 Ren	and the State		PLACE AND DATE	DF DISPOS	SITION /Na			DAT		CATION — C			
	4 Donation 6 Other (Specify)	TOWN HOM STATE		SALTIMO			TER	Y	B/:	2 BAT	TIMO	RE.	MD.	
	21. SIGNATUME OF FUNERAL SERVICE U	mist	1	7	22.	NAME AN	ID ADDRE	SS OF FAC	CILITY ]	BETTS	FUNE	ERAL	HOME MD.21213	
	23 PADY I. Enter the diseases, pr shock, or heert fellure.	complications the	et caused use on ea	the death. Do r	not enter	the mod	de of dy	ing, such	aa car	dlec or respi	ratory arre	et,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	Dicce	mih	ated M	Lien	660	tor.	Una	aviv	Ina Ca	main h	01/	Onset and Deat	
	resorting in death)	DUE TO	(OR AS A	CONSEDUENCE OF	F):	Juc	, (, ,	010.		111 60	mp 1	X	17 car	
NO	Sequentially list conditions,	AIR	)3										1 year	
Ě	If any, leading to immediate cause. Enter UNDERLYING	CONSEDUENCE OF	F):								77			
FIC	CAUSE (Diseese or Injury that initiated events	C. DUE TO	(OR AS A	CONSEDUENCE OF	F):								Lyears	
CERTIFICATION	resulting in deeth) LAST	d											Ì	
	PART II. Other significent condition	ns contributing to	deeth bu	it not resulting i	In the un	deriying	cause o	lven in	Part I.	24a, WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS	
MEDICAL	Pseudomona									PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
W :									_				1 WES 2 NO	

26. PLACE OF DEATH (Check only one) OTHER: e 5 M Reside 28b. TIME DF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 YES 2 ND 28e. PLACE DF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

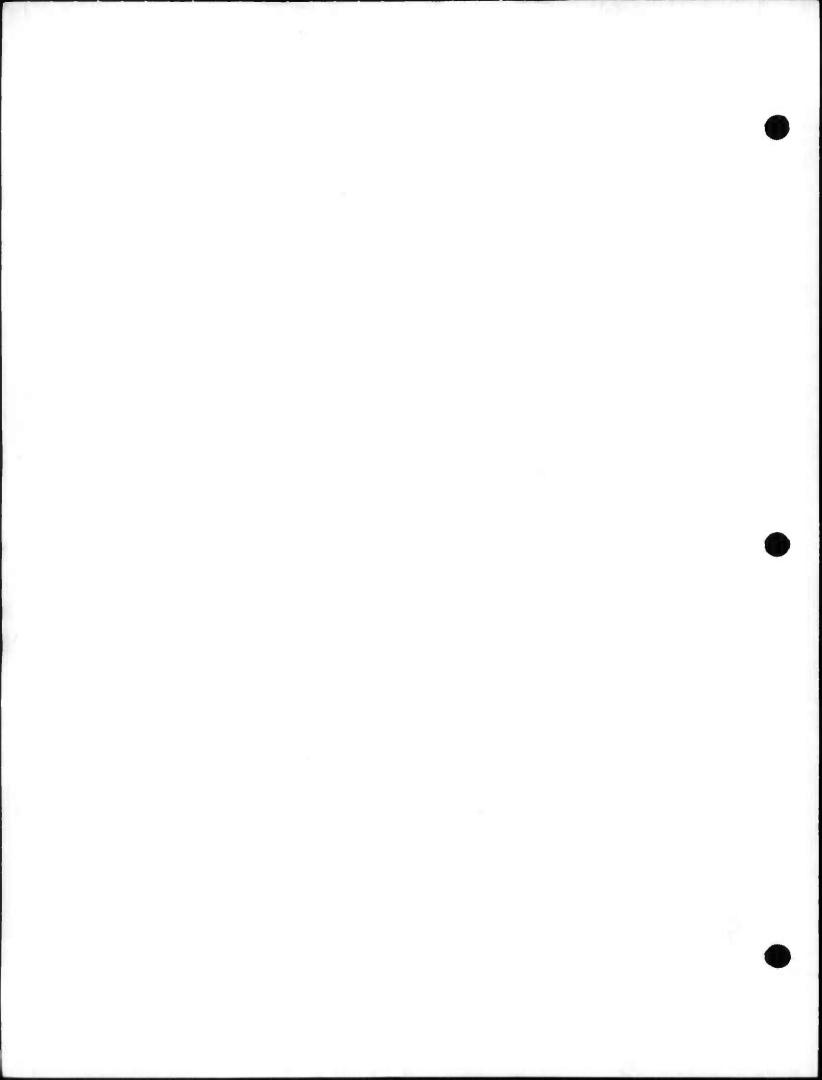
(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated.
one)	2 MEDICAL EXAMINER: On the basis of examination and/or investigation in any online double exceed at the first

296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

SUISINAV AND	D38398	13-10-94
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		
Joel Gallantimo. 1830 E. Monument	St, Ste 7401, Ba	15 mars, 40 21205
MAR 11 1994 July 1001 1994		

94 07218

Approximate interval Between Onset and Death



1. DECEDENT'S NAME (First, Middle, Last)

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number,

407 FONT HILL AVE

5. SEX

1 📉 M 2 🗌 F

1 . STATE REGISTRAR

10a, STATE

**GEORGE** 4. SOCIAL SECURITY NUMBER

223-30-8988

after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should DIRECTOR N/A Md. Baltimore FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 407 Font Hill Ave. -Baltimore, Md. use as the bunal-transit 21223 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) FORCES? 1 YES 2 1. Never Married 2 Married 1 YES 2 NO Specify: ВҰ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade į College (1-4 or 5+) Elementary/Secondary (0-12) artending physician and completely filled in by the funeral director, page 5 should be detached intal Hygiene prior to burial, cremation, or removal. N/A N/A Truck Driver 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) ĕ Theodore Hogston Betty Doane 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2901 Kingsley St. - Baltimore, Md. 21223 Nina White be 20a. METNOD OF DISPOSITION
1 □ Burlal 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Metro Crematory, Inc. 3-12-94 4 Donation 8 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 3512 Frederick Avenue Baltimore, Md. 21229 G. Truman Schwab 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliurs. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel the diseese or condition . ATTE POSCUSTATIC CARDWASCUBIL DISTOSE resulting in death) DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the atten 23 shows any injury, PART II. Other aignificent conditione contributing to deeth but not reaulting in the underlying cause given in Part I. MEDICAL Signed by the PARTIPU certificate has been h the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one HOSPITAL: OTHER: 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5X Realdence 8 Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED DIRECTOR: After this of hours after death with 1 Aatural 5 Pending investigation M 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, tactory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 80 3 Suicide COMPLETED 8 Could not be 28 4 Homicide hours Hem 29e. CERTIFIER (Check only 1 \_ CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 2 💢 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SUNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER BE Mysorte O.C.M.E. 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARYA PLAD 1.10 REL 111 Penn Street, Baltimore, Maryland 21201 MAR 11 1994 32. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

6. AGE (In yrs. last birthday,

68

HOGSTON

DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

BALTIMORE CITY

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year

7-20-25

MAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 07219 REG. NO 3. TIME OF DEATH 1:45 P M 8. BIRTHPLACE (State or Foreign Va. 9c. COUNTY OF DEATH 10d, INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U. S. A. 14. RACE — American Indien, Black, White, atc. White 18b. KIND OF BUSINESS/INDUSTRY Stedding 20c. LOCATION — City or Town, State Baltimore. Md. **Approximate** Interval Betw Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

MAR 9, 1994

. 11 - 2 - 1 re e sant je iri i do T 

o o	
<u> </u>	
2	
~	
Φ.	
9	
~	
$\sim$	
0	
m	
o.	
$\Box$	
۵.	
(A)	
97	
9	
77	
-	
$\circ$	
1	
L RECC	
ш	
~	
_	
A	
>	
$\circ$	
_	
Z	
=	
0	
-	
S	
_	
_	
$\Box$	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.

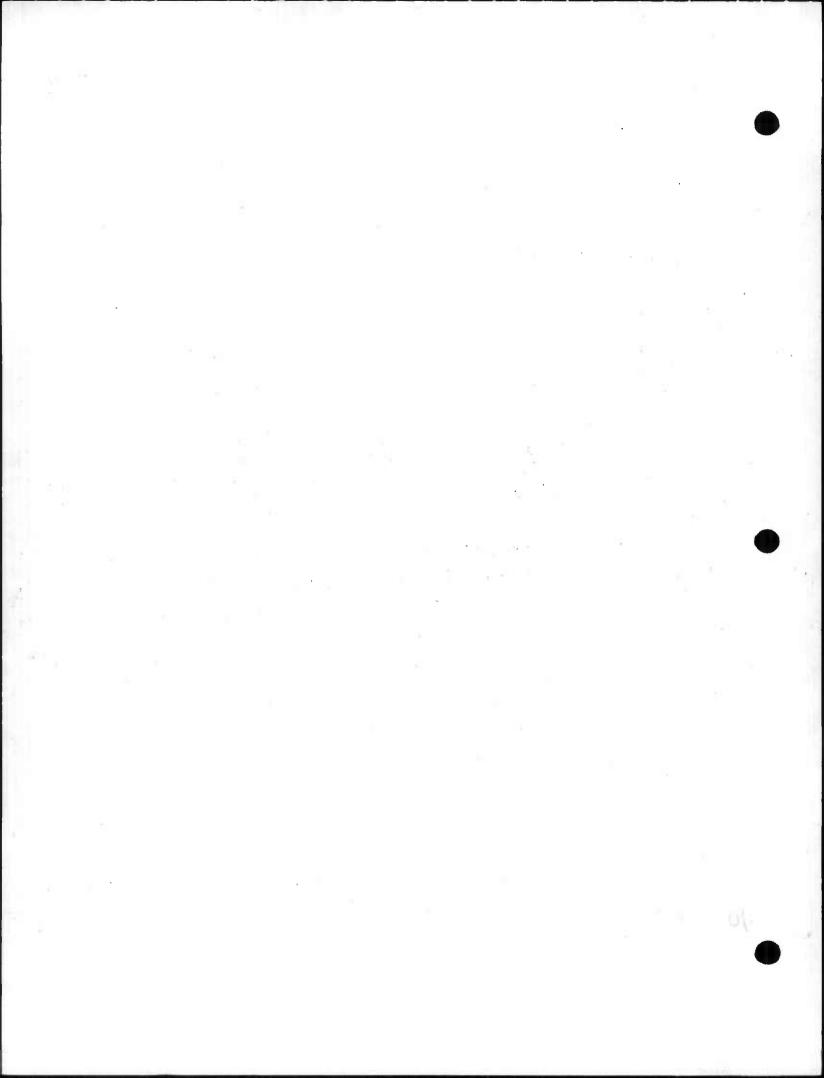
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

9	4	0	7	2	2	(

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATN  3. TIME OF DEATN									3. TIME OF DEATN				
												MAR 8, 1994 YEAR		
	4. SOCIAL SECURITY NUMBER 21.8-12-4252 5. SEX 1 M 2 M F			a AGE (In yrs.	AGE (In yrs. last birthday) IF UND YRS. MONTHS		DAYS	IF UNDER	MIN.	7. DATE OF B	192°,	1907	6. BIRTI	HPLACE (State or Foreign
OR	90. FACILITY NAME (II not in: 6011 PARK H	etitution, give s EIGHTS	treet and number)	T FLOOI	3	BAT	TIM	PLOCATI	ON OF DE	АТН		9c. COU	NTY OF C	PEATN
5	RESIDENCE OF DEC													
DIRECTOR	MARYLAND	10b. COUNTY			'BAI	TTMC						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	6011 PARK H	EIGHTS	S AVE 1	ST FLO	OR		.10	2121	<b>.</b> 5			USA		WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divor		12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO		II yea, sp	CENDENT Concepty Cube	ın, Mexicai	IC ORIGIN? (Sp n, Puerto Ricen	pecify Year	or No—	14. RACI Blac	E — American Indian, k, White, atc.
	15. DECI (Specify only	EDENT'S EOU	CATION	16a.	DECEDENT'S	USUAL C	CCUPATION	ON		16b. KIN	O OF BUSI	NESS/INC	USTRY	
COMPLETED	Elementary/Secondary (0-		College (1-4 or 5	+)	OUSEW	se retired.)	during me	St or works	ng	ΑΊ	HOM	E		
اسا	17. FATNER'S NAME (First, MI	ddle, Last) DUF	KES					18. MOT	SERE	ME (First, Middle NE	e, Maiden S	Surname)	FUC	CHS
8	19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	AOORES	S (Street I	and Number	r or Runal R	Route Number, C	lity or Town	, State, Zip	Code)	
임	HELENE HIRSC	HLER			3301	TANTE	ום עי	n Ri	אדידי.ז	ORE	MD	2121	5	
	20a. METHOD OF DISPOSITI	ON CONTRACT			E AND DATE	OF DISPO	SITION (Na			OATE	-			own, Stata
	4 Donation 5 Other	(Specify)			VRA A			ESED	3/0	/94	RA	NDAL	LSTO	OWN MD
	21. SIGNATURE OF FUNERAL	L BENDICE LIC	STATE OF			22.	NAME A	NO ADDRE	SS OF FAC	CILITY				
	Haduly	LX	lellen	lan						BROS.				01015
	23. PARY I. Enter the di	seases, or o	complications the	t ceused the	deeth. Do	not enter	the mo	ds of dy	Ing. such	WN RD.	or respir	atory sn	rest.	21215   Approximats
19	shock, or he IMMEDIATE CAUSE IF IN	tallure.	List only one ceu	use on each li	lne.									Interval Between Onset and Death
Н	diseese or condition	-	Acu	75 C	ARDA	- Δ	00.1-	- Line i d	A					lorn edict
	resulting in death)		a. OUE TO	(OR AS A CONS	SEQUENCE C	DF):	49	Item(1)	1				-	75 114 4000
z			a. ACU OUE TO ARTER	osclero	tic h	PURT	Dr.	sensa	5					204
CERTIFICATION	Sequentially liet conditi- it sny, leading to immed		DUE TO	(OR AS A CONS	SEQUENCE O	IF):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						-
S	cause. Enter UNDERLYII CAUSE (Disease or Injur	NG	С.											
듣	that initiated evente reaulting in death) LAST		DUE TO	(OR AS A CONS	SEOUENCE O	IF):								
EH	readiting in destin) LAS		d											
	PART ii. Other significe	nt condition	a contributing to	death but no	t resulting	In the u	nderlyin	g cause	alven in	Part I. 24a	. WAS AN	UITOPSY	245	. WERE AUTOPSY FINDINGS
EDICAL			scular n								PERFORM	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
			HENRY							—   ¹ º	YES 2	MO		OF DEATH?
Σ	Conge	\$1100	Menter	1- HI JUILLE						-				1 WES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL					20 0	ACE OF E	EATH (OL	ock only one)				
SICIAN	EXAMINER?		HOSPITAL:	ED/Outpottont	a □ pos	OTHE	R:							
PHYS	27. MANNER OF DEATH		26a. DATE OF		28b. TIR			URY AT	esidanca	6 Other (Sp. 26d, DESCRIE		ILIBY OC	CHRED	
		Pending	(Month, E			JURY M	WC	YES 2	NO NO	ZOO. DEGOTAL	SE TION III	JOH! OC	CONED	
ВУ	2 Calaba	nvestigation	28s. PLACE C	F INJURY — At	homa, farm,	street, fac				28t. LOCATIO	N (Street ar	nd Numbe	or Burni	Route Number,
밀		Could not be datarmined	building,	atc. (Specify)						City or To	wn, State)			, and trained,
Ē	29a. CERTIFIER	IFYING PHYSI	CIAN: To the best of	my knowledne	death acous	red at the	llma data	and also	and due	A. Ab				
COMPL														a) and manner as atated.
	206. SIGNATURE AND TITLE													
8	Julian	Juhr	4 ms						ense nun 2503			Zyd. DAT	2	(Month, Day, Year)
임	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH //	TEM 27) (5m	Print)		<u> </u>	-502	, (		-	· ·	1.14
	TULIANT		KOBOVI	1 -	<b>^</b>	65	02	42	61	Lini	5 A	HM	B	A (tompre 2121
	31 DATE FILED (Month, Day	Year)		R'S SIGNATURE	 E	_ 3		100	-K L	Y CONT.	, , , , ,		0'	J. W. Y.
1 1	MAK 1 1 1994	1	in Deriver	Russel						J				



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Item# 1 Per F, H. Film# G-709 03/11/94 R.M. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAR		CERTIF	ICATE OF	DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Middle, La	Seymour H	arris Hir	rsch				3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 8. AG				3 3	94	1 7 7 7
Dipart and the	1 ⊠ M 2 □ F	E (in yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) DEC. 26	,1922	BIRTHPLACE (State or Foreign Country) PENNSYLVANI
9a. FACILITY NAME (If not institution, gi	A A		96. CITY, TOWN I	DR LOCATION OF D	EATH	9c, COUNTY	OF DEATH
RESIDENCE OF DECEDENT 10a, STATE  MADVE AND	TIPPL L'EMPE	en_	KANDI	Flis Ton	N mn	BAL	DMORE
10e, STATE 10b, COU	INTY	10c. CI1	TY, TOWN OR LOCA	TION			10d. INSIDE CITY
MARYTAND		911	BALTI	TMORE			LIMITS?
10e. STREET AND NUMBER				1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
10e. STREET AND NUMBER 3008—B FALLSTA	FF RD.			2120	9		USA
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 1 45	IN U.S. ARMED			NIC ORIGIN? (Specify Y	es or No- 14.	RACE — American Indian, Black, White, etc.
1 Never Married 2 Merried 3 XWidowed 4 Divorced	IF YES, GIVE WAR OR			2 X NO Speci			Specify: WHITE
15. DECEDENT'S E	DUCATION		USUAL OCCUPATION		16b. KIND OF B	USINESS/INDUS	
(Specify only highest gr Elementary/Secondary (0-12)	ade completed)  College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	ost of working			
15. DECEDENT'S E (Specify only highest gr Elementary/Becondary (0-12)  / 2  17. FATHER'S NAME (First, Middle, Last)		DF	PUTY SH	ERIFF		CITY	OF BALTIMORE
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N. HELEN	AME (First, Middle, Malde		OGEL
CHARLES HIRSCH				***			
MRS INA HIRSCH	HTLLER	19b. MAILING	AUTUMN L	ANE FRUT	Route Number, City or To	21826	de)
200 METHOD OF DISPOSITION		0b. PLACE AND DATE				OCATION City	or Town Parts
1 Donation 8 Other (Specify)	amoval from State	emetery, cremetory or o	other plece)		1	COSEDALI	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	ORK NINES	22. NAME A	ND ADDRESS OF F	CILITY		
De No	2000	^			VINSON & E		
23. PART I. Enter the diseases,			1 6010	RETSHER	STOWN RD E	BALTIMO	RE, MD 21215
resulting in death)  Sequentially list conditions, if any, leading to immediate	- ANDXIC	A CONSEQUENCE OF	TOLOPA	MAPPEC			
cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE O	1 DOS1				
PART ii. Other algnificant condit	iona contributing to death	but not requiting	in the underlyin	a cause given in	Part i. 24e, WAS A	N AUTOPSY	24b. WERE AUTOPSY FIND
				J	PERF	RMED?	MAILABLE PRIOR TO COMPLETION DF CAU
					1 YES	Z [] NO	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (C	heck only one)		
EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER: 4  Nursing Hon	ne 5 🗆 Residence	6 Other (Specify)		
27, MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Year		AE OF 28c. IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	MED
1-Natural 5 Pending 2 Accident investigation	on		M 1 🗆	YES 2 NO			
3 Suicide 8 Could not 4 Homicide determined	building, etc. (S)	RY — At home, farm, pecify)	street, factory, offic	•	281. LOCATION (Stree City or Town, Stat		Rural Route Number,
000)	IYSICIAN: To the best of my known in the basis of examinate						ause(a) and menner as state
296 AIGHATURE AND TITLE OF CERTI				29c. LICENSE NU	1000		IGNED (Month, Day, Year)
KNYDD- 3	House France	2		2412	96	D 3	13/94
30. NAME AND ADDRESS OF PERSON	WHD COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	e, Print)	,,,,,			
P. R. DEGMAN, clo	M.W. HOSPINAT	CM. 52	Hor DL26	own as	RANNE	men	~ MD 21137
31, PATE FILED (Manth a Day Year)	32 BEGISTRAR'S GI				,	TA L P	1
MAK L 1 1994	JUNE BRUICEN	OF PERSON					

10 flate be the little

0	
002	
5-	
2121	
2	
9	
LAN	
₹	
MARYL	
Ë,	
C	
LIMO	
E	44

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
C	this ce	ORTANT: If Item 28 is marked, t
-	P	E

	FOR 1 - STATE REGISTRAR	STATE OF I			TMENT OF H		MENTA	NL HYGIEN REG. NO		۱ (	07222
	1. DECEDENT'S NAME (First, Middle, Last)						MON	E OF DEATH	NY .	YEAR	3. TIME OF DEATH
	STEPHAN  4. SOCIAL SECURITY NUMBER		RIE		INIOWSKI			rch 8	, 19	994	310 PH
		5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Mon	OF BIRTH th, Day, Year)		Count	
	214-14-9589  9a. FACILITY NAME (If not institution, give et		74	THS.				ist 11, 1	· -		ryland
œ			. /		9b. CITY, TOWN O				9c. COL	INTY OF C	DEATH
유	3601 Greenway	Apt. 90	14		Ват	timore C	ıty				
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT	ION					10d, INSIDE CITY LIMITS?
5	Maryland				Baltimor	е					1 X YES 2 NO
BY FUNERAL	10e. STREET AND NUMBER				101	ZIP CODE			10g. Cl	TIZEN OF	WHAT COUNTRY?
Ē	3601 Greenway	Apt.	904			21218	}		Uı	nited	States
2	11. MARITAL STATUS 1 ☑ Never Married 2 ☐ Married		T EVER IN U.S. AR			ENDENT OF HISP solfy Cuben, Maxi-			or No-	14. RAC Blac	E — American Indian, k, White, etc.
≥	3 Widowed 4 Divorced		WAR OR DATES			2 NO Spec		Thous, etc.)		Spec	
	15. DECEDENT'S EDUC	ATION	16a DE	CEDENTIE	USUAL OCCUPATION	- IAA	146	b. KIND OF BUS		04/07/04	WIII CE
E	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(G	ive kind of Do NOT u	work done during mo	st of working	10	a, KIND OF BU	SINE SS/IN	DOSTRY	
P	12	College (1-4 or 5	+)	Cler	ical			Amoco C	il (	:omna	nv
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			0101	Tour	16. MOTHER'S N				ompu	illy .
	William Ichn	iowski						a Tomas		wicz	,
BE	19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Street e					_	
2	Bertha M. Ichnic	owski			1 Greenw						1. 21218
	20e. METHOD OF DISPOSITION			AND DATE	OF DISPOSITION (Na	me of	DA	TE 20c. LO			own, Steta
	1 X Buriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	vel from State	Holly	Rosas	y Cemet	ery 3,	/11/9	4 B	alti	more	, Maryland
ı	21. SIGNATURE OF FUNERAL SERVICE LICI	Mark	T. Zavo			ID ADDRESS OF I		Baltimo	nre	MD	21214
	> markT. ?	aurena		yma	Loons	nd 1 D					ford Rd.
	23. PART I. Enter the diseases, or/co	emplications the	t caused the de	ath. Do i	not enter the mo	de of dying, au	ch as car	rdlec or respi	ratory a	rest.	Approximata
	shock, or heart fallura 1	ist only one car	ise on each ilna								Interval Batweer Onset and Daati
	disease or condition		alich	1001	ma	muli	4. %	mel			4 MOS
	resulting in death)	DUE TO	OR AS A CONSE	DUENCE O	long	,, (55-	1				1
z		,					U				
ERTIFICATION	Sequentially list conditions, if any, landing to immediate	DUE TO	(OR AS A CONSE	DUENCE O	F):			· · · · · · · · · · · · · · · · · · ·			
CA	CAUSE (Disease or Injury										
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE O	F):						
Ë	d date of the second of the se										
7	PART ii. Other eignificant conditions	contributing to	death but not r	eaulting	In the underlying	causa givan i	n Part i.	24a. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS
MEDICAL								PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
								1 TYES 2	□ NO		OF DEATH?
≥ :											1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEATH (C	Check only o	nne)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO   NO   NO   NO   NO   NO   NO											
BY	1 Netural 5 Pending 2 Accident investigation	(0.00,00)	roury			ES 2 NO					
	3 Suicide 6 Could not be	26e. PLACE (	F INJURY — At ho	me, term,	street, tactory, offic		281. LO	CATION (Street of or Town, State)	and Numbe	or or Rural	Route Number,
E	4 Homicide determined		(1,000,000,000,000,000,000,000,000,000,0					or town, oteley			
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, de	ath occurr	ed at the time, data	end place, and de	ue to the co	tuse(e) and mer	ner ee ste	rted,	
COMPLET	one) 2 MEDICAL EXAMINER										e) end menner ee stated.
N C	296. SIGNATURE AND TITLE OF CERTIFIER	1	1)		/	29c, LICENSE N	UMBER		29d. DA	TE SIGNET	O (Mginth, Day, Year)
, an	Saug	es 1.	Va	a0 =	1	-0013	377	2	•	3/9	184
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	SE OF DEATH /ITE	M 27) /3me	Drint)	101	//-			1 1	

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Suite 211

Francis X. Carmody, M.D. 7505 Osler Dr.

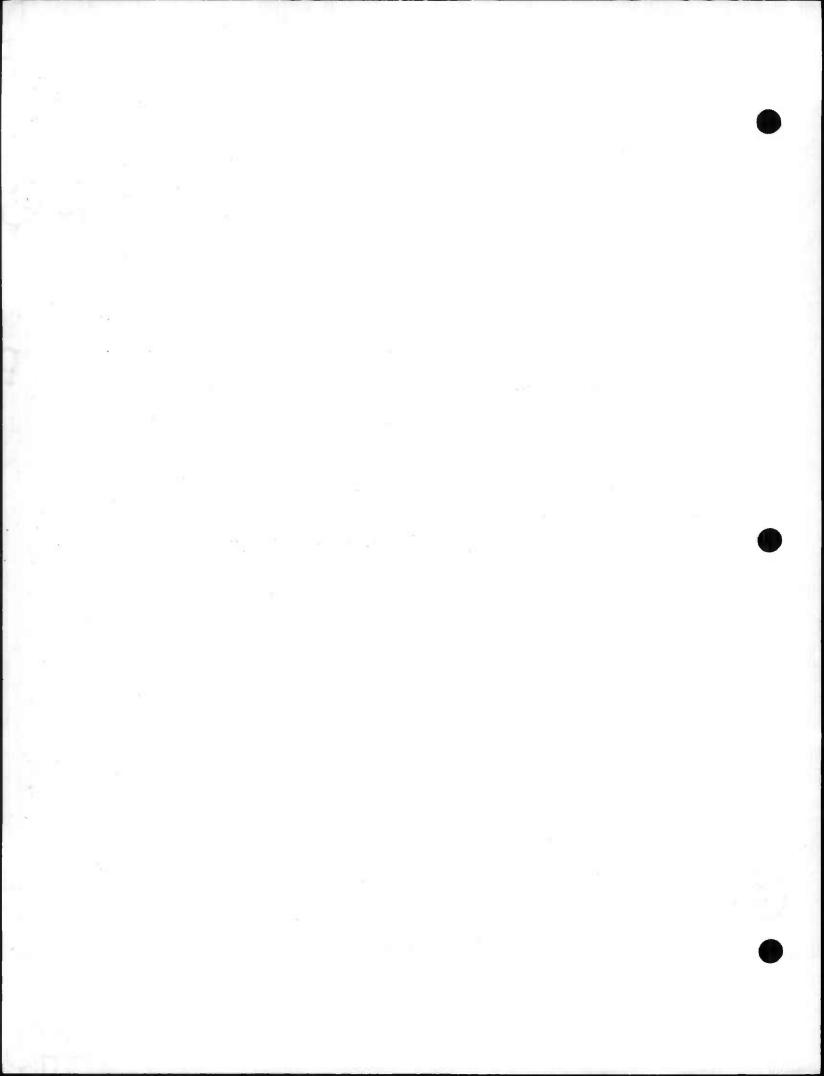
31. DATE FILED (Month, Pay, Year)

MAR 1 1994

32. SEGISTRAR'S SIGNATURE

MAR 1 1994

DHMH-16 Rev 1/89

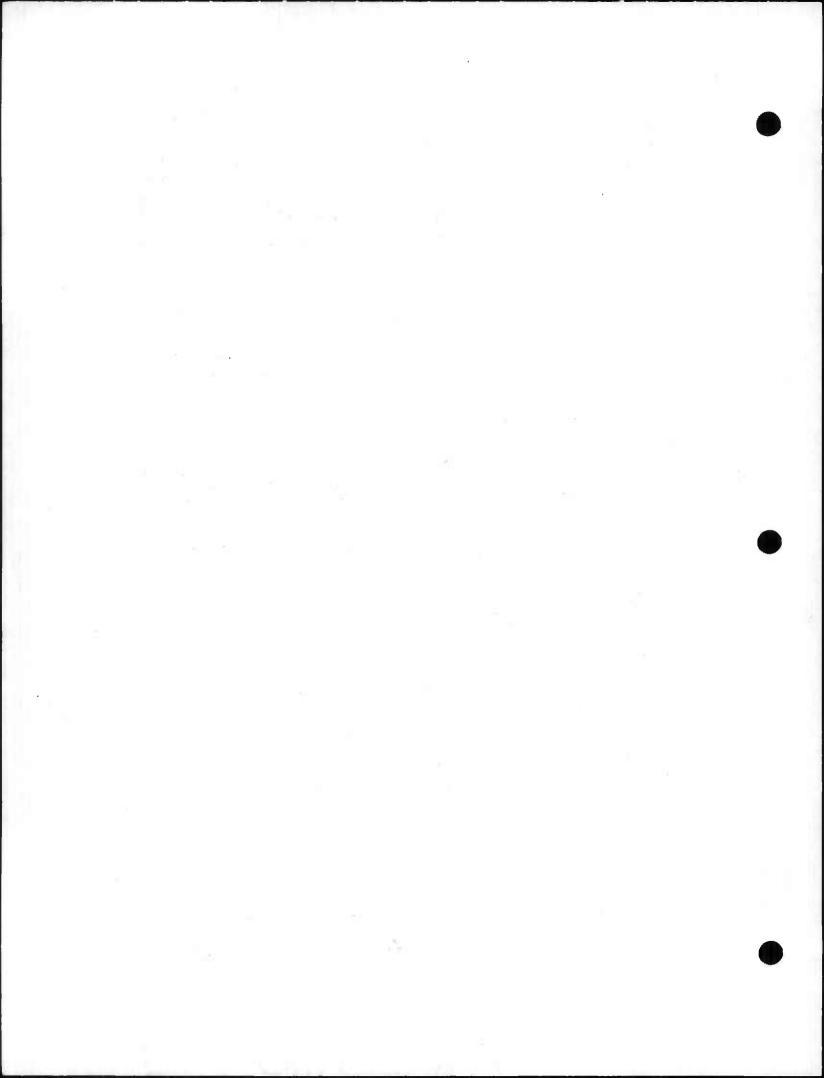


		FOR	
1		STATE	
	_	REGISTRAR	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	4	0	7	2	2	3

		REGISTRAR		CE	RHFIC	CALE	F DEAL	H	REG. N	O.		
		1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH SONTH DAY YEAR 3. TIME OF DEATH			TIME OF DEATH		
		ELEANOR	AUGUSTA	IS	ENSE	_			March 10	1994	EAR	12:40 A M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (in yrs. last i		IF UNDER 1 YEAR	R IF UNDER		7. DATE OF BIRTH			ACE (State or Foreign
		218-50-5458	1 M 2 X F	90	YRS.	ONTHS DAYS	HOURS	MIN.	(Month, Day, Year)	1004	Country)	است السند
Pino .		9a. FACILITY NAME (If not institution, give s		30	- 1	9b. CITY. TOW	N OR LOCATIO			904 9c, COUNT		ryland
3 should	œ	Monidian Hamilton								34,000	1 01 000	
1, 2,	DIRECTOR	Meridian Hamilton	1			Balti	more_					
Pages 1	E I	10a. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LO	CATION				16	Dd. INSIDE CITY
8	5	Maryland Balti	imore		Park	cton						LIMITS?
permit.		10e. STREET AND NUMBER			T GIT		10f. ZIP CODE			10a CITIZE		AT COUNTRY?
	à	1617 Harris Mill	Dood			ľ						
020 physician. burtal-transit	FUNERAL	10 17 MOTTES MILLE				1 40 1110 1	21120				S.A.	
020 physician burial-tra	립	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 X NO	)	If yes,	specify Cuban	, Maxican,	C ORIGIN? (Specify ) Puerto Rican, etc.)	aa or No— 1	J. RACE — Black, V	- American Indian, Vhita, atc.
The b	BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES		1 🗆 Y	ES 2 X NO	Specify:			Whit	0
215-0 attending se as the		15. DECEDENT'S EOU	CATION	I see DEC	EDENT'S U	SUAL OCCUPA	TION		ARE MIND OF S			E
or affe		(Specify only highest grade	completed)	(Give	kind of wo	rk done during	most of working	g	160. KIND OF E	USINESS/INDUS	HIT	
d for	2	Elementary/Secondary (0-12)	College (1-4 or 5+)		emake				Own Ho	nmo		
ANE hosy detache	COMPLETED	17. FATHER'S NAME (First, Middle, Last)		110111	Ciliano	-1						
by the hospital of the detached for at once.			D						E (First, Middle, Mald			
P P P P P P P P P P P P P P P P P P P	BE	George	Bromley					nces		West		
MARYLAND 21215-0020 s retained by the hospital or attending physic s should be detached for use as the burial notified at once.	5	19a. INFORMANT'S NAME (Type/Print)	4 2 2	- 1					oute Number, City or T	own, State, Zip C	ode)	
		Mrs. Elberta E. V		S	ame a	as #10a	a - #1	0f				
BALTIMORE, er death. Page 6 may be the funeral director, page val.		20g. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 A Ram	ovel from State	Ob. PLACE AN	NO DATE OF	DISPOSITION	(Name of		OATE 20c.	OCATION — CH	y or Town	, Stata
De 6 De 6		4 Donation 5 Ditter (Specify		More!	and	or prace)	3-1	4-94	Ba	alto. C	0	Maryland
BALTIMOR BALTIMOR nours after death. Page 6 ma ed in by the funeral director, g or removal. medical examiner must		21. BIGNATURE OF PUNCHALISESVICE LIC	ENE				ANO ADDRES		ILITY	25.		
AL. tune tune xam		Say / Page	7			Leona	ard J.	Rucl	k , Inc.			
B/ S after of removal.	$\overline{}$	23. PART I. Enter the disesses, of	(St. 111		at December	15305	Harfo	rd Ro	d. Balto	Md.	<u> 2121</u>	
nours af id in by or remo		ahock, or haert failure.	List only one cause on	aach iina.	tn. Do no	t enter the i	mode of dylr	ng, sucn	as cardled or red	piretory arres	t,	Approximate interval Between
filled in		IMMEDIATE CAUSE (Finel	-	-	9	h.	+7		. 0			Onset and Death
t mati		disease or condition resulting in death)	· LACK	2 mil		Kar	7 1	UN	earl			YEARS
ted within completely ial, crematil	1		GOE TO (OFI A	A ODNEEDL	MINCE OF):	1						
68760 ecuted with and comple burial, cre-	Z	Sequentially list conditions,	· Outpre	iles	ire	An	2					
B " O E	CERTIFICATION	if any, leading to immediate	DUE 19 QUA	A COMPLECE	JENCE OF):	(		1)				
BOX ficate be e physician ne prior to er traum	2	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	- 201A	a	nec	1	syn	an	owe			
	E	that initiated eventa	TOUR NO INFRA	A CONSECU	JENCE OF):		/					
C # BE P	E	resulting in death) LAST	d.									
		PART II. Other significant condition	a contribution to doub	but not so	author to						Letter.	
1 50 th	EDICAL	THE STATE OF THE CONTROL CONTROL	a contributing to death	but not re	suiting in	the underly	ing cause gi	IVEN IN P	PERF	ORMED?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
	ă						-		1 □ YES	2 000		OMPLETION OF GALISE F DEATH?
REC requires een sign of Heal									_		1	TYER 2 GHO
w requ	ä	//				/						
DIVISION OF VITAL REC OR ATTENDING PHYSICIAN: The law requires DIRECTOR: After this certificate has been sign hours after death with the State Dept, of Hea Item 28 Is marked, or Item 23 shows	PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	- Valoria resultatura				PLACE OF DE				_	
VN: 1 Incati Stat	SI	1 PES 3 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ EB/O	utpetient 3 (	DOA 4	DTMER:	ome 5 🗆 Res	addence 6	Other (Specify)			
SICIAL Certiff h the	<b>±</b>	27. MANNER OF DEATH	28s. DATE, OF INJUR	Y 1/1	28h. TIME	OF 28c.	INJURY AT		294. BESCHULL HAD	INJURY OCCU	RED	
〇 毛 岩	_	1 Natural S Pending	(Morely Day red	H	24	U///	WORKT TYES 2	NO	11/14			
Affer death	BY	2 Accident Investigation 3 Stuicide & Could not be	28e. PLACE OF INJU	Hr At hors	G, Tagen, ste	net, factory, of		Pilinari,	281, LOCATION (Street	fant Number or	Burnt Boul	to Number
DIVISION  DR ATTENDING I  DIRECTOR: After hours after death item 28 is mai		4 Momicide 6 Gould not be determined	building, etc. (5)	1 (")	4		47.0		City or Jung Sto	IN		or, manages,
IN AI	9 1	29a. CERTIFIER		$\vee$	1				/ /	M_		
RAL O	N N	(Check only	CIAN: To the best of my kn									
DEFITAL MERAL Unio 72 NNT: II	COMPLET	2 MEDICAL EXAMINE	R: On the basis of axamina	tion and/or in	veatigation,	, In my opinion	, death occure	ed at the ti	ime, data and place,	and due to the	:ause(a) a	nd manner as stated.
<b>△</b> 36 €	ш	300. SIGNATURE AND TITLE OF CERTIFIE	12				29c. LICE	NSE NUME	BER	29d, DATE S	HGNED (M	lonthy Day, Year)
DIVISION OF DIVISION OF THE LOR ATTENDING PHYSIND THE STATE HIS CONTRACTORS After this CONTRACTORS ATTENDED WITH MEDITIAL THE MEDITIAL	00	MINTER	Lever				P3	349	52	13	110	194
	2	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, P	Print)		1_6			110	1
		John T. Evel					d Ral	timo	ore, Md.	21206		
/ 1	Ī	31. DATE FILEO (Month, Day, Year)	32 REGISTRAD'S SI	GNATURE	Derd	¥1 1\U0	iu, Dal	LOTHIC	ne, nu.	41400		
		MAR 1 1 1994	32 MEGISTRAD'S SI	on-Alan	delle							
		דטטו ב ווווווו	V/									



020	physician.
1215-0	attending
$\overline{}$	9
ND 2	hospital
A	19
7	2
MAR	retained
-	8
RE	шау
0	9
M	Page
Η.	th.
BAL	de

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IG PHYSICIAN. The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
: The law requires that the death certificate be	ate has been signed by the attending physician	tate Dept. of Health and Mental Hygiene prior t	tem 23 shows any injury, or other traus
OR ATTENDING PHYSICIAN:	DIRECTOR: After this certification	hours after death with the Si	item 28 is marked, or if
PITAL	ENERAL	Willin 72	ANT IF
3	DTHE	1	MPORT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

	FOR STATE OF MARYLA  1 - STATE REGISTRAR	ND / DEPA CERTII	RTMENT	OF HEALTH OF DEA	AND M	ENTAL HYGIEN REG. NO.		) 4	07224
	1. DECEDENT'S NAME (First, Middle, Last)  JAMES FITZGERALD	JONES				2. DATE OF DEATH MONTH March 6	19	1594 3. 1	TIME OF DEATH  10:09 D M
	4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (III $\simeq 10^{-1}$ $\simeq 10^{-$	n yrs. last birthday		YEAR IF UNDER	MIN.	7. DATE OF BIRTH  (Month, Day, Year) Sept. 6.1			
Œ	99. FACILITY NAME (If not institution, give street and number) Sinai Hospital			own or Locati	ON OF DEAT			Y OF DEATH	
ECTO	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY	10c, C	TY, TOWN OR		e			104	I. INSIDE CITY
L DIR	Maryland 100. STREET AND NUMBER		altimo	re				15	LIMITS?
VERA	2003 South Road			101. ZIP COD 2120			U.S		COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Merried 2 Merried  3XXWidowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 TO YES IF YES, GIVE WAR OR DA	2 NO	If y	S DECENDENT Cos, specify Cube	n, Mexicen,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No— 14	Black, Wi	American Indian, hite, etc.
BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5+)  4 years	(Give kind o life. Do NOT	(Give kind of work done during most of working life. Do NOT use retired.)				of Business/Industry		
E CO	17. FATHER'S NAME (First, Middle, Last)  John Marshall Jones  18. MOTHER'S NAME (First, Middle, Melden Surneme)  Mary Jeannette Shriver					r			
TO B	190. INFORMANT'S NAME (Type/Print) Gabriel Flannery		19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2003 South Road Baltimore, Md. 21209						
	20e. METHOD OF DISPOSITION  To Burlel 2 Commetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of commetter)  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S								
	21. SIGNATURE OF FUNERAL SERVICE LICENSER  Robert M. Kratz  Robert M. Kratz  Robert M. Kratz  Robert M. Kratz  Robert M. Kratz								(114)
	23. PART I. Enter the diseeees, or complications that caused shock, or heert fellure. List only one cause on ee iMMEDIATE CAUSE (Final diseese or condition resulting in death)  Output  Outpu	cal In	farcti		ing, auch :	aa cardiac or reapi	ratory arres	it,	Approximate interval Between Onset end Death
MEDICAL CERTIFICATION	Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Due to (or as a consequence of):  Coronary Artery Disease  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):								
CERT	PART II. Other significant conditions contributing to death but	it not resulting	In the und	riving cause	niven in De	art I. 24a, WAS AN	AUTOBOV	Tan wee	RE AUTOPSY FINDINGS
DICAL	Cerebrovascular Accident		, the offer	mynny couse i	given in Fe	PERFOR	MED?	AWA	REAUTOPSY FINDINGS REABLE PRIOR TO MPLETION OF CAUSE DEATH?
W	Colon Cancer						Λ		YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 X NO 26. PLACE OF DEATH (Check only one) HOSPITAL:

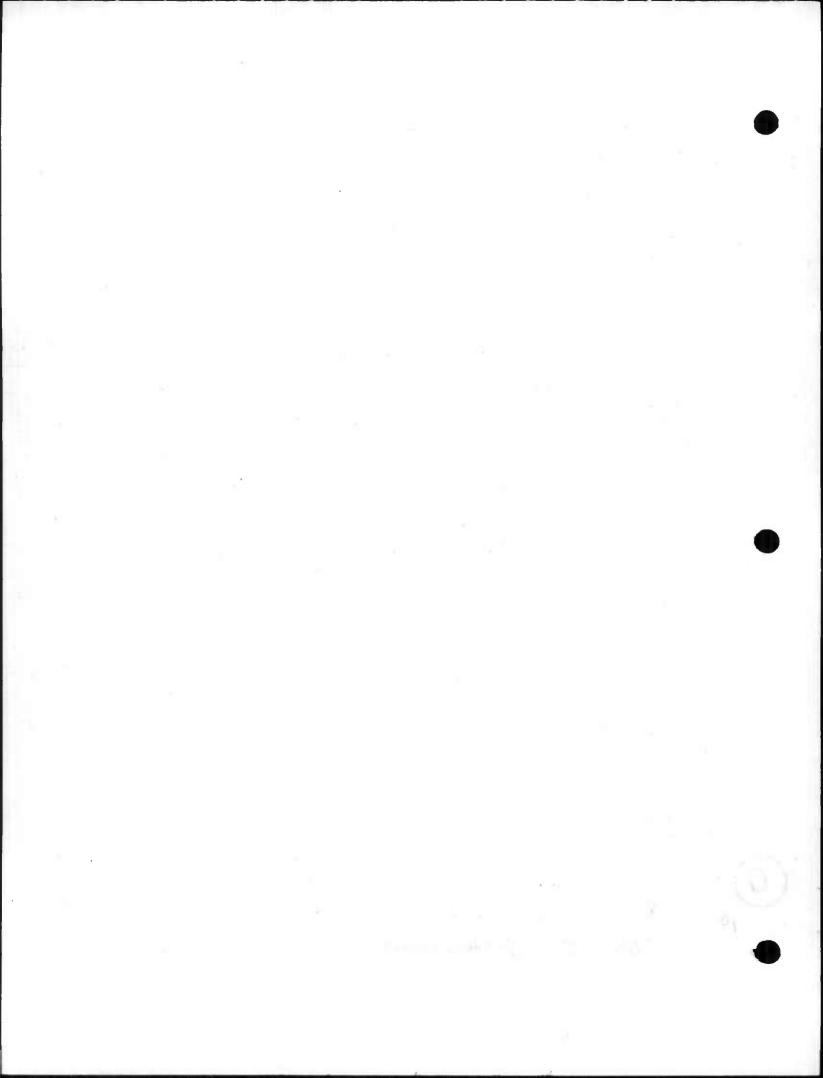
X Inpatient 2 ER/Outpatient 3 DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 27. MANNER OF DEATH 28c, INJURY AT WORK?
1 YES 2 NO 28e. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED XX Natural 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide

9e. CERTIFIER	1 CERTIFYING	PHYSICIAN: To the beet of my knowledg	e death occurred at the time of	data and alone, and due to the or	
(Check only		. The state of the state of the knowledge	e, beath occurred at the inne, c	sale and place, and due to the ca	Ause(s) end menner ee atated.

		1 .
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGHED (Might, Day, Year)
( ) sufficient )	D 25160	D 2/7/01/

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Janet Horn M.D. 55	30 Newbury	St. Baltım	iore, Md. 21209
31. DATE FILED (Month, Day, Year) MAR 1 1 1994	32. REGISTRAR'S SIGNA	TURE Brokell	

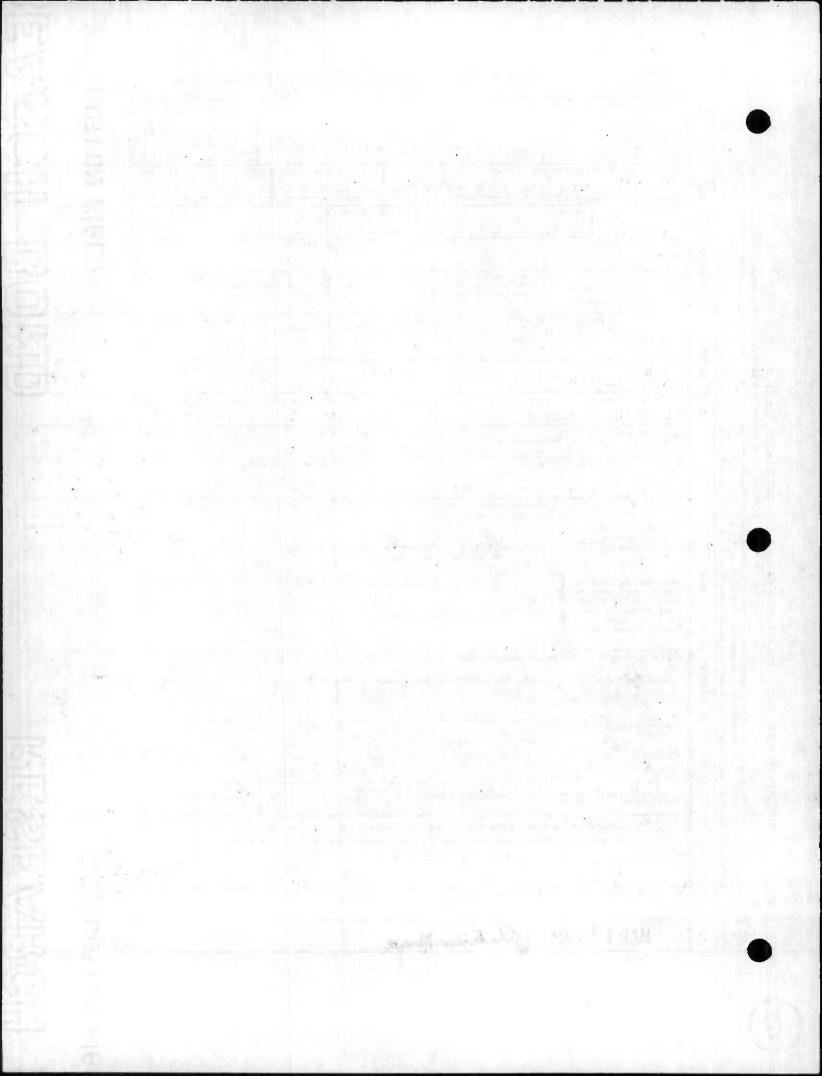


FOR STATE REGISTRAR

BOX 68760.	
39 X	
BO	
P.0.	
-	
OR	
RECORDS,	
ITAL	
7	
OF	
VISION	
2	

	Frederick	Charle	les Ki	Isus		2. DATE OF DI	DAY	YEAR	1835
	4. SOCIAL SECURITY NUMBER 217-07-8333	1⊠ M 2 □ F 88	YRS. MO	UNDER 1 YEAR		7. DATE OF BII (Month, Day, Jan. 8	Year)	Country)	LACE (State or Foreign
TOR	PRESIDENCE OF DECEDENT	street and number)	. //		or Location of Dea	ATH		N/A	ITH
DIRECTOR	Maryland N			wn or Local					IOd. INSIDE CITY LIMITS?  I X YES 2 NO
FUNERAL	611 South Charles	s Street		10	21230	T , I		S.A.	IAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Mever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 🔀 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPANI ecify Cuban, Maxican 2 XNO Specify:	, Puerto Rican,		14. RACE Black, White	American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 8th Grade		16a. DECEDENT'S USL (Give kind of work life. Do NOT use re Machine	done during mo tired.)	ost of working		co Oil C		237
ш	17. FATHER'S NAME (First, Middle, Last) George Kilgus		Hachine	Opera	18. MOTHER'S NAM	E (First, Middle,	Maiden Surname)	ompai	ty
10 B	19a. INFORMANT'S NAME (Type/Print) Elizabeth Kather:	ine Kilaus			ond Number or Rural R				21027
	20s. METHOD OF DISPOSITION  12 Burlal 2 Cremation 3 Ren  4 Donetion 5 Other (Specify)	1	20b. PLACE AND DATE OF D complery, compalary or other St. Matthey	ISPOSITION (N	ame of		20c. LOCATION —	City or Town	
_	21. SIGNATURE OF FUNERAL SERVICE		,	John (	ND ADDRESS OF FAC	. Inc.			vland 2120
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR A:	S A CONSEQUENCE OF:  S A CONSEQUENCE OF:	Jaila	¥£				Besons
MEDICAL	PART II. Other significant condition	and vi					WAS AN AUTOPSY PERFORMED? YES 2	- 6	WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2
3									
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	outpatient 3 DOA 4	THER:	LACE OF DEATH (Che		othy)		
ву РНУ	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea	28b. TIME O	THER: Nursing Hor	PURY AT DRK? YES 2 NO	B Other (Spe 28d, DESCRIBI	E HOW INJURY OC		ute Number
ED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29e. CERTIFIER Check only  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending Investigation  6 detarmined  29e. CERTIFIER Check only	28a. DATE OF INJUR (Month, Day, Yee 28e. PLACE OF INJU- building, atc. (S SICIAN: To the best of my kn	PRY — At home, term, street pocity)	THER:  Nursing Hen  F 28c. IN.  W  1   it, factory, office  t the time, date	DURY AT DRK? YES 2 NO	28d. DESCRIBI 28t. LOCATION City or Tow	E HOW INJURY OC I (Street and Number In, State)	r or Rural Roo	
TO BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending Investigation 3 Sulcide 8 Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJUR (Month, Day, Yee 28e. PLACE OF INJUR building, atc. (S SICIAN: To the best of my kn	JRY — At home, term, street pecify)  JRY — At home, term, street pecify, and the pecify, and the pecify, and the pecify, and the pecify, and the pecify, and the pecify, and the pecify, and the pecify a	THER:   Nursing Hon   Australia   Nursing Ho	Part of the following state of the following	B Other (Spe 28d. DESCRIBI 28t. LOCATION City or Tow to the cause(a)	I (Street and Number m, State)  and manner as statelete, and due to the	r or Rural Rol ted. he ceuse(s) (	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



10 notified

9

must

examiner

medicai

the

traumatic

other

0

amy

marked,

28 is 1

He H

1, 2, 3 should

Pages

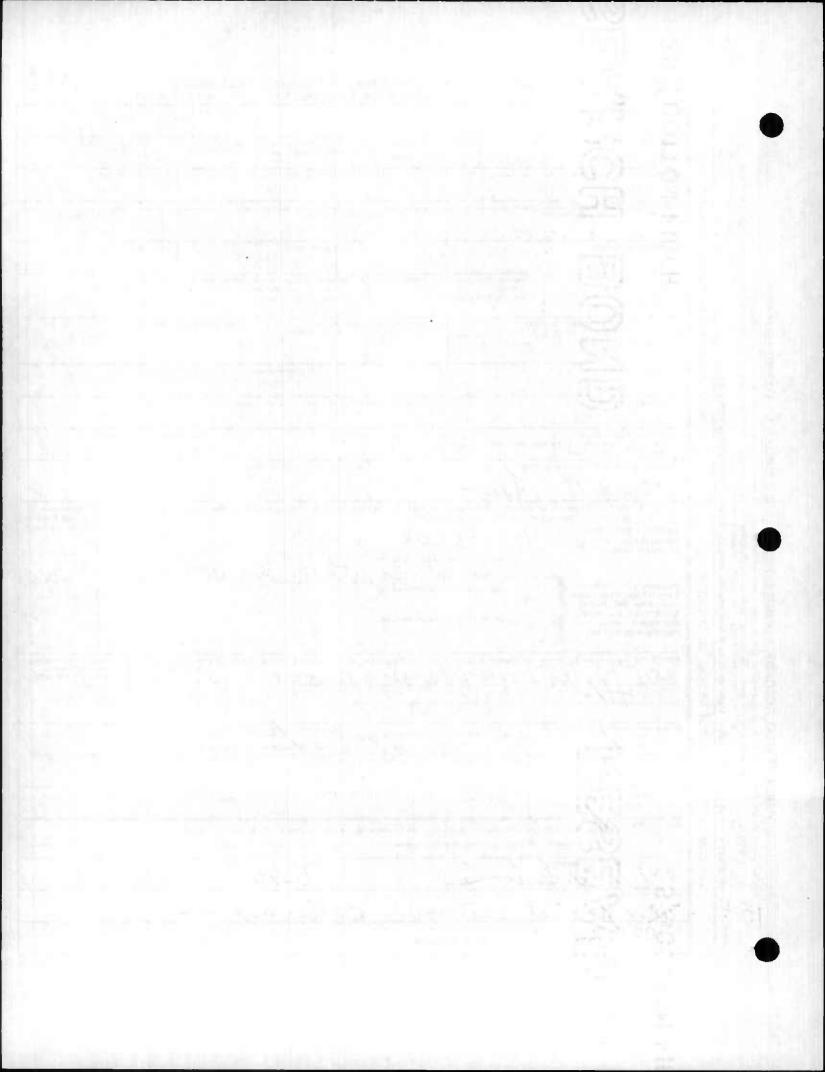
permit.

_	
<u> </u>	
9	
~	
8	
BOX 68760,	
2	
8	
O	
P.O.	
_	
S	
œ	
0	
O	
Ш	
Œ	
4	
5	
L	
0	
SION OF VITAL RECORDS, P.	
=	
2	
S	

the burial-transit Page 6 may be retained by the hospital or attending physician. 88 nse Ď page 5 should be detached the funeral director, within 24 hours after death. or removal, filled in by cremation, physician and completely ne prior to burial, crematic the attending p death and a Dept. has State ATTENDING PHYSICIAN: of the this c. death After after DIRECTOR: hours 8 TO THE HOSPITAL O
TO THE FUNERAL D
Be filed within 72 ho
IMPORTANT: If Its

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAVID KIRSCH MAR.4, 1994 7:05 P 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIFTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1. M 2 F 213-16-3943 JAN. 24 9e. FACILITY NAME (If not institution, give atreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH RECTOR BALTIMORE 1 HIGHSTEPPER CT APT. 403 BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ā BALTIMORE BALTIMORE 1 YES 2 7 10 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? HIGHSTEPPER CT, APT. 403 21208 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Starried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 YES 2 NO Specify: WHITE BY Specify: 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) COMPL VICE PRESIDENT INSURANCE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) KIRSCH LOWENTHAL MICHAEL SHIRLEY 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 1 HIGHSTEPPER CT, #403; BALTIMORE, MD 21208 MRS. BEVERLY KIRSCH 20e. METHOD OF OISPOSITION
1 Deurlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State MIKRO-KODESH 3+6-94BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 0 6010 REISTERSTOWN RD, BALTIMORE, MD 21215 23. PART I. Epter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death de disease or condition resulting in death) Celn On CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the uniterlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 ( Residence 8 ( Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be COMPLETED 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the be mination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner se stated. 296. SIGNATURE AND TITLE OF CENTURE D24888 29d. DATE SIGNED (Mogfh, Day, Year) H Marchs 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE



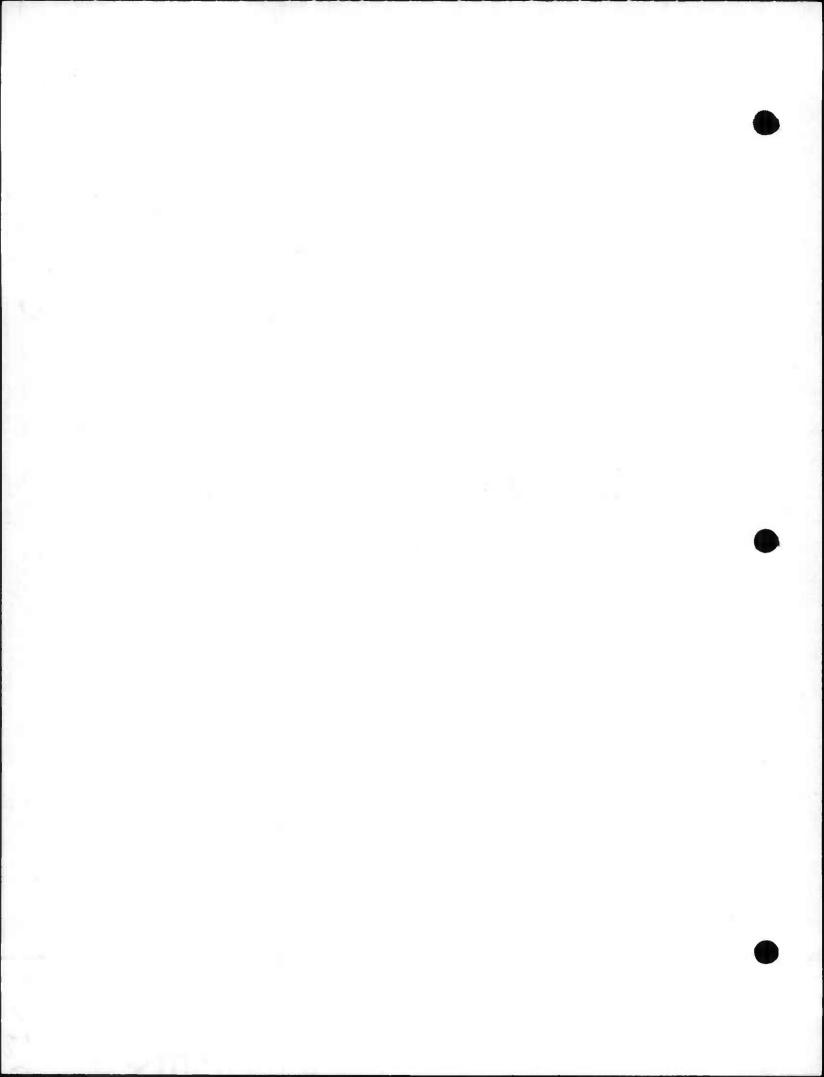
-
O
760
-
ထ
9
~
$\approx$
80
œ
0
0
ш
40
က
œ
$\overline{c}$
$\ddot{\circ}$
$\sim$
~
Œ
ď
_
>
1.0
$\overline{a}$
0
7
$\overline{}$
$\simeq$
S
>
0

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPART			MENTAL	HYGIENE REG. NO.	91	07227
	1. DECEDENT'S NAME (First, Middle, Lest) Yeta ITZKoff	-			2. DATE MONTH	OF DEATH DAY	- 94	
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (  215-03-6829 1 M 2 F 9  90. FACILITY NAME (If not institution, give street end number)	2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	07.	DE BIRTH Day, Your) - 20-01	B. BIR	ITHPLACE (State or Foreign intry)
TOR	Levindale RESIDENCE OF DECEDENT		BALTI	MORE	EATH	90.	. COUNTY OF	DEATN
DIRECTOR	10a. STATE 10b. COUNTY  MD .		TOWN OR LOCA BALTIMO			_		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 2548 QUANTICO AVENUE		10	21215		101	U.S	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Merried 4 Divorced 12. WAS DECEDENT EYER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	If yes, s	CENDENT OF HISPAI becify Cuban, Maxice 3 2 XNO Specif	n, Puerto R		Bli	American Indian, ack, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of we life. Do NOT use HOUSE	ork done during m retired.)	ON ost of working	16b.	KIND OF BUSINES		
BE COM	17. FATNER'S NAME (First, Middle, Last) JOSEPH LANDY				ME (First, N	liddle, Maiden Surn		
10	19a. INFORMANT'S NAME (Type/Print) MR. SIDNEY SCHLACHMAN Esq.			OOD STRE				TO,MD. 21202
	20s. METNOD OF DISPOSITION  1 A Burlet 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of complete) Completely Cremation of the Complete C							
	21. BIGHATURE OF RUNERAL BERVICE SICENSEE		501 6010	LEVINSO REISTER	N & E STOWN	RD.,BA	LTO.,N	1D.21215
NOI	Sequentially list conditions, Due to consequentially list conditions,	ech line.	renter CEOKII	4 ARES	122		ry srrest,	Approximate Interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	CONSEQUENCE OF	):					
PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.  PRESSURE SORE  1 YES 2 NO  1 Y							4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL:		28. F	LACE OF DEATH (C)	eck only on	9)		
I X	1 YES 2 NO 1 I Inpetient 2 ER/Outs 27. MANNER OF DEATN 280. DATE OF INJURY		4 - Nursing No	me 5 Residence				
BY P	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJU	IRY W	ORK? YES 2 NO	200. DES	CRIBE NOW INJUR	17 OCCURED	
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY building, stc. (Special Country of the	— At home, larm, st	reet, factory, offi	Ca	281. LOCA City o	ATION (Street end Nor Town, State)	lumber or Run	al Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basis of examination							e(e) and manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NU			d. DATE SIGN	ED (Month, Day, Year)
TO BE	Mejan M.D			D441	717	•	MA	RCH 7 194
	SUNIL. P. RAJAWI		Print)					
	31. DAYE FILED (MONU) DID 1897 4 32. REGISTRAN'S SIGN	ATURE						



1. DECEDENT'S NAME (First, Middle, Last)

NORTH OAKS

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number)

725 MT. WILSON LANE

1 - FOR STATE REGISTRAR

10a. STATE

MD

10e. STREET AND NUMBER

SOL

4. SOCIAL SECURITY NUMBER

218 -24-3673

Pages 1, 2, 3 should

permit.

ransit

DIRECTOR

NERAL

22. NAME A SOL I SOL I ADAPT LEMEN the disease. Complications that caused the death. Do not entar tha m shock or heart failure. List only one cause on each line.	ANT  18. MOTHER'S NAME (Fir MOLLI) and Number or Rural Route A  A AVE NW AP feme of 3/9/94 AND ADDRESS OF FACILITY LEVINSON & E	Iumber, City or Town, State, Zip ( T D-502  DATE 20c. LOCATION — C	INMENT ICHLEVICH EVITCH Code) VASHINGTON DC	
The paper of the p	ANT  18. MOTHER'S NAME (FIR MOLLI and Number or Rural Route A  A AVE NW AP teme of 3/9/94 AND ADDRESS OF FACILITY LEVINSON & E	IE MAHLI  LE MAHLI  Lumber, City or Town, State, Zip (  T D-502  DATE 20c. LOCATION — C	ichlevich EVITCH COOO) VASHINGTON DC	
MORRIS  WEEPS  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street  19c. MORRIS  19b. MAILING ADDRESS (Street  19c. MAILING ADDRESS (STREET  19c. MAILING ADDRESS (STREET  19c. MAILING ADDRESS (STREET  19	MOLLI and Number or Rural Route A A AVE NW AP leme of 3/9/94 AND ADDRESS OF FACILITY LEVINSON & E	IE MAHLI  LE MAHLI  Lumber, City or Town, State, Zip (  T D-502  DATE 20c. LOCATION — C	ichlevich EVITCH COOO) VASHINGTON DC	
MORRIS  WEEPS  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street  19c. MORRIS  19b. MAILING ADDRESS (Street  19c. MAILING ADDRESS (STREET  19c. MAILING ADDRESS (STREET  19c. MAILING ADDRESS (STREET  19	MOLLI and Number or Rural Route A A AVE NW AP leme of 3/9/94 AND ADDRESS OF FACILITY LEVINSON & E	IE MAHLI  Jumber, City or Town, State, Zip of  T D-502  DATE 20c. LOCATION — C  BALTIMORI	CODE VASHINGTON DC	
196. MAILING ADDRESS (Street  2440 VTRGINI  20a. METHOD OF DISPOSITION  SAMUEL H KREPS  20a. METHOD OF DISPOSITION  Donation S D in (Specify)  21. SIGNATURE OF UNERAL STATE LICE LICE LICE LICE  22. NAME A  SOL I  SOL I  COLO  196. MAILING ADDRESS (Street  2440 VTRGINI  22. NAME A  SOL I  COLO  196. MAILING ADDRESS (Street  2440 VTRGINI  22. NAME A  SOL I  COLO  196. MAILING ADDRESS (Street  2440 VTRGINI  22. NAME A  SOL I  COLO  196. MAILING ADDRESS (Street  2440 VTRGINI  22. NAME A  SOL I  COLO  196. MAILING ADDRESS (Street  2440 VTRGINI  22. NAME A  SOL I  COLO  196. MAILING ADDRESS (Street  196. MAILING ADDRESS (STREET  196. MAILING ADDRESS (STREET  196. MAILING ADDRESS (STREET  196. MAILING ADDRESS (STREET  196. MAILING ADDRESS (STREET  196. MAILING ADDRESS (STREET  196. MAILING ADDRESS (STREET  196. MAILING ADDRESS (STREET  196. MAILING ADDRESS (STREET  196. MAILING ADDRESS (STREET  196. MAILING ADDRESS (STREET  196. MAILING ADDRESS (STREET  196. MAILING ADDRESS (STREET  196. MAILING ADDRESS (STREET  197. MAILING ADDRESS (STREET  197. MAILING ADDRESS (STREET  197. MAILING ADDRESS (STREET  197.	A AVE NW AP 19/94 AND ADDRESS OF FACILITY LEVINSON & E	T D-502  DATE 200. LOCATION - C	NASHINGTON DC	
20e. METHOD OF DISPOSITION   PLACE AND DATE OF DATE OF	3/9/94 AND ADDRESS OF FACILITY LEVINSON & E	DATE 20C. LOCATION — C	11/2010/3,/State	
SOL I  SOL I  AT PART LEtter the discusses on each line.	3/9/94 AND ADDRESS OF FACILITY LEVINSON & E	BALTIMORI		
SOL 1  SO	LEVINSON & E		4: MILI	
SOL 1  SO		BROS, INC.		
PART Letter the disease, or complications that caused the death. Do not entar the management of the property o				
	ode of dying, such as o	N RD, BALTIMO cardiac or reapiratory arre	at, Approximate interval Batwee Onset and Daa	
disease or condition  a. Arrythus (core  disease or condition  a. Arrythus (core  disease or condition  DUE TO (on As A CONSEQUENCE OF):  Coro in any Artery (core  Sequentially liet conditiona,	hur)			
Page 1 and 1	1.10			
Sequentially liet conditions, if any, laading to immadiate cause. Entar UNDERLYING	, isent			
any, sadding to immadate				
CAUSE (Disease or injury that initiated events resulting in death) LAST				
Sequentially liet conditions, if any, laading to immadiate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):				
DART II Other significant and distance of the second state of the	ng cause given in Part i	. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDING	
Die Liste Melliter		PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MED : MED		T YES 2 NO	DF DEATH?	
e n no et			I LES 2 NO	
	PLACE OF DEATH (Check only	y one)		
EXAMINER?  1 YES 2 NO  HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA 4   Nursing Hot	me 5 Realdence 6 🗆 0	Other (Specify)		
27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY INJURY W		DESCRIBE HOW INJURY OCCU	JRED	
2 Accident Investigation 28a. PLACE OF INJURY At home, farm, street, factory, offi	ca 281. L	281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)		
· · · · · · · · · · · · · · · · · · ·				
Check only one)				
오 문 및 로 O U 296. SIGNATURE AND TITLE OF CRETIFIER	29c. LICENSE NUMBER	29d. DATE	SJGNED (Month, Day, Year)	
P P S W O	012914	> 31	7/94	
30. NAME AND ADDRESS, OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)				
Ira T. Fine, M.D. 2328 W. Joppa Road, Ste.	310, Luther	ville, MD 2	1093	
31. DATE FILED, (Morgin, Day 1997)  MAR 1 1994  July 1 22. DEGISTRAR'S SYMATURE				

**KREPS** 

85

APT. 704

6. AGE (In yrs. last birthday)

5. SEX

APT. 704

1 X M 2 - F

BALTIMORE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR IF UNDER 24 HRS.

BALTIMORE

9b. CITY, TOWN OR LOCATION OF DEATH

BALTIMORE

101, ZIP CODE

21208

94 07228 3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

WASHINGTON, DC

10d. INSIDE CITY LIMITS?

t4. RACE — American Indian, Black, White, etc.

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE

intervai Batween **Onset and Death** 

1 TES 2XXNO

11:50 A M

YEAR

9c. COUNTY OF DEATH

USA

BALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

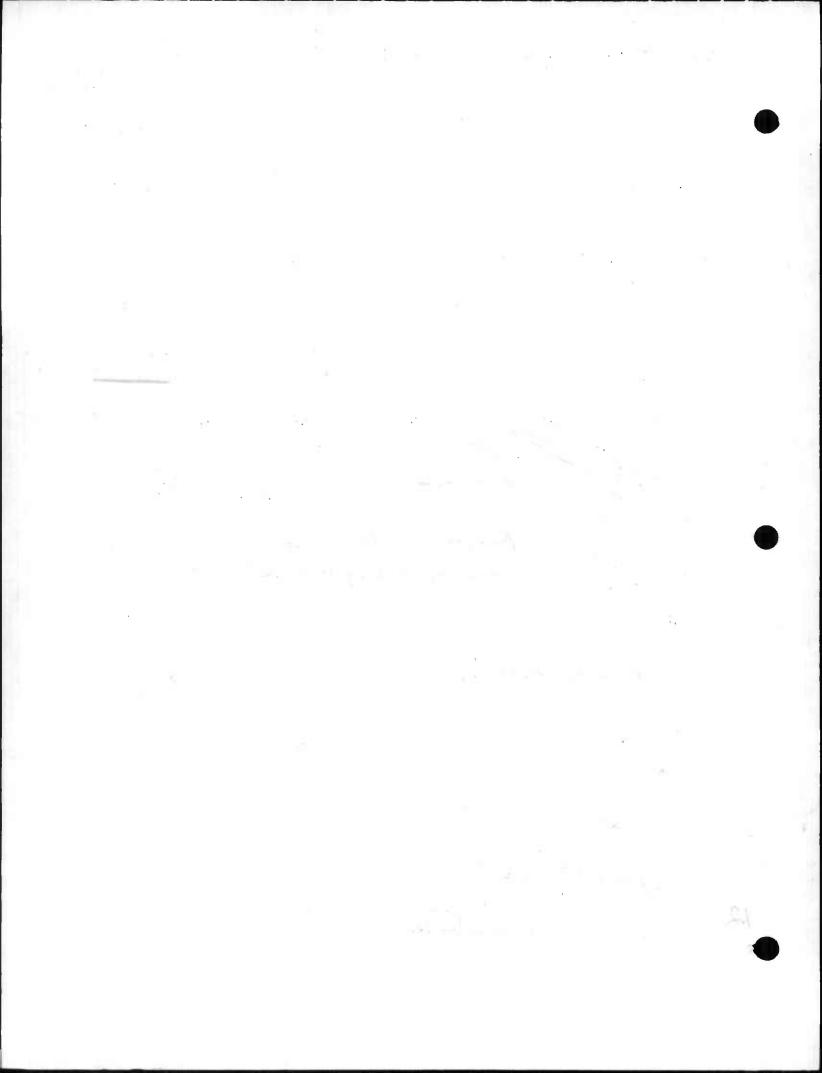
REG. NO.

MAR. 7, 1994

2. DATE OF DEATH MONTH DAY

10/26/1908

7. DATE OF BIRTH (Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020	SICAN: The two requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	writing has signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transit permit. Pages 1, 2, 3 should	ion, or removal.	the encolled according mind by modified of once
<b>DIVISION OF VITAL RECORDS, P.O. BOX 68760,</b>	TO THE HOSPITAL OR ATTACONG PROSICIAN. The law requires that the death certificate be executed within a	TO THE FINERAL DIRECTOR May this princip has been signed by the attending physician and completely	be filed within 72 focal literature. State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	18800 translation and proceed the modellation of other transmission and the modellated at same

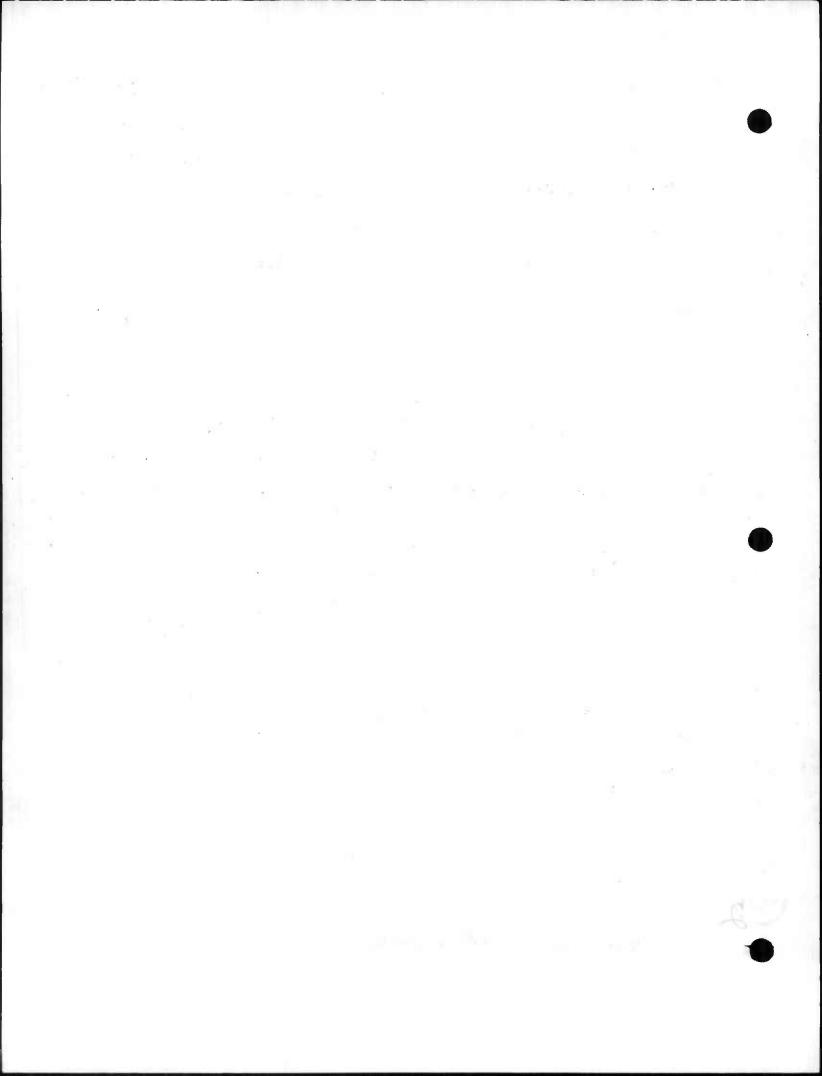
	1. DECEDENT'S NAME (First, Middle, Last)					DEATH	REG. 1			AE OF DEATH
-	Kenneth Aus	tin	LEWI	S			MONTH 3	10 9	4 6:	55
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE Country)	(State or Forei
	215-14-9902	1 🔀 M 2 🗌 F	71	YRS.	MINS DATE	HOURS MIN.	Feb. 5,1		Maryl	and
	Sn. FACILITY NAME (If not institution, give s			90	b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY		
	Franklin Square	Hospita.	L			Baltin	nore	Bal	timore	2
	10e. STATE 10b. COUNTY			10c. CITY, T	OWN OR LOCA	TION			10d.	NSIOE CITY
- 15-		ltimore			Perry	Hall			1 🗆	YES 2X NO
	10e. STREET AND NUMBER				10	1. ZIP CODE		1 1 1 1 1 1 1 1 1	N OF WHAT	COUNTRY?
ŀ	9213 Sandra Pa	ark Koad	IT EVED IN IL O	BMED	1 40 990 050	2112	NIC ORIGIN? (Specify		S.A.	
- 11	1 Never Married 2 Merried	FORCES? 1	X YES 2	NO	If yes, sp		an, Puerto Rican, atc.)		Black, White	naricen Indian, e, atc.
	3 Widowed 4 Divorced	11 120, 0112 1	WW II		1 1 163	ZA NO Speci	y.		Specify	ite
	15. DECEDENT'S EDU (Specify only highest grade		16a, (	DECEDENT'S US (Give kind of work lie. Do NOT use n	UAL OCCUPATION done during mo	ON ost of working	16b. KIND OF	BUSINESS/INDUS		
	Elementary/Secondary (0-12)	College (1-4 or 5	+) /					Tanal	1.0	
1	N/A  17. FATHER'S NAME (First, Middle, Last)	N/A		Plumbe	er	40 MORLEPHIC 11	AME (First, Middle, Meid	Local	40	
	William E. Lew	is					ie L. Sha			
-	19e, INFORMANT'S NAME (Type/Print)			19b. MAILING AC	DRESS (Street o		Route Number, City or		ode)	
	Mary Catherine L	ewis (w:	ife)				, Perry I			28
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem			E AND DATE OF	DISPOSITION (N			LOCATION - CIT		ate
	4 Donation 5 Other (Specify)		- More	land Me	emorial		3/14 Ba	altimore	e, Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER /				ND ADDRESS OF F	eral Home	e Inc		
	· Musica						Rd., Balt:			36
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	Arteri DUE TO Severe	(OR AS A CONS	tic carequence of:		scular d				
	resulting in death) LAST	d								
	PART II. Other eignificent condition	a contributing to	death but no	t resulting in	the underlyin	g ceuse given ir	PER	AN AUTOPSY FORMED?	AVAIL COMP OF DE	AUTOPSY FINE ABLE PRIOR TO PLETION OF CAL EATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C	hack note one)			
ı	EXAMINER?	HOSPITAL:	☐ ER/Outpatient		THER:		8 Other (Specify)			
	27. MANNER OF DEATH	28a. DATE OF	FINJURY	28b. TIME C	OF 28c. IN.	JURY AT	28d. DESCRIBE HO	W INJURY OCCU	RED	
1	1 🖾 Natural 5 🗌 Pending 2 🗍 Accident investigation	(Month, L	reg, redr)	INJUR		YES 2 NO				
	3 Suicide 6 Could not be determined	28a. PLACE ( building)	OF INJURY At , etc. (Specify)	home, ferm, stre	et, factory, offic	CO .	26f. LOCATION (Str. City or Town, St	pet and Number or lete)	Rural Route N	lumber,
	29a. CERTIFIER (Check only one)						e to the cause(e) end e time, date and place			manner sa stat
	S MEDICAL EXAMINE									
	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NU	MBER	29d. DATE 8	SIGNED (Mont	h, Day, Year)
		1	0			29c. LICENSE NU	MBER	29d. DATE 8	IGNED (Mont	94/

_	
-	
$\sim$	
-	
21.	
$^{\circ}$	
2	
7	
-	
4	
-	
-	
$\succ$	
CC	
4	
d	
-	
MAR	
ЩĨ	
щ	
cor.	
4	
0	
$\cup$	•
2	
-2	
_	
L.	
-	
_	- 3
_	
•	
BALT	
ш	
	4
-	
-	
4	
- 74	
120	3
::	
CO.	

DIVISION OF VITAL RECORDS, P.O. BOX 68

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune arithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPDRTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF I			TMENT				MEN	TAL HYGIENI REG. NO.	E	94	07230
	1. DECEDENT'S NAME (First, Middle,	Last)								ATE OF DEATH			3. TIME OF DEATN
	EDWARD	E.	LEE		JR.				3	мтн ом 3	4	94	n/a м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER			TE OF BIRTN		8. BIRTH	PLACE (State or Foreign
	220-78-0517	1 🔀 M 2 🗌 F	34	YRS.	MONTHS	DAYS	HOURS	MIN.		8-24-59		Country	MD I
	90. FACILITY NAME (If not institution,	give street end number)			9b. CITY,	TOWN C	R LOCATIO	N OF DE			9c. COL	UNTY OF DE	
OR	3609 PULASKI H	IGHWAY			BA	LTT	MORE				1	N/A	
5	RESIDENCE OF DECEDEN  10e. STATE 10b. CO	SIDENCE OF DECEDENT											
DIRECTOR	MD	N/A			,								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	N/A			BALTI		ZIP CODE						1 X YES 2 NO
FUNERAL	3609 PULASKI H	TCHMAV				101		1224	1			U.S.A	HAT COUNTRY?
N	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	10 4	MS DEC				IGIN? (Specify Yee			
	1 Never Merried 2 Merried	FORCES? 1	YES 2XX	10	If	yes, spe	cify Cuben	, Mexicer	n, Puer	rto Rican, etc.)	or No-	Black	— Americen Indien, White, etc.
ВУ	3 Widowed 4 Divorced	11 123, 3112	WIN ON DATES		1	[] TES	2 X NO	Specify				Specif	LACK
COMPLETED	15. DECEDENT'S (Specify only highest		16e. DE	CEDENT'S	USUAL OC	CUPATIO	IN st of working	,	T	16b. KIND OF BUS	INESS/IN		Jack.
	Elementary/Secondary (0-12)	College (1-4 or 5	- Ma	Do NOT u	se retired.)	uning mo.	at or working	,					
Δb	10TH	N/A		]	N/A				_	n/a			
	17. FATHER'S NAME (First, Middle, Les	,								st, Middle, Meiden S	Surname)		
B	EDWARD E. LE								_	ITLEY			
2	19e. INFORMANT'S NAME (Type/Print)									lumber, City or Town			
	PORTIA LEE 200. METHOD OF DISPOSITION							IWAY,		LTIMORE			
	1 Suriel 2 Cremetion 3 4 Donation 5 Other (Specify)		20b. PLACE / cemetery, cre	matory or o	ther place)				D	ATE 20c. LOC	ATION -	- City or Tov	wn, State
	21. SIGNATURE OF FUNERAL SERVICE		VOSH	ELL.	MEMOR		GARE D ADDRES		CH ITY		NDAL.	K, MD	)
	ND 00	21.00	//	7									
	Tel 1	· sull	and							1101 E.			ENUE
	23. PART i. Enter the diseasee ahock, or heert fell	, or complications the lure. List only one ceu	t ceused the de	eth. Do	not enter t	the mo-	de of dylr	ng, such	h as c	ardiac or respir	alory ar	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final					^		-		1			Onaet and Death
J	disease or condition resulting in death)	. ACGUIV	ed Im	MUY	rode	fici	ency	SI	Inc	drome			8 months
		DUE TO	(OR AS A CONSEC	DUENCE O	F):	c		Δ.		\.a.a. \(	امامه		5 months
CERTIFICATION	Sequentially list conditions,  DISSEMINATION AS A CONSEQUENCE OF THE TOTAL AS A CONSEQUENCE OF T												
Ä	if any, leading to immediate cause. Enter UNDERLYING	. Bact	erial o	reul	non	ia							4 months
Ĭ	CAUSE (Disease or injury that initieted eventa	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
F	reaulting in death) LAST	. Mali	nutrition	1									5 Months
	PART II. Other algnificent cond	litions contributing to	donth but not a		Im Ab a	A a left of teams		to delicate del		T			
CAL			death but not r	eeuiting	in the und	seriying	cause gi	iven in	Part i.	. 24a. WAS AN / PERFORI		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	<u>Peripheral</u> n	3010/01/19								1 TYES 2	□ NO		DF DEATH?
Σ													1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDIC	A:							- 1 - 1				
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL:	Tempo a constant	5	OTHER	:	ACE OF DE				<u>-</u> .		
HY8	27. MANNER OF DEATN	28e. DATE OF	ER/Outpatient 3	28b. TIM		ing Hom- 28c. INJ		idence		ther (Specify) DESCRIBE HOW IN	IIIBY OC	CUBED	
	1 Natural 5 Pending	(Month, D	lay, Year)		IURY M	WO		NO	200. 1	DESCRIBE HOW IN	JUNY OC	CONED	
ВУ	2 Accident Investigat 3 Suicide 8 Could no	28e. PLACE C	F INJURY — At ho	me, ferm,	ntreet, facto				28f. L	OCATION (Street or	nd Numbe	or or Rural R	oute Number,
COMPLETED	4 Homicide determin		etc. (Specify)						C	City or Town, State)			
J.E	290. CERTIFIER 1 GERTIFYING	PHYSICIAN: To the best of	my knowledge de	ath occur	ad at the tir	no dete	and place	and due	to the	councie) and man		444	
N N		MINER: On the basis of e											end menner se stated.
	29b. SIGNATURE AND TITLE OF CER						29c, LICEI						
H	Eweldein	PM)					est IM	7 5	50	7_	290. DA		(Month, Day, Yeer)
2	30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAU	SE OF DEATH (ITE	W 27) (Type	, Print)		- 00	0				7 1	' /
		ELDING, A			115	9	720	RU	TL	AND AV	1 8	ALTI	MORE MD
	31. DATE FILED (Morith, Day, Year)		,			1					1	- , ,	21205
	MAR 1 1 19	94 Julia	Mevidson-	fande	الا								0(003



5. SEX

1 M 2 W

EAZER

93

6. AGE (In yrs. last birthday)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

214-18-5113

LULA Lulu AKA Lula

N	at
-	6
ZD 2	ospital
A	he h
2	2
~	D
<b>BALTIMORE, MARYLAND 212</b>	retaine
	2
R	may.
0	60
Σ	Page
ALT	death.
0	after
	SUPPL
€	
0,0	ithi
.09	I within
3760,	rited within
68760,	acuted within
X 68760,	executed within
OX 68760,	be executed within
BOX 68760,	rate be executed within
BOX 68760,	tificate be executed within
.O. BOX 68760,	certificate be executed within
, P.O. BOX 68760,	eath certificate be executed within
S, P.O. BOX 68760,	death certificate be executed within
DS, P.O. BOX 68760,	the death certificate be executed within
<b>DRDS, P.O. BOX 68760,</b>	that the death certificate be executed within
CORDS, P.O. BOX 68760,	es that the death certificate be executed within
RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within
AL RECORDS, P.O. BOX 68760,	he law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or at

DIVISION OF VIT

permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and numb 9b. CITY, TOWN OR LOCATION OF DEATH HOWARD COUNTY GENERAL HOSPITAL DIRECTOR N/A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MD N/A BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 956 W. SARATOGA STREET as the burial-transit 21223 tending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 X NO Specify: BY 3 X Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY use jo Elementary/Secondary (0-12) ge (1-4 or 5+) N/A detached N/A N/A N/A once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) H UNKNOWN UNKNOWN page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 STANLEY L. LEAZER 4508 MANORVIEW ROAD/BALTIMORE, MD 21229 pe 20s. METHOD OF DISPOSITION
1 X Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, 4 Donation 8 D Other (Specify) KING MEMORIAL PARK examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY lesse WM.C.MARCH F.H./1101 E. NORTH AVENUE n by the removal. or removal. 23. PART I. Enter the diseases, or complications the coused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line filled IMMEDIATE CAUSE (Fine) the attending physician and completely fille Mental Hygiene prior to burial, cremation, the disease or condition resulting in death) SEPSIS event, DUE TO (OR AS A CONSEQUENCE OF): URINARY TEACT INFECTION traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (QR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 70 shows any injury, PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL and GASTROINTESTINAL BLEEDING, signed t INSUFFICIENCY CHRONIC BEDRIDDEN STATE peeu 6 PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem certificate to the State 1, or Item HOSPITAL:
1 Ainpatient 2 ER/Outpatient 3 DOA L DR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate hours after death with the State OTHER: 1 TYES 2 NO 4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME QF 28c. INJURY AT WORK? marked, this c 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 00 8 Could not be determined COMPLETED 4 Homicide 82 Hem 29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. HOSPITAL FUNERAL I WITHIN 72 H TO THE HOSPITA
TO THE FUNERA
De filed within 72
INPORTANT: II 296. SIGNATURE AND TITLE OF CERTIFIER D38296 BE Alling 1 40 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OLD ANNAPOLIS RD, ELLICOTI CITY, MD 21042 JOSEPH GIBBONS, an 9501 0

3. TIME OF DEATH 94 7:38 Pm 8. BIRTHPLACE (State or Foreign 9c. COUNTY OF DEATH HOWARD 10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc.

BLACK

20c. LOCATION - City or Town, State RANDALLSTOWN, MD

REG. NO.

0%

00

2. DATE OF DEATH

7. DATE OF BIRTH
12- 25-

MONTH 03

Approximate interval Between **Onset end Death** 24 HOURS

24 Hours

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH?

1 ☐ YES 2 ☐ NO

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

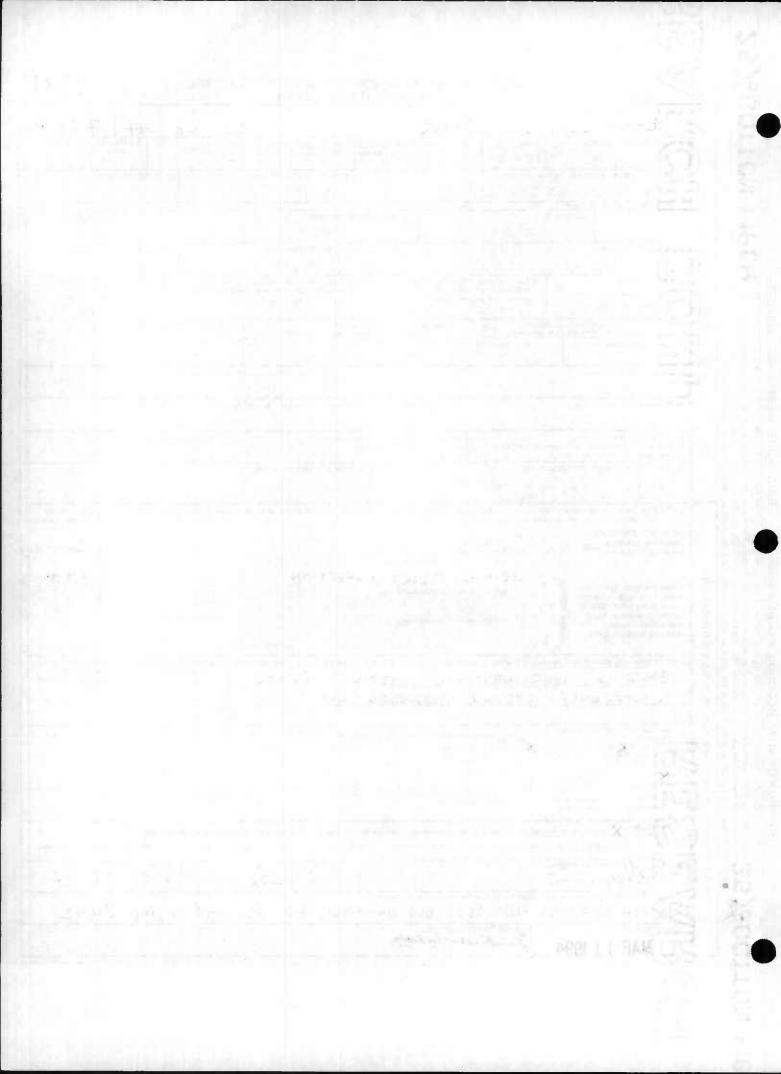
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year),

03 -06 -94

32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

1994

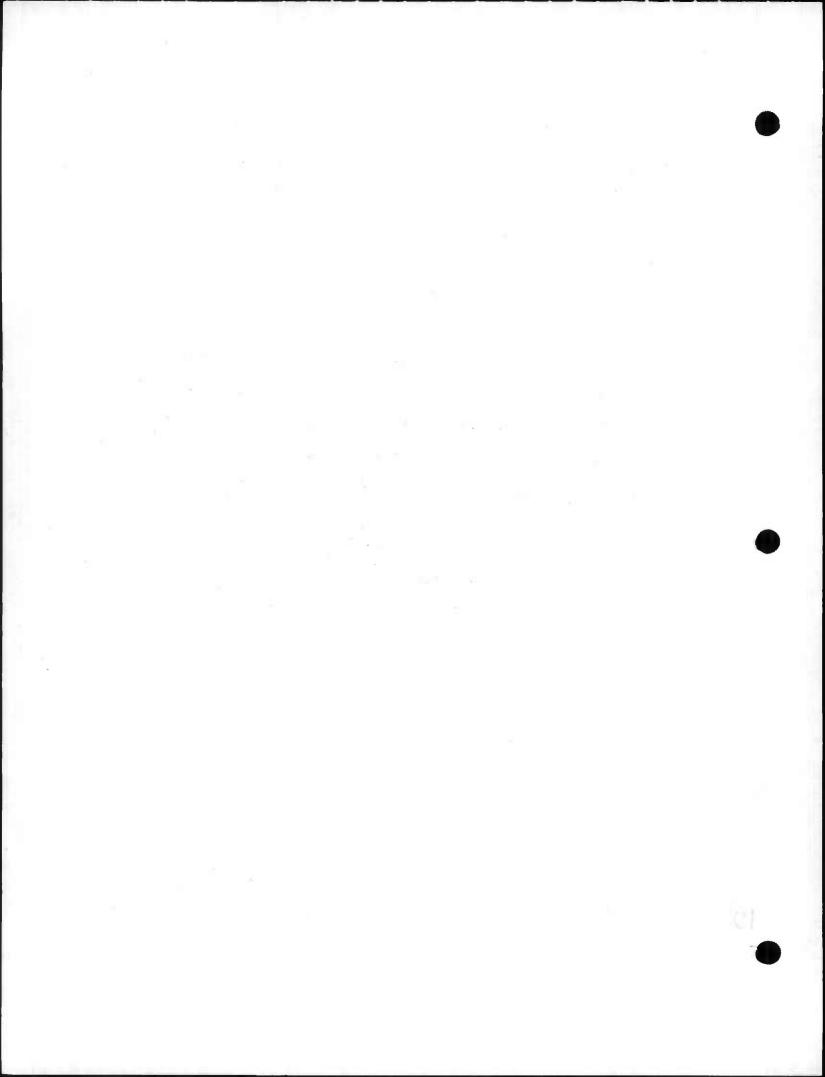
white theritan for



	FOR
1	STATE
u	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		11200111111				- OL		UNIL	- 01	DLA			IEG. NO.			
		MONTH DAY YEAR									3. TIME OF DEATH					
	DIRECTOR	L.	NON LINDENME			MEYE	ER						94	2:30 A. M		
		4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (/	n yrs. last t	birthday)	IF UNDER		IF UNDE		7. DATE OF		1	6. BIRTHP Country)	LACE (State or Foreign
9		213-03-7819	1 M 2 D F			YRS.	MONTHS	DAYS	's HOURS	MIN.		(Month, Day, Year) 06-04-14		MARYLAND		
pinous		Ge. FACILITY NAME (If not institution, give street and number)					96. CITY, TOWN OR LOCATION OF D			ON OF DE						
60		FREDERICK VILLA NURSING HOME CATONSVILLE									-	BALTIMORE				
1. 2.	5	RESIDENCE OF DECEDENT													DATI	IMORE
Pages	뿐	10a. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION								10d, INSIOE CITY LIMITS?	
		MARYLAND BALTIMORE					CATONSVILLE								1 TES 2 NO	
permit.	ERAL	10e. STREET AND NUMBER							10	f. ZIP COD	E			10g. CITIZ	EN OF WA	AT COUNTRY?
020 physician. burial-transit	<u> </u>	3 STANLEY I	DRIVE								212	28			IIS	7\
020 physician. burial-trar	FUN	11. MARITAL STATUS		12. WAS DECEOEN								IC ORIGIN? (S		or No—	14. RACE -	- American Indian.
		1 Never Married 2		FORCES? 1 YES 2 NO			It yes, specify Cuban, Maxican, Pu					n, etc.)		Specify	White, atc.	
215-0020 attending physic se as the burial	3 Widowed 4 Divorced IF YES, GIVE WAR OR OATES									N WI					WHITE	
Se affe	LETED	15. DECEDENT'S EDUCATION 16e (Specify only highest grade completed)				(Give	a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b. KII	ND OF BUS	INESS/INDU	STRY		
		Elamentary/Secondary (0-12) College (1-4 or 5+)				life. Do NOT use retired.)										
AND 2 he hospital detached for	MP					BANKER				BANKING						
AN the hos detach	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME				ME (First, Midd	E (First, Middle, Malden Surname)				
A De de de de de de de de de de de de de de	m l	LFONARD G. LINDENMEYER MYRA W. DONOHO														
MARYLAND retained by the hospit 5 should be detached notified at once.	O B	19a. INFORMANT'S NAME (Type/Print)					MAILING	ING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	-	LAURENCE S	LIND	ENMEYER	(SON)	3	STAI	VLEY	DRI	VE C	MOTA	SVILLE	MAR	YLAND	212	28
- B & -		20a. METHOD OF DISPOSIT		numi form State		PLACE AN			ITION (N	ame of		OATE	20c. LO	CATION — C	ity or Tow	n, Stata
MOR age 6 ma director, p		1 St Burlet 2 Cremation 3 Ramoval from State cemetery, crematory or other place) 4 Donation 5 Other (Specify) TORRATNE PARK CEMETERY 03/11/94 BALTIMORE, MARYLAND														
TIN Page		21. BIGNATURE OF FUNDING LICENSEE 22. NAME AND ADDRESS OF FACILITY														
AL fune fune xarr		LEROY M & RUSSELL C WITZKE FUNERAL HOMES														
- 9 7		23. PART I. Enter the diseases, or complications that caused the death, no not enter the mode of dying, such as cardiac or respiratory expert.														
in the		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between														
y filled tion. o		IMMEDIATE CAUSE (Final disease or condition														
d within ompletely f. cremat		resulting in death)														
	NO	THE TO COMPAS & CONSEQUENCE OF														
OX 687  be executed sician and conrior to burial.  traumatic e		Sequentially list conditions, Due to one as Company on														
De be cician ior to	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING														
O. B. ertificate ing physical property of the	윤	CAUSE (Disease or inju		DUE TO	TOR AS A	CONSEQU	HENCE OF	200	V		V	200 .	~			
	Ē	that initiated events resulting in death) LAS	т 📗													j
S, P. death of attend attend ental H)	빙			4												<u> </u>
이 워 티 트	- 1	PART II. Other significa	nt condition	s contributing to	death be	ut not rac	aulting I	n tha un	derlyin	g cause	givan in	Part i. 24	a. WAS AN			WERE AUTOPSY FINDINGS
B B B B	EDICAL											PERFORMED?		(	MAILABLE PRIOR TO COMPLETION OF CAUSE	
A Table												_   '	765 2			OF GEATH?
B 4 4 5 8	2						-					-			'	T YES 2 NO
AL Dept in the state of the sta	SICIAN:	25. WAS CASE REFERRED TO	O MEDICAL						26 PI	LACE OF D	FATH (Ch	eck only one)				
1 1 1	<u> </u>	EXAMINER?		HOSPITAL:	ER/Outo	edland 9 [	2004	OTHER	₹:							
CLY	PHY	27. MANNER OF DEATH		28a. DATE OF			28b. TIM	-0			ealdenca	6 Other (S)	-	FILIBA UCCI	IBED	
2 44			Pending	(Month, L	Day, Year)			TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUP WORK?  M 1 YES 2 NO					THEO			
	BY	3 Cutatta	investigation	28a, PLACE O	OF INJURY	— At hom					28t. LOCATION (Street and Number or Rural Route Number.					
VISIO ACTEND BOTOR: 1 13 after 0		3 Suicide 8 Could not be determined 288. PLACE OF INJURY — At hom building, etc. (Specify)					ne, tarm, street, factory, offica				City or Town, State)					
DIVIS OR ACTES DIRECTOR hours after litem 28	Li I	An CENTEUR														
	P	29a. CERTIFIER (Check only one)  One														
HOSPITAL FUNERAL within 72 TANT: II	COMPL	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
TO THE HUSPI TO THE FUNES De filled within	ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Gey, Year)														
P P 3 ₹	0 8	1 1 1 pymua 229 069 3/8/ay														
	F	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAU	SE OF DE	TH (ITEM	27) (Typle,		_		- h		. /	ik	11	
15		morrel	mo	1.1000	ver	me_		5/	61	V. J.	Roth	in P	1	121	2 0%	5.
		31. DATE FILED (Month, Day,	Year)	32. FEGISTR	AR'S SIGNA	TURE						0	,			
-		MAR 1	1 1994	Juliand	anden	1- Rans	hel									



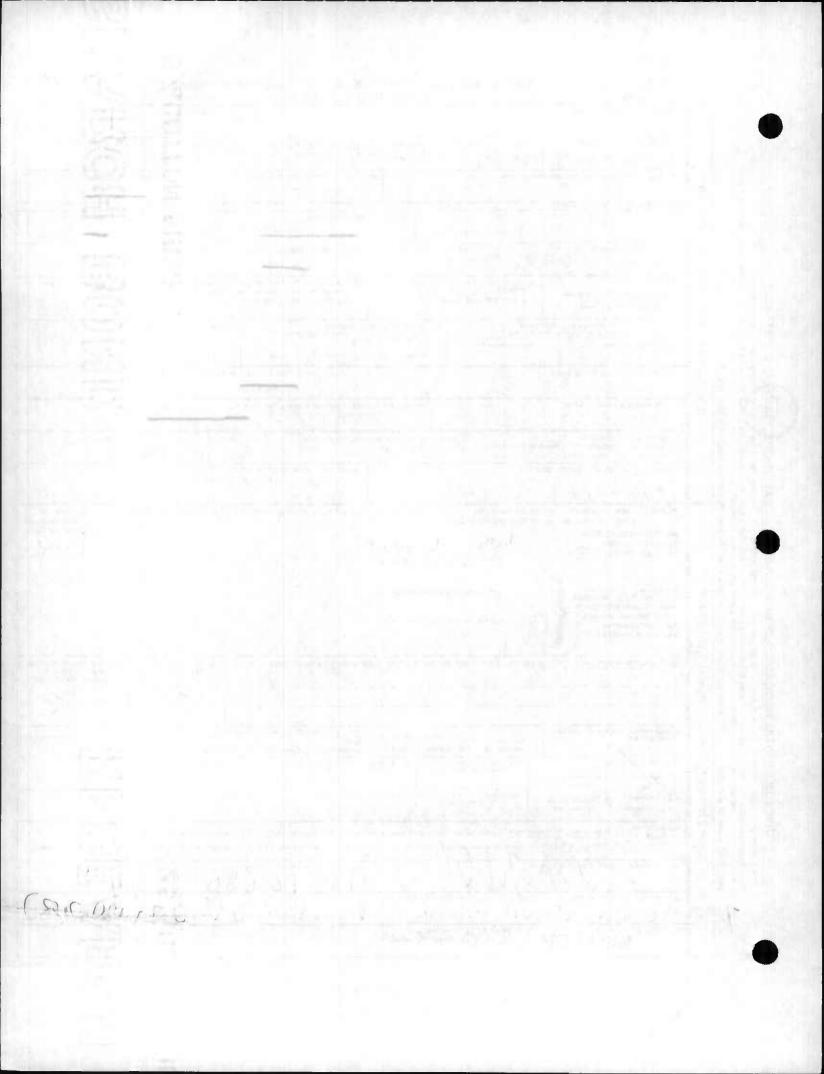
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. From 6 may be made at the incurrent or attending physician and completely filled in by the funeral director, see 5 million by the stending physician and completely filled in by the funeral director, see 5 million by the burial-transit be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

permit. Pages 1, 2, 3 should

Item# 9c,10c,10d,10f,18,19b Per F.H. Film# G-709 03/11/94 R.M.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	FICATE OF	DEATH	REG. NO.	2 "	01200						
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY MARCH 2, 15	3. TIME OF DEATH										
HOWARD			TT				10:20 AM						
4. SOCIAL SECURITY NUMBER 219-22-2285	5. SEX 6.	AGE (In yrs. last birthday) 65 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG 1,1928	Cou	TNPLACE (State or Foreign intry) EW YORK						
9e. FACILITY NAME (If not institution, give 775 ROUTE 32	street and number)		96. CITY, TOWN O	LOCATION OF DE	EATN	ec county of HOWAT	TY OF DEATH DWAYD PARROLL						
RESIDENCE OF DECEDENT													
MARYLAND 106. COUNT	BALTIMO		TY, TOWN OR LOCAT	Balt	imore		10d. INSIDE CITY LIMITS?  YES 2 NO						
10e. STREET AND NUMBER			101	ZIP CODE		10a. CITIZEN OF	N OF WHAT COUNTRY?						
5516 NORTH GREEN				21133	21244		USA						
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 V IF YES, OIVE WAR	YES 2 NO OR DATES	If yes, spe	ENDENT OF NISPAL edity Cuban, Maxica 2X NO Specif	NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.) y:	N? (Specify Yea or No— Rican, atc.)  14. RACE — American indi Black, White, etc. Specify:  WHIT							
15. DECEDENT'S EDI		16a. DECEDENT	S USUAL OCCUPATIO	N .	166, KIND OF BUS	NESS/INOUSTRY							
(Specify only highest grad	College (1-4 or 5+)	1 1 2 2 2 Co. 1	work done during mouse retired.)										
12		MAINTEN	ANCE SUP	ERVISOR	APARTI	MENT BU							
17. FATHER'S NAME (First, Middle, Lest) SAMUEL				18. MOTHER'S NA	NAME (First, Middle, Meiden Surname) LIE Matilda GREENBERG								
19a. INFORMANT'S NAME (Type/Print) MRS NANCY LITT				19b. MAILING ADDRESS (Street and Number or Rural RouteBaltimore State, Zip Co 5516 NORTH GREEN RD RANDALLSTOWN, M									
20g. METNOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Ren	noval from State												
4 Donation Cher (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	CENSEE' / /	LORRAINE		)									
Assolute LX	tellina	w			& BROS., IN		01015						
iMMEDIATE CAUSE (Finel disease or condition resulting in daeth)	DUE TO (QB) AS A CONSEQUENCE OF):												
Sequentieily list conditiona, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEQUENCE OF):												
CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OI	DUE TO (OR AS A CONSEQUENCE OF):											
PART ii. Other algnificant condition	na contributing to de	eath but not requiting	In the underlying	cause given in	Part i, 24a. WAS AN A	UITOPSV 2	46. WERE AUTOPSY FINDIN						
					PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (C/									
EXAMINER?	HOSPITAL:												
1 YES TO NO		R/Outpetient 3 DOA	OTHER:	5 Residence	8 Other (Specify)	☐ Other (Specify)							
27. MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF IN: (Month, Day,		JURY WO		28d. DEŞCRIBE NOW INJURY OCCURED								
2 Abcident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF It building, etc	NJURY — At home, farm.: (Specify)			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
					to the cause(a) and meni		n(s) and menner as states						
296. SIGNATURE AND TITLE OF CHITIFU		Un,	mp	29c. LICENSE NU		P 3	1						
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (TYPE	Print)	Phil	0.10 gi	NY X	40 208						
31. DATE FILED (Month, Day, Year) MAR 1 1 199	4 32. PAGISTRAR	SIGNATURE RANGE	L,			))							



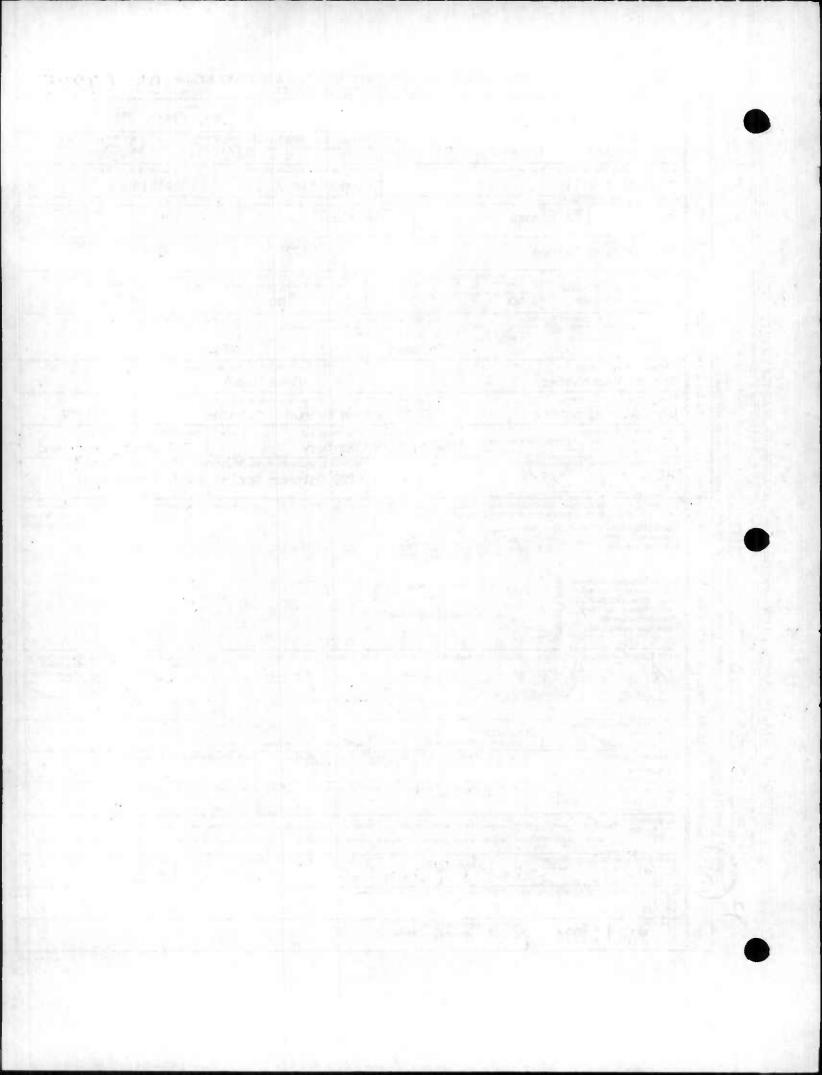
DIVISION OF VITAL RECORDS, P.O. BOX 68760 The law I

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH TIME OF DEATH 02 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State. funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should TOWN OR LOCATION OF DESIGN FUNERAL DIRECTOR DECEDEN 10c, CITY, TOWINGW LOCATION 10d. INSIDE CITY 1 LES 2 NO WHAT COUNTRY? Apt. tot. ZIP CODE 2/2/5 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No if yes, specify Cuban, Mexican, Puerio Rican, etc.)

1 YES 2 TONO Specify: er Married 2 Merried Specify: Whi BY 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY life, Do NOT tary/Secondary (0-12) College (1-4 or 5+) 12 AT HOME 17. FATHER'S NAME (First, Middle, Last) **ABRAHAM** SACKS ANNA HERTZBACH 7 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. **AARON** SNYDER 2302 SULGRAVE AVENUE, BALTO., MD. 21208 21209 20a. METHOD OF DISPOSITION 9 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must MIKRO KODESH BETH ISRAEL 3/4/94 BALTO., MD. ☐ Donation 5, ☐ Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner SOL LEVINSON & BROS., INC. filled in by the figure, or removal. 6010 REISTERSTOWN RD., BALTO., MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear feliure. List only one cause on each line. medical Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death signed by the attending physician and completely fille Health and Mental Hygiene prior to burlal, cremation, the disease or condition SCP resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING PNEUMOR CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST DSEP 10 Injury, PART II. Other significant conditions, contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 101 any 1 TES 2 NO OF DEATHS shows : 1 TYES NO certificate has been h the State Dept. of it CORONAR PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 1 YES 2 1 | Inpetient 2 | ER/Outpetient 3 | DOA 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with t marked, Natural ВУ 1 YES 2 NO DIRECTOR: After the hours after death € Accident 28e. PLACE OF INJURY — building, atc. (Specify) At home, term, street, tectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 3 Suicide COMPLETED 6 Could not be 500 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, FUNERAL WITHIN 72 h Ξ TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II MEDICAL EXAMINER: On the 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Juli Distant 31. DATE FILED (Month, Pay, Nos.

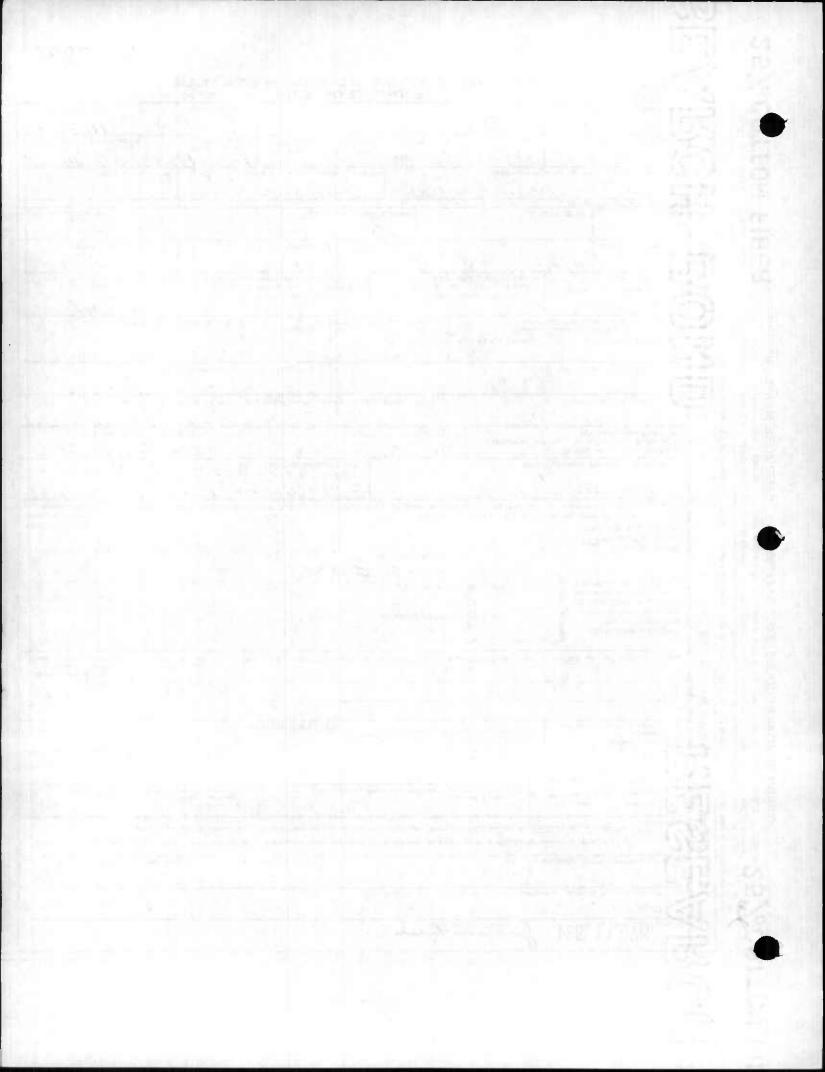
7.0	
BOX 68760	
Φ.	
N	
~	
-	
9	
×	
$\circ$	
-	
ш	
_ •	
0.0	
٠.	
0	
-	
-	
40	
(1)	
0	
_	
CY"	
$\cap$	
_	
( )	
_	
ш	
and the last	
ш,	
_	
-	
-	
_	
OF VITAL RECORDS,	
1	
-	
7	
_	
0	
-	
IVISION	
(C)	
-	
>	
_	

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA CERTII	RTMENT OF	HEALTH AND	MENTAL HYGIEN	NE 94	07235		
		on Magenho	fer			2. DATE OF DEATH Mar. 09, 1	994 YE	3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER 213-10-7287	1 📉 M 2 🗆 F	AGE (In yrs. last birthday 90 YRS.	MONTHS DAY	B HOURS MIN.	7. DATE OF BIRTH 02/01/04	Ma	HRTHPLACE (State or Foreign Country) ryland		
СТОВ	90. FACILITY NAME (If not institution, give street end number)  90. COUNTY OF DEATH  Frederick Villa  Catonsville  Catonsville  Besidence of Decement									
DIREC		195. COUNTY BALLIMORE ALCCATION ALCCATION								
FUNERAL	5539 Oregon Aver	nue			101. ZIP CODE 21227		USA	OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT I FORCES? 1 IF YES, GIVE WAF	YES 2 NO	If yes.		ANIC ORIGIN? (Specify Yecan, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:		
PLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)		16a. DECEDENT Give kind o life. Do NOT	S USUAL OCCUP. I work done during use retired.)	ATION most of working	16b. KIND OF BU	ISINESS/INDUST	RY		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) George Magenhofe	r			Edna					
2	190. INFORMANT'S NAME (Type/Print) Edna A. Magenhof	er		Oregon I		Arbutus	vn, State, Zip Cod MD	21227		
	20e. METNOD OF OISPOSITION 1 A Burlel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	AL WATER CONTRACTOR OF THE PARTY OF THE PART	20b. PLACE AND DATE Comelent Cremetory or LOUGON Pa	rk" Ceme	tery		altimor Funeral	e, Maryland		
	6)07	2	IS.			Spring Road				
CAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O  DUE TO (O  DUE TO (O	IR AS A CONSEQUENCE	OF):				Onset and Death		
N: MEDICAL	PART II. Other significent conditions of the Senite Oc		eeth but not resulting			Pert I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	QTHER:	Nome 5 Residence	Check only one)  8 G Other (Specify)				
ву рну	27. MANNER OF DEATN  1 Mitural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,		NJURY	INJURY AT WORK?  YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCURE	ED		
ETED B	3 Suicide 8 Could not I	8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Rout City or Town, State)								
DMPLE	onel	YSICIAN: To the best of m						use(e) end manner as stated,		
TOBE	30, NAME AND ADDRESS OF PERSON	25/4		SICIAN	29c LICENSE N	UMBER () (6) \$/	29d. DATE SIG	COLLY Year)		
	AFRIAN REC	SINGER.	MOS 50	111 De	DARED	ERKE POS	A170 /	40 ZIZZ9		
	MAR 1 1 1994	12. REGISTRAR	S SIGNATURE							



BALTIMORE, MARYLAND 21215-0020	n 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	the medical avaminar must be notified so nave
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA hours after death. Page 6 may be retained by the hospital or attending physician.	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fellow within Z hours after death with the State Deut, of Health and Mental Hygiene prior to burial, cremation, or removal.	IDDOTALT. It has 28 to marked as less 22 shows on inline or other transmits exemple according must be satisfied at each

	1. DECEDENT'S NAME (F	ret, Middle, Leet)	m	ohlo	211		DEATH	2. DATE MONTI	OF DEATH	-94	YEAR 3.	TIME OF DEATH
œ	4. SOCIAL SECURITY NU 206 - 90 - 90. FACILITY NAME (# 10	4143	1 2 M 2 D F	6. AGE (In yrs.)	YRS. MONT		F UNDER 24 HRS. HOURS MIN.  PR LOCATION OF D	(Monti	OF BIRTH h, Day, Year)	53	BIRTHPL Country)	ACE (State or Foreign
DIRECTOR	RESIDENCE OF D	CEDENT 10b. COUNT	y C	enje	10c. CITY, 101	WN OR LOCAT	li more		0			od. INSIDE CITY
AL	100. STREET AND NUMBER 240/	= Arri	50-	Blu	1 12/	100	DI DI			10g. CITIZE		YES 2 NO
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 D	Merried	12. WAS DECEDENT FORCES? 1   IF YES, GIVE WI	YES 2		If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 12-NO Speci	an, Puerto I		or No— 1	4. RACE — Black, W	American Indian, white, etc.
PLETED	16. 0 (Specify Elementary/Secondary	ECEDENT'S EDU only highest grade ( (0-12)	CATION completed) Coffege (1-4 or 5+)		DECEDENT'S USUA (Give kind of work of life, Do NOT upe retir	AL OCCUPATION Model.)	ON ast of working	16b	KIND OF BUS	BINESS/INDU	STRY	lorm
E COM	17. FATHER'S HAME (FIRST	Middle, Lest)	tophle		970	1/0	18. MOTHER'S N.	AME (First, I	Middle, Melden S	Surnatifie)	lon	wnt
TO BE	ME INFORMANT'S NAME (Type/Print)  19h MAILIND ADDRESS (Street and Number of Burel Bode Number City or Town Steels 7th Code										Code)	1.11.112
	20s. METHOD OF DISPOS 1 Surial 2 Creme 4 Donation S Ott	ntion 3 🗆 Rem	noval from State	29b. PLAC	CE AND DATE OF DIS		em em	DAT	E 20c. LOC	CATION -/CH	ity or Town	in md.
	1			1111		//	- ///	-	1/0/	1110	. 21	
	21. SIDNATURE OF FUNE	ch o	1. Rus	2		222	220.1	lost.	5 Ave	"BA	15.	mille
	23. PÁRT I. Enter the	disesses, or haert feiture. Final  dittions, nediate LYING night.	complications that Liet only one court a	OR AS A CONS	SEQUENCE OF:	Jase 233 Inter the mo	26.1	orth.		no BA	Y/A	Approximate Interval Between Onset and De
MEDICAL CERTIFICATION	23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in death)  Sequentielly list confi eny, laeding to improve cause. Enter UNDER CAUSE (Disease or if that initiated events	disesses, or haert feilure. Final  dittions, nediate LYING njury AST	a. DUE TO (	OR AS A CONS	SEQUENCE OF): SEDUENCE OF):	Jase 223 nter the mo	DA CO	oxto		AUTOPSY MED?	24b. William AM	Interval Between Onset and De
MEDICAL CERTIFICATION	23. PART I. Enter the shock, of iMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list confi eny, leading to improve cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death)	disesses, or haert feliure. Final  ditions, nedlate LYING anjury licent condition	a. DUE TO (	OR AS A CONS	SEQUENCE OF): SEDUENCE OF): SEDUENCE OF):	nter the mo	DA CO	orthone card	24a. WAS AN PERFOR	AUTOPSY MED?	24b. William AM	Interval Between Onset and De
PHYSICIAN: MEDICAL	23. PART I. Enter the ehock, of iMMEDIATE CAUSE (disease or condition resulting in death)  Sequentielly list confi eny, laeding to improve enter UNDER CAUSE (Disease or in that initiated events resulting in death) L.  PART II. Other algniff  25. WAS CASE REFERRER EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  Natural 6	disesse, or heart fellure. Final  dittons, nedlate LYING njury AST  TO MEDICAL	a. DUE TO (	OR AS A CONS OR AS A CONS OR AS A CONS Description of the consults of the cons	SEQUENCE OF): SEDUENCE OF): SEDUENCE OF):	e underlying 28. Pi	g couse given in	Part I.	24a. WAS AN. PERFOR 1 UYES 2	AUTOPSY MED? NO	24b, W/AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval Betwo Onset and De
ED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the ehock, or iMMEDIATE CAUSE (disease or condition resulting in death)  Sequentielly list confi eny, leading to improve enter UNDER CAUSE (Disease or in that initiated events resulting in death) L.  PART II. Other algniff  25. WAS CASE REFERRER EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  Netural 5	disesse, or hart fellure. Final  ditions, mediate Lying njury AST  TO MEDICAL	a. DUE TO (  DUE	OR AS A CONS OR AS A CONS OR AS A CONS DEPLOY OF THE PROPERTY	SEQUENCE OF): SEDUENCE OF): SEDUENCE OF): SEDUENCE OF):  Of resulting in the	e underlying  28. Pi  HER: Nursing Horn  28. INI  WC  1	g couse given in  LACE OF DEATH (C)  THE SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	Part I.	24a, WAS AN. PERFOR  1 UYES (2)	AUTOPSY MEO? NO	24b. W/A/A/A/C/C/OH	Interval Betwo
D BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the ehock, of iMMEDIATE CAUSE (disease or condition resulting in death)  Sequentielly list confi eny, laeding to immicause. Enter UNDER CAUSE (Disease or inthat initiated events resulting in death) L.  PART II. Other eignif Examiner?  1 Yes 2 NO  27. MANNER OF DEATH Secretary 1 Secretary	disesse, or hart fellure.  Final  ditions, nediate Lying njury  AST  TO MEDICAL  Pending Investigation  Could not be determined	a. DUE TO (  DUE	OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS DEPLOY OF THE CONS OR AS A CONS DEPLOY OF THE CONS DEPLO	SEQUENCE OF): SEDUENCE OF): SEDUENCE OF): of resulting in the second sec	e underlying 28. Pi HER: Nursing Horn 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g ceuse given in	Part I.  B Other  281. LOC  City  a to the case	24a. WAS AN. PERFOR  1 YES (2)  OF (Specify)  SCRIBE HOW IN  CATION (Street a or Town, Stete)	AUTOPSY MED? NO NJURY OCCU	24b. Wind AN CC OI 1	Interval Betwo



1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH
------------------------	---

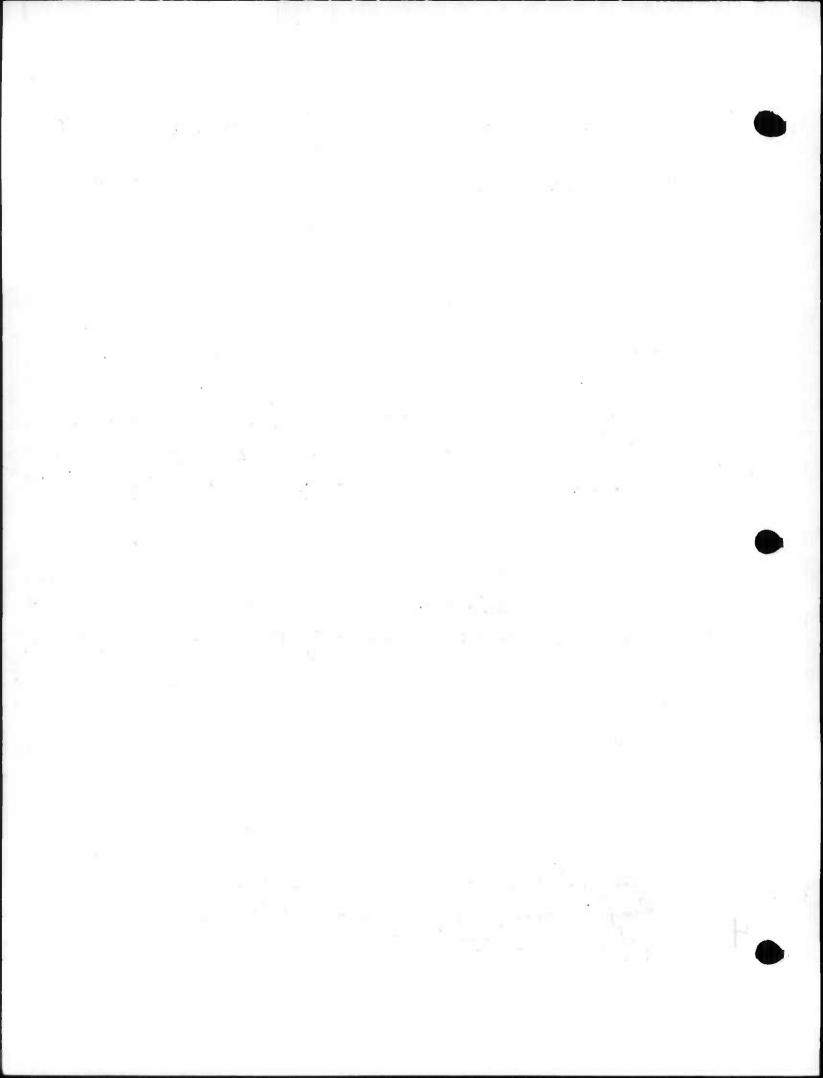
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTA	L HYGIENE REG. NO.	91	1 0	7237
	1. DECEDENT'S NAME (First, Middle, Las	monere				2. DATE	OF DEATH	q	3. T	10:30 A
	4. SOCIAL SECURITY NUMBER 217-09-0265 98. FACILITY NAME (If not institution, give	1 DM 2 DF	6 YRS. MON		IF UNDER 24 HRS. HOURS MIN.	(Mon	of BIRTH 19, Day, Year) 30/97		N.C	
TOR	Liberty Medic			Baltir	NO LE	EATH		c. COUNTY	OF DEATH	
DIRECTOR	10a. STATE 10b. COUN	TY		wn or Local				LIMITS		. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	1401 Lakewood	Ave.		10	21213		1	U .		COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	2 XNO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica NO Specifi	en, Puerto	N? (Specify Yes or Ricen, etc.)	No- 14	Black, Wh	American Indian, lifts, etc. Black
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		AL OCCUPATION  done during movined.)		161	o. KIND OF BUSINI	ESS/INDUS	TRY		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) George Hill			Marth	a Bi					
TO	Jodie Murchi	son			and Number or Rural					3
	20g_METHOD OF DISPOSITION 1		PLACE AND DATE OF DI			3/3			y or Town, S	
	23. PART I. Enter the disease, o shock or heart fellum IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on and	the death. Do not each line.	enter the mo		ch aa car	diec or reapiret	ory arrea	. 0	Approximata interval Betwe Onset and Da
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. DUE TO (OR AS A C	CONSEQUENCE OF):  ONSEQUENCE OF):	ck	allure					
MEDICAL	PART II. Other algnificant condition	one contributing to death but	t not resulting in th	e underlyin	g cause given in	Part I.	24a, WAS AN AU PERFORME 1 YES 2 4	D?	AWAI COM OF E	RE AUTOPSY FINDIN ILABLE PRIOR TO IPLETION OF CAUSI DEATH? YES 2 4 HO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	LACE OF DEATH (C)					
PHY	27. MANNER OF DEATH  1 Natural 5 Pending	1 Pinpatient 2 PR/Outpet  26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. IN.	HURY AT DRK?		SCRIBE HOW INJU	IRY OCCUI	REO	
ETED BY	2 Accident Investigation 3 Suicide 5 Could not be determined	28a. PLACE OF INJURY -	M 1 YES 2 NO  28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)			28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			Number	
COMPLE	one)	SICIAN: To the best of my knowled								i manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIF	ER A A . L			29c. LICENSE NU		2	od. DATE S	IGNED (Mor	nth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON V	THO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Prin	, Ma	1.00	203	Billy		110	7/2/15
	31. DATE FILEO (Month, Dey, Year)	32. PEGISTRAR'S SIGNAT	TURE	71.6	ma u	un	100011	The !	N(U a	4912

y of a column No. of

hos	lach	
the	de	
3	P P	
inec	Jour L	
reta	5 5	
2	age	
may.	r. p	
9	ecto	
Page	ij.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	
ter	鲁	DVal.
53	9	rem
DOCT	Di pi	ō
Ü	iji.	ion.
畫	stely	mal
×	Agr.	C. C.
ute	8	Juja
exec	anc	0 0
2	cian	ior 1
cate	Sél	e p
ertife	Bu	gien
th c	pua	E
dea	a att	enta
the	y th	≥ p
that	De De	h ar
res	ign	leal
nba	Ua:	10
SW.	s b	ept.
2	e ha	e D
ż	ficat	Sta
5	Le C	the
ž	his	With
9	ter (	ath
Q.	S. A	r de
1	Ē	afte
A AC	IRE(	SUNC
AL (	1	2 14
SPIT	VER.	Jin 7
Š	E	With
뿓	王	Fled
2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	94	0723
---	----	------

	1 - STATE OF MARYLA	ND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	07238							
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	year 3. TIME OF DEATH							
	JAMES MCCARTY			3 March9	94 4:56 Pm							
			IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)							
	218-03-5665 <sup>1</sup> √x <sup>M 2 □ F</sup> 80			08 01 1913								
000	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH											
1 6	UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEMBER 1											
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?							
	MARYLAND  100. STREET AND NUMBER		BALTIMORE 107, ZIP CODE		1X YES 2 □ NO							
FUNERAL	1439 EAST FORT AVENUE		21230	log. Ci	USA							
S	11. MARITAL STATUS 12. WAS DECEOENT EVER IN			NIC ORIGIN? (Specify Yee or No-	14. RACE — American Indian.							
BY F	1 Never Married 2 Merried FORCES? 1 YES 3 X Widowed 4 Divorced		If yes, specify Cuban, Mexico		Black, White, etc. Specify:							
ED B	15. DECEDENT'S EDUCATION		Α.		WHITE							
TE E	(Specify only highest grade completed)	(Give kind of wo life. Do NOT use	rk done during most of working	16b. KIND OF BUSINESS/III	ADUSTRY							
3	Elementery/Secondary (0-12) College (1-4 or 5+) UNKNOWN	FREEZER	EMPLOYEE	B GREEN FO	OOD COMPANY							
COMPLET	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	AME (First, Middle, Meiden Surname)								
BE (	JOSEPH McCARTY		CATHI	ERINE DAVIS								
TO BE COM	19e. INFORMANT'S NAME (Type/Print)		DDRESS (Street end Number or Rural									
98	HORACE BLATON  20e. METHOD OF DISPOSITION		CHESTNUT AVENUE		MARYLAND 21211  - City or Town, State							
E	1 Burial 2 Cremation 3 Ramoval from Stata	etery, crematory or other	er place)									
5	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
examiner must	A. ALAN SEITZ, JR. FUNERAL HOME 21211											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.   Approximate											
ille illence	shock, or heert fellure. List only one ceuse on ee IMMEDIATE CAUSE (Fine)	ch line.			interval Between Onset and Death							
ı,	disease or condition resulting in desth)	y ol	estruction.		5 min.							
ERTIFICATION		CONSEQUENCE OF			10							
ON	Sequentially list conditions, b. Due 10 (OR AS A	CONSEQUENCE OF			10 min							
CAT	cause. Enter UNDERLYING	ation.			Zwks.							
RTIFICATION	that illitated crome	CONSEQUENCE OF):	/· 1	1	1/							
CER	resulting in death) LAST d. Metastat	ic mai	lignant me	Canoma.	6 mos.							
	PART II. Other aignificant conditions contributing to deeth but	it not resulting in	the underlying ceuse given in		MAN ANY E BOYON TO							
MEDICA				PERFORMED?	COMPLETION OF CAUSE OF DEATH?							
: MEDIC				=   '	1 TYES 2 NO							
S N												
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1 Inpellent 2 ER/Outpe		28. PLACE OF DEATH (C)									
5 >	27. MANNER OF CEATH 280. CATE OF INJURY	26b. TIME		26d. DESCRIBE HOW INJURY O	CCURED							
мегией, ВУ РН	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUI	M 1 YES 2 NO									
	3 Suicide 6 Could not be 28s. PLACE OF INJURY building, etc. (Speci	At home, farm, atr	eet, factory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
ETE	4 Homicide determined											
O BE COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the beet of examination											
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER 29d. DA	ATE SIGNED (Month, Day, Year)							
TO B	Mlling Strine MD.		AT2458	146650 P	3/9/94							
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	im H Bal	I mi	1							
	31. DATE FILED (Manh. Day. Year) 132. RECISTRAS'S SIGNA	TURE	m II pect	יייי								
	MAR 1 1 1994 July Serven Rud	عاملها										

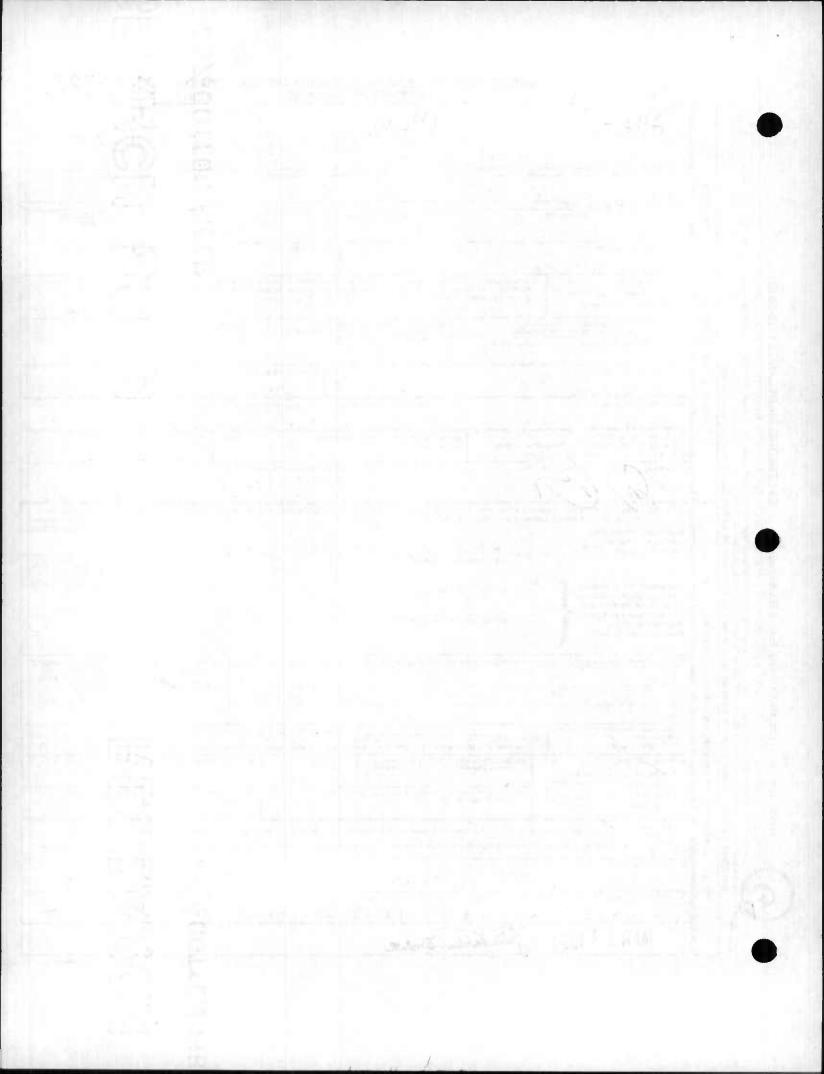


0	
2	
2	
$\simeq$	
ò	
ió	2
-	
T.	
CA	
<u> </u>	
CA	
0	
_	
Z	
a	ľ
-	
-4	
>	,
C	
7	
4	i
5	
_	
E, MARYLAND 21215-0020	
-	
II.	ı
0	
$\simeq$	-
≥	j
-	
-	
BALTIMORE,	1
a	
=	-
ш	į,
	*

_	960
	Anton miles
	Ì
ı	
90	with
687	varietad
X	2
ă	9000
o.	Partific
7	dice
S	Pa d
E C	hat a
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OCCITAL OD ATTENDING DUVELLIAM. The law remained that the death certificate he assessed with
	- Auc
A	2
5	AM
OF	DUVCIC
S	PINIC
2	ATTEN
5	g
_	-
	THESON

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 07239

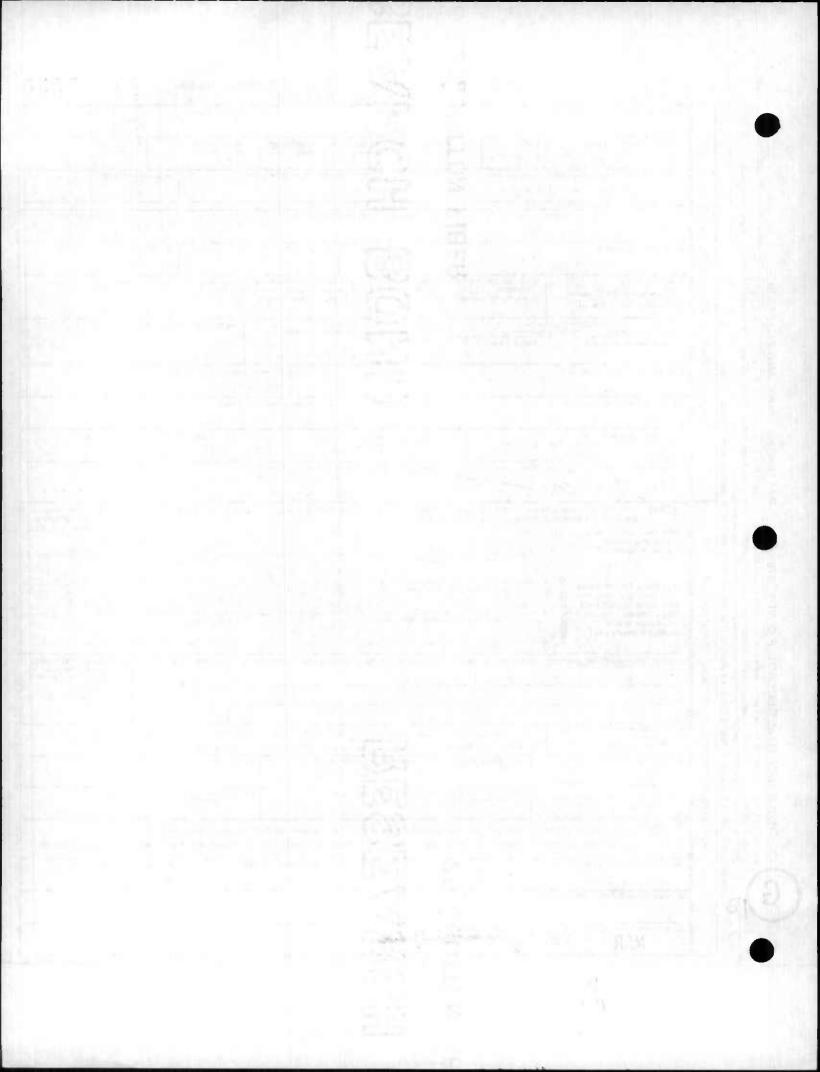
	REGISTRAR			ERITE	CAIL	JF DEF	ип .	R	EG. NO.			
	Albert							2. DATE OF E	DAY	YEAR	3. TIME OF DEATH	
W	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)   F UNDER 1 YEAR   IF UNDER 24 HRS.  216 12 3629   TO YRS.   MONTHS DAYS HOURS MIN.						-	7. DATE OF B (Month, Day 09/1	UPTH	Country		
	9a. FACILITY NAME (If not institution, gir	25	70		9b. CITY. TO	WN OR LOCA	TION OF DE		10/23 MARYILAND			
DIRECTOR	1807 DUNDALK AV					TIMOR				BALITIMORE		
EC	10a. STATE 10b. COU			10c. CITY,	TOWN OR L	OCATION		_			10d. INSIDE CITY	
	MD	BALTIMORE		-	BAI	TIMOR			T		LIMITS?	
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CO					HAT COUNTRY?	
N.	1807 DUNDALK A	12. WAS DECEDENT	EVER IN U.S. AS	BMEO	12 146		222	IC OBIGINS (S-	pecify Yes or No-		- American Indian,	
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 11 IF YES, GIVE W	MES 2	NO	If yo		ban, Mexicar	n, Puerto Rican			White, atc.	
ETED	15. DECEDENT'S E (Specify only highest gr	DUCATION	16a. DE	ECEDENT'S U	SUAL OCCU	PATION NO.	tina	16b. KINI	D OF BUSINESS/IN	DUSTRY		
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ma	Do NOT use	retired.)		ung	s	EAGRAMS			
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MC	THER'S NAM	AE (First, Middle	, Maiden Surname)	_		
	FRANK I. MAXA							. NOHA				
) BE	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DORESS (St				ity or Town, State, Zi	ip Code)		
5	BENIGNA MAXA								TIMORE,		21222	
	20a. METHOD OF DISPOSITION 12 Buriel 2 Cremetion 3 R	emoval from State		AND DATE OF	DISPOSITIO			DATE	20c. LOCATION -		rn, Stata	
	4-13 Donation 5 - Other (Specify)	1		ED HEZ	RT OF			3/12	BALTIN	10RE	, MD	
	22. NAME AND ADDRESS OF FACILITY  CVACH/ROSEDALE FUNERAL HOME											
	CVACH/ROSEDALE FUNERAL HOME  1211 CHESACO AVENUE 21237  23. PART L'Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate											
SATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST											
	PART II. Other aignificant condit	lone contributing to d	leeth but not	not resulting in the underlying cause given in Part I.					. WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDING	
: MEDICAL									PERFORMED? YES 2 1 40		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL	. [			2	6. PLACE OF	DEATH (Che	ck only one)				
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetient 3		OTHER:			8 Other (Spi	ectfy)			
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	26a. DATE OF I		28b. TIME INJUI	OF 28c	NJURY AT WORK?			E NOW INJURY OC	CURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not determined	28a. PLACE OF building, a	INJURY — At he	ome, farm, str	eet, factory,	office		281. LOCATION City or Tox	N (Street and Number wn, State)	er or Rural Ro	oute Number,	
COMPLE	onel	YSICIAN: To the best of r									and manner sa stated	
BE	296. SIGNATURE AND TITLE OF CERTI	atrka	og, de	-D-		29c. LI	CENSE NUM	S-2-9	29d. DA	TE SIGNED	Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON  L. WATER	sury de	-D.,			EAS	TER	υ,	BALT	ho	21224	
	31. DATE FILED MONTH DOY 1 199.		S SIGNATURE	Indette					8			
_												



0	-2
215-0	attendion
7	5
BALTIMORE, MARYLAND 21215-00	Aure after death. Pane 6 may he retained by the hospital or attendion of
Z	2
MAR	penister
	2
2	Man
0	66
Σ	Pane
ALT	death
0	after
	SHIP

	Suno
0,/	ithi
6876	ecuted v
X	pe exc
.O. BC	certificate
J.	death
H.C	at the
4ECO	requires th
-	ME
=	T.
70	PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
5	OR.
	HOSPITAL

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	9	4 07240			
-	1. DECEDENT'S NAME (First, Middle, L. William Phil.				2. DATE OF DEATH DAY	q'L	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  216-07-6140  9a. FACILITY NAME (If not institution, g	1 M 2 D F 7	4 YRS. MOR	UNDER 1 YEAR IF UNDER 24 HRS. YTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/26/18	C	HTTHPLACE (State or Foreign punity) Maryland			
ECTOR	Good Samaritan	Hospital		Baltimore Cit		C. COUNTY C	or DEATH			
DIREC	10a. STATE 10b. CO			own or location ville			10d. INSIDE CITY LIMITS?  1 YES 2 NO			
ERAL	100. STREET AND NUMBER 7825 Aiken Aver	nue		101. ZIP CODE 21234	,	0g. CITIZEN (	OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Meste 1 — YES 2 NO Speci		14. RACE — American Indian, Black, Whita, atc. Specify: White				
LETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		iffe. Do NOT use rea	done during most of working	16b. KIND OF BUSINI					
	17. FATHER'S NAME (First, Middle, Last Philip Muller		BIECCLI	18. MOTHER'S N	IAME (First, Middle, Melden Sur tie McKeren		anx corp.			
TO B	196. INFORMANT'S NAME (Type/Print)  Martha M. Muller  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  7825 Aiken Avenue Baltimore, MD 21234									
	206. METHOD OF DISPOSITION  1 © Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory, or other place)  Parkwood Cemetery  3/11/94 Baltimore, MD									
	Johnson Funeral Home 8521 Loch Raven Blvd. Towson, MD 21286									
SERTIFICATION	23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL		F Prostatic C2 websites EVA  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  24b. WERE AUTOPST OF DEATH 1 YES 2 NO								
ICIAN	25. WAS CASE REFERRED TO MEDICA EXAMINER?  1  YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C						
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY FU	27. MANNER OF DEATH  1 Netural 5 Pending	1   Inpellant 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Raeldence 6   Other (Specify)								
	2 Accident investigation 3 Sulcide 6 Could not be datermined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
OMPLE	one)	HYSICIAN: To the beat of my know MINER: On the beats of examination					ree(a) and manner as stated.			
8	296. SIGNATURE AND TITLE OF CERT	buldin 1 MD		29c. LICENSE N		Pd. DATE SIG	NED (Month, Day, Year)			
ĭ	30. NAME AND ADDRESS OF PERSON Roskir Shihat	who completed cause of de	EATH (ITEM 27) (Type, Print							
	MAR 19	94 32. REGISTRATE SIGN	ATURE Pandell							



0	3
2	1
0	
005	
T	,
S	i
<u></u>	1
N	
$\overline{\Sigma}$	-
CA	1
0	-
=	1
4	4
•	1
	A h
>	4
oc	3
7	3
2	1
2	
, MARYLAND 21215	1
111	-
$\alpha$	4
LIMORE	
$\leq$	
2	Dane
	d

1. DECEDENT'S NAME (First, Middle, Last)

Sa. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

078-26-6669

WILLIAM THOMAS MANNING

1 M 2 F

8. AGE (In yrs. last birthday)

YRS. 59

5. SEX

0
×
BOX
m
-
0
0
п.
-0
2
Hob
Pin-
9
#
11.
_
AL
F
_
>
L
OF
Z
-

-	
4000	
0	
- proba-	ı
EC.	
-	
E3	
Gión.	
or	۱
700	
Mar.	
100	
_	
-	
A	
_	
>	
-	
l.e.	
LL.	
ō	
-	
_	
Z	
0	
_	
4.0	
S	
_	
-	
_	

DIRECTOR	NATIONAL NAVAL	BETHESDA	МО	ONTGOMERY						
	10a. STATE 10b. COUNT						0d. INSIDE CITY			
		VARD COLUM			BIA				1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZI	EN OF WH	AT COUNTRY?
NE	9502 DAWNBLUSH				2104					STATES
B	11. MARITAL STATUS 1 Never Married 2 XMerried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 NO		MAS DECENDENT OF HISPAI 1 yes, specify Cuben, Mexics 1 YES 2 NO Specif	in, Puerto Ric		or No- 1	I4. RACE - Black, 1 Specify:	- American Indian White, etc. BLACK
TED	15. DECEDENT'S EDU (Specify only highest grade	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			CCUPATION during most of working	16b. K	IND OF BUSI	NESS/INDU	STRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	U.S.M	T use retired.)		DE	FENSE			
TO BE COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			(urname)	-	
	JACK HUGH	MANNING		MADILINE AGTHA PETGRAVE						
	19a. INFORMANT'S NAME (Type/Print)	196. MAII	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
	VEROLA MANNING				BLUSH COURT		_		2104	
	20s. METHOD OF DISPOSITION  1 State  20b. PL  cometer			Or other place	ONAL CEMETER	94 PATE		ATION — CI		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	TINGTOL		NAME AND ADDRESS OF FA		I ARL	INGTO	IN, V	IRGINIA	
	Увеневи		LE	LEROY M & RUSSELL C WITZKE FUNERAL HOME						
	23. PART I. Enter the diseases, or	- 14			30 EDMONDSON					MARYLA Approximat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G		CONSEQUENCE OF):						
MEDICAL C	PART II. Other algolificant condition	na contributing to deeth b	out not resulti	ing in the un	derlying cause given in		YES 2	AED?	o o	PERE AUTOPSY FIN MAILABLE PRIOR TO COMPLETION OF CA OF CEATH?
						_			1	AES SX NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (Check only one)							
KS	1 TYES 2 NO	1 X Inpatient 2 ER/Out	patient 3 🗆 DO	OTHER 4 Nun		Residence 6 Other (Specify)				
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	284. DEȘCRIBE HOW INJURY OCC		JURY OCCU	JRED	1
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, fe	- At home, ferm, street, factory, office			ION (Street an Town, State)	nd Number o	r Rurel Rou	rte Number,
COMPLETED	onel	ICIAN: To the best of my know ER: On the basis of sxamination								and manner as sta
36	29b. SIGNATURE AND TITLE OF CERTIFIE	P. C.							SIGNED (A	Aonth, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  C.S.LEDFORD, LT, MC, USN  NATIONAL NAVAL MEDICAL CENTER BETHESDA MD 20889-5600									

32. PEGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
MAR 11 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN.

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

07241 91

NEW YORK

9c. COUNTY OF DEATH

3. TIME OF DEATH

7: 40 BIRTHPLACE (State or Foreign Country)

Approximata Interval Between Onset and Death

24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?

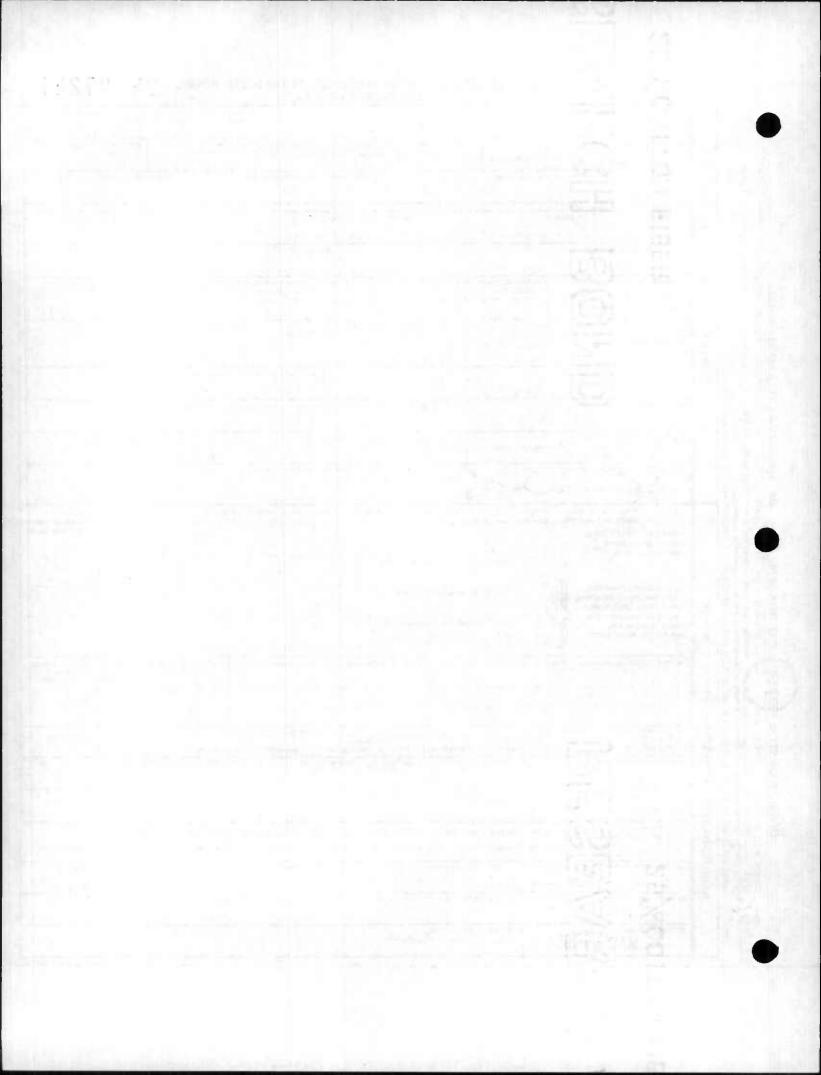
REG. NO. 2. DATE OF DEATH

MAR 5 1994

7. DATE OF BIRTH (Month, Day, Year)

SEP 11 1934

DHMH-16 Rev 1/89

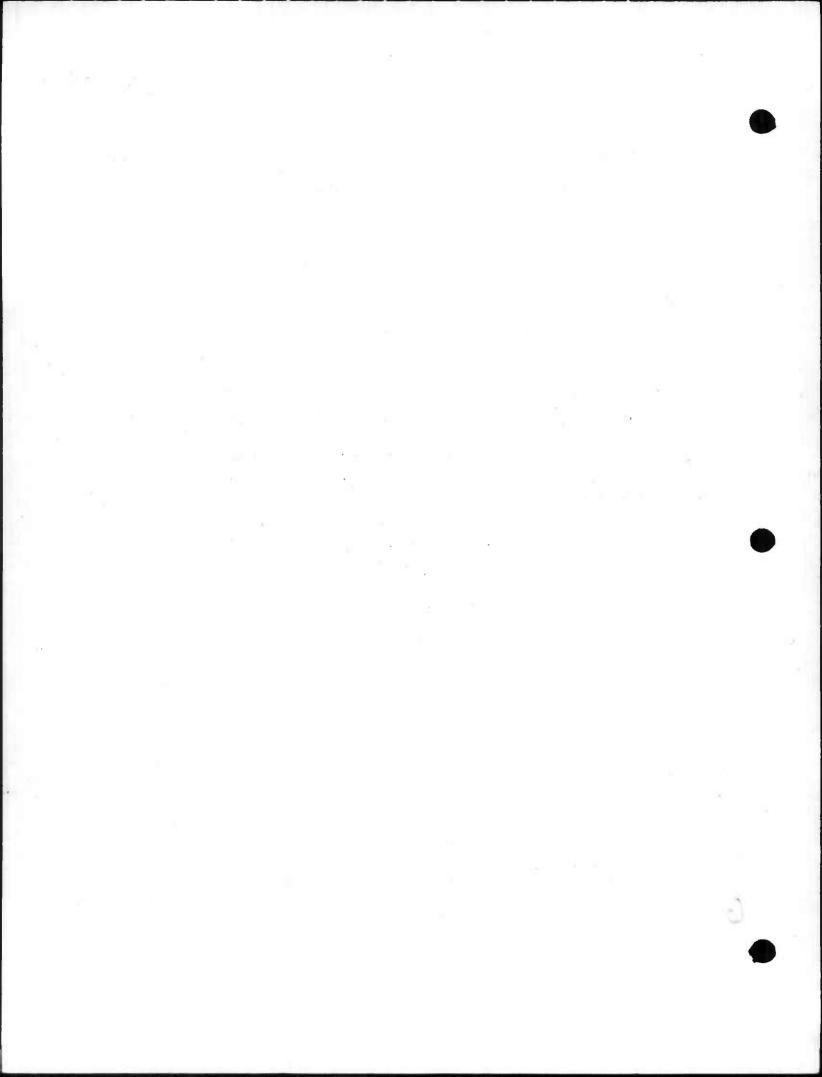


020	fours after death. Page 6 may be retained by the hospital or attending physician.	sician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fram
BALTIMORE, MARYLAND 21215-0020	ending	as the
12	or at	use
2	Dital	of be
Ž	hos	tache
7	the	ap a
>	2	d b
MAH	etained	should
-	9	90
분	Тау	r pac
0	9	cto
Σ	Page	dire
AL:	leath.	funera
ñ	after (	y the
	SIR	C
4	0	filled
		>
2	With	plet
3/5	rted	COM
UX 68/60.	te be executed with	and
X	pe	ian
_	63	Sic

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND MI DEATH	NTAL HYGIEN REG. NO.	1 1.0	07242
		1. DECEDENT'S NAME (First, Middle, Last)  Elizabeth N	1 es E	lizabeth	Anna Ni		DATE OF DEATH MONTH D		
9		215-30-1237	t □ M 2 💢 F 8		F UNDER t YEAR ONTHS DAYS	1101100 1101	Month, Day, Year)	1912	ORTHPLACE (State or Foreign Country) Maryland
2. 3 shou	OR	99. FACILITY NAME (If not Institution, give street Francis Scott Key		1		altimore	Н	9c. COUNTY (	OF DEATH
permit. Pages 1, 2, 3 should	DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  Maryland  -			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?  1 X YES 2 NO
· 25	FUNERAL	10e. STREET AND NUMBER  12 N. Curley S	St.			ZIP CODE 21224			OF WHAT COUNTRY?
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	B₹		2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yee, spe	ENDENT OF HISPANIC colfy Cuben, Maxicen, I 2 NO Specify:		or No.— 14. I	RACE — American Indian, Black, White, etc. Specify: White
21215 vital or attend of for use as	LETED	A CONTRACTOR OF THE CONTRACTOR	College (1-4 or 5+)	life. Do NOT use i	k done during mos etired.)	DN st of working	16b. KINO OF BUS		
MARYLAND retained by the hospit 5 should be detached notified at once.		n/a 17. FATHER'S NAME (First, Middle, Last)  Matthew Polanka	n/a	Homemak	.er		Own 1	Surneme)	
MAR retained 5 should notified		190. INFORMANT'S NAME (Type/Print) David T. Nies Jr.	(Son)			nd Number or Rural Rou	te Number, City or Town	n, Stete, Zip Code	
ALTIMORE, death. Page 6 may be funeral director, page examiner must be a		20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State come	PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20c. LO	CATION — City	
		21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		Schin	nunek Fune Brehms La	eral Home		
DS, P.O. BOX 68760, the death certificate be executed with the attending physician and completely filled in by the different hydrone prior to burial cremation, or removal injury, or other traumatic event, the medical	CERTIFICATION	23. PART i. Enter the diseases, or conshock, or heart feilure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that intileted eventa resulting in death) LAST	DUE TO (OR AS A I	ch line.		de of dying, such a	a cardiac or reapi	ratory arreal,	Approximate interval Between Onset and Death
R at the by a by in	AL	PART II. Other significent conditions	contributing to death bu	t not resulting In	the underlying	g ceuse given in Pa	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
TAL The law ate has late Dept	SICIAN:		IOSPITAL:		THER:	ACE OF DEATH (Check			
ON OF VI DING PROSICIAN After this sertific death with the S i marked, or I	ву рну	27. MANNER OF OEATH  1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJU WOI M 1 V	URY AT RK? 'ES 2 NO	Id. OEŞCRIBE HOW II		
DIVISION OF OR ATTENDING PROSIC CHECTOR: After this se duct after death with the	LETED	3 Suicida 8 Could not be determined	28e. PLACE OF INJURY - building, stc. (Specif	y)			St. LOCATION (Street e City or Town, Stete)		iral Route Number,
a	COMP	(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowle			esth occured at the tim	e, date and piece, en	d due to the ceu	use(e) end manner ee ststed.
1 1 1 1	O BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF OFA	TH (ITEM 27) /Tron Pr	int)	14005	R	≥ 3/	INED (Month, Day, Year)
6.		31. OATE FILEO (Month, Day, Year)		Scott Ke		0 Eastern	Ave., Ba	ltimor	e, Md.

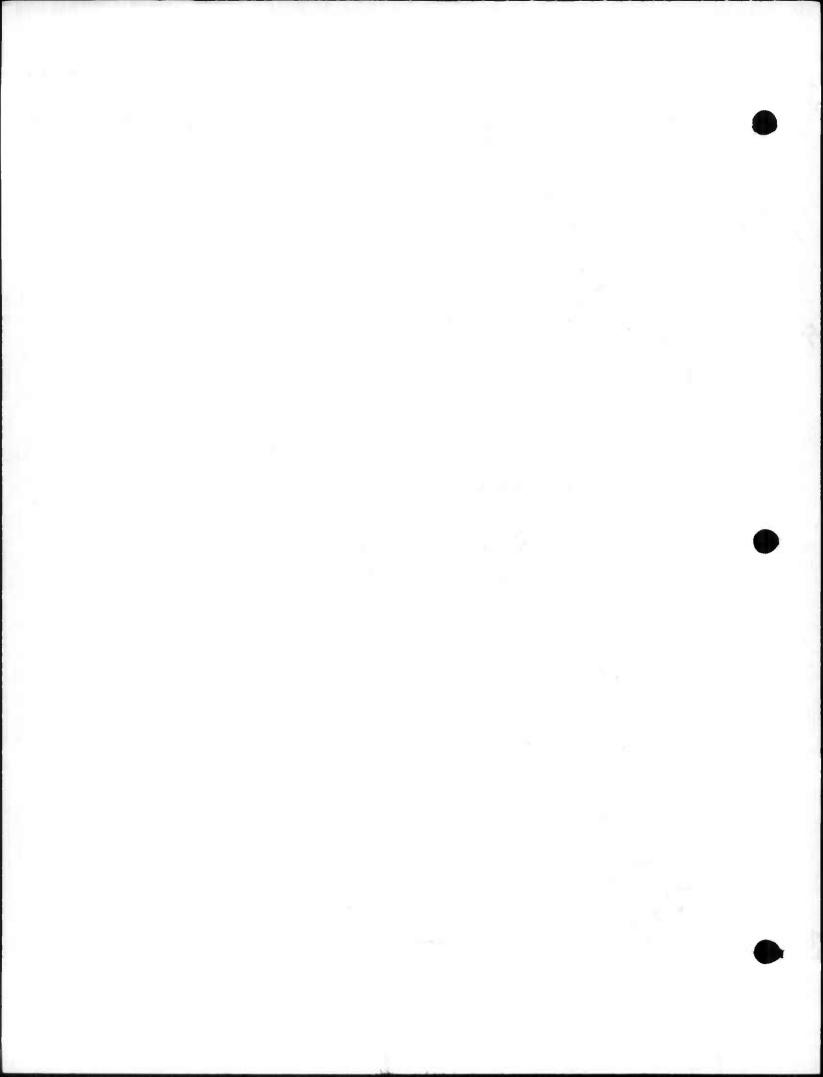
31. OATE FILEO (Month, Day, Year)

MAR 11 1994



e e	det	
6	2	
Deur	hould	
E C	S	
8	96	
may	к, ра	
0	ecto	
9	Ö	
The nours are death. Page 6 may be retained by the	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	
10	the	Š
4	6	mo
S C	5	T.
2	ed	0
	3	S
į.	le y	nat
1	plet	rec
2	mo	=
Ĕ.	0	표
200	an an	ē
9	a	F T
80	Sici	5
Ca	E S	9
	9	Je.
25	ğ	Ŧ
311	tte	70
8	49	e e
E E	=	25
122	5	an B
S	Ped	Ħ
M.C.	S	eg-
ğ	en en	0
*	2	7
10	Jas	e e
2	e	te
-	Ca	SS
Z.	ě	Pe
2	3	4
Ē	This	×
5	ē	띂
5	Aft	de
2	39	ter
3	E	60
AL UN ALLENDING PHYSICIAN' THE TAW requires that the death certificate be executed	iRE	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
ر	0	Ä
-		CV

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, La	Richey	5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8.								
	4. SOCIAL SECURITY NUMBER 212 07 1033  9a. FACILITY NAME (If not institution, gi	1KXM 2 □ F 78	MOXM 2 of 78 YRS. MONTHS DAYS HOURS MIN. (Mortin, Day Year) Country) Mary								
стов	Carroll County General Hospital WEstminster Carroll										
DIREC	10a. STATE 10b. COL										
FUNERAL	too. STREET AND NUMBER  5804 Melvill	o Road	1.,.	10	2 1 7 8 4			S.A.			
BY FUN	11. MARITAL STATUS t Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1X YES IF YES, GIVE WAR OR DO	2 NO	If yes, sp	ENDENT OF HISPANIC ecity Cuban, Mexican, F		or No- 14.	RACE — American Indian, Black, White, etc. Specify: White			
ETED	15. DECEDENT'S I (Specify only highest g Elementery/Secondery (0-12)	EDUCATION rade completed)  College (1-4 or 5 +)	16a. DECEDENT'S USE (Give kind of work life. Do NOT use re	done during mo		SINESS/INDUST					
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)	1400	Forema	n	18. MOTHER'S NAME	Lever		ners			
BE C	Issaac R. Nu	twell, Fr.			Ma	ry M. R	y M. Rusceburg  Number, City or Town, State, Zip Code)  Sykesville, Md. 21784  DATE 20c. LOCATION — City or Town, State / 12/94 Elkridge, Md.				
5	THE RESERVE OF THE RESERVE		11 5804 1	Melvi	lle Road	Sykesv	ille,	Md. 21784			
	20a. METHOD OF DISPOSITION    Note	lemoval from State	PLACE AND DATE OF D	isposition (Me)	m. Park	3/12/94	Elkr:	or Town, State idge, Md.			
	21. SIGNATURE OF FUNERAL SERVICE	Haraht		P.	D. Boax	Haight 195 Svk	esvil	ral Home le, Md. 217			
	23. PART I. Enter the diseases, ahock/ or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	re. List only one cause on e	ach iine.				ratory arrest	Approximate Interval Betwee Onset and Dea 5 m in			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	c	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	tic	Aneury	SM		36 hrs			
MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 DINO  1										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Check						
у РНУ	27. MANNER OF DEATH  t Natural 5 Pending 2 Accident Investigati	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME O	28c. IN.		3d. OEŞCRIBE HOW I	NJURY OCCUR	ED			
тер ву	3 Suicide 6 Could not 4 Homicide determined	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLE	000	IYSICIAN: To the best of my know						euse(e) and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF DENTI  30. NAME AND AGGRESS OF PERSON	clett)	ATH CITCH AT CIT-		D392		29d. DATE S	IOL94			
	R. Ricketts	MD CC	6H We	257m	inster	MD	211	57			
	MAR 1 1 1994	32. REGISTRAR'S SIGN	ature nde								



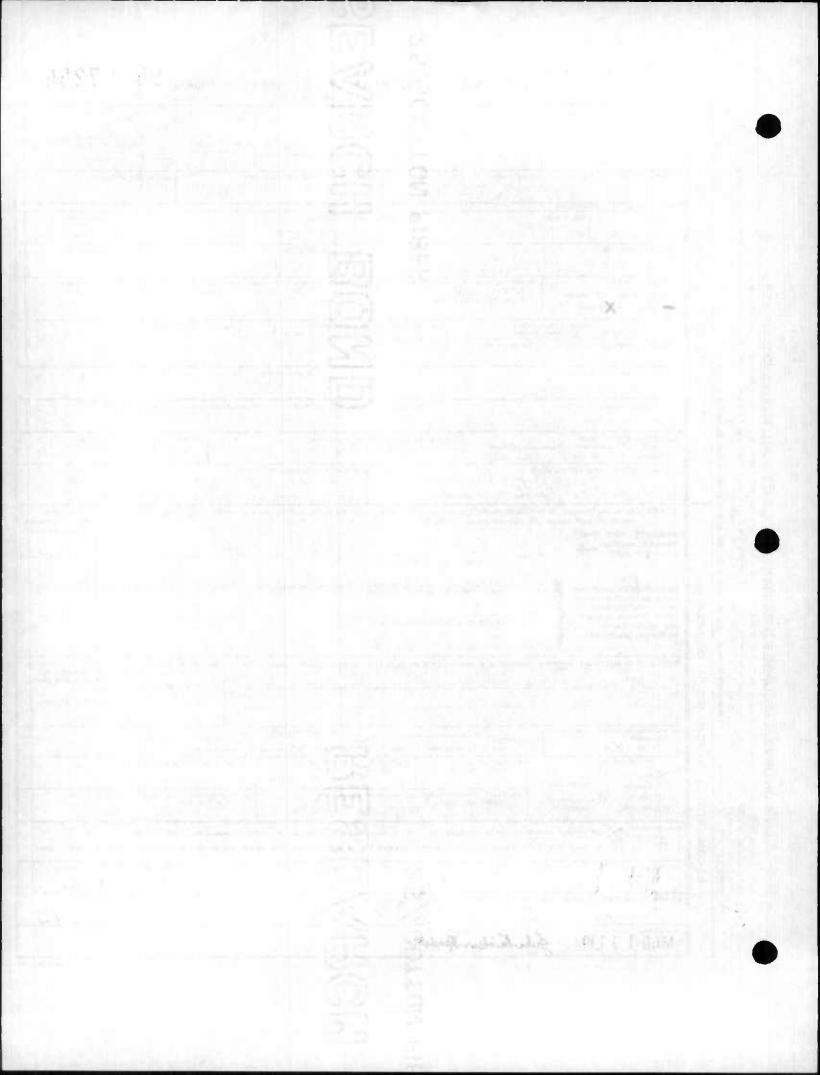
Item# 11 Per F.H. Film# G 709 03/11/94 R.M.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME									3. TIME OF DEATH			
	ADDALIAM OT COLLANGUE												
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRT								6. BIRTHPI	4:40 PM  LACE (State or Foreign			
	577-09-0321	1 ₩ 2 □ F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	JUNE 17,1	915	Country)	YLAND	
	Sa. FACILITY NAME (If not institution, give				9b. CITY	TOWN	OR LOCATIO	ON OF DE			TY OF DE		
СТОВ	5900 PARK HEIGHTS AVE. APT. 701 BALTIMORE, MD. (21215)												
ECT	RESIDENCE OF DECEDENT  100. STATE  100. COUNT	v		I so city	Z TOMBI C	B 1 00	TION						
DIRE	MARYLAND			10C, CIT	r, TOWN C		IMORE					IOd. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				DI		DI ZIP CODE			ton CITI		YES 2 NO	
ERAL	5900 PARK HEIGHT	S AVE A	סיי דיים					215		log. Ciriz		SA	
FUNE	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR		13.	WAS DE			NIC ORIGIN? (Specify Yes	or No—	14. RACE -	- American Indian.	
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced		1 X¥ÇS 2 □ P WAR OR DATES	WWII		f yes, s	S 2 P NO	Specify	NIC ORIOIN? (Specify Yearn, Puerto Rican, etc.)		Black, Specify:	White, atc.	
ED	15. DECEDENT'S EDU (Specify only highest grad		16a. DE	CEDENT'S	USUAL O	CCUPAT	ION lost of workin	a	16b. KIND OF BU	SINESS/IND	USTRY		
COMPLET	(Specify only highest grade completed)  Elementary/Secondary (0-12)  12  (Give kind of work done during most of working life. Do NOT use retired.)  SALESMAN  INSURANCE												
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTH		ME (First, Middle, Maiden	Sumame)			
ш	ISIDOR OLSCHANS				2.2	II	DA SHERR						
TO B	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILINO	ADDRESS	(Street	end Number	or Rural	Route Number, City or Tow	n, Stete, Zip	Code)	)	
-	MRS LORRAINE KAB	AKOW	4	4303	ROLA	ND	SPRIN	G DE	R BALTIMRO	. עויון ני	21210		
	20a. METHOD OF DISPOSITION    Date												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  COT I DIVINICAL SERVICE LICENSEE												
	SOL LEVINSON & BROS., INC.  6010 REISTERSTOWN RD BALTIMORE, MD 21215											m 21215	
	23. PARTA. Enter the diseases, or	complications th	at caused the de	ath. Do n	ot anter	tha m	ode of dyl	ng, suc	h as cardiac or resp	iratory arm	oat,	Approximata	
	ahock, or heart failure. List only one cause on each line.											Interval Between Onset and Dea	
Н	disease or condition  resulting in death)  a. CARDIAC ARRYTHMIA									IMMedia			
	Toolang III dodni	DUE TO	OR AS A CONSE	DUENCE OF	7:		J	- 1					
Z	disease or condition resulting in death)  a. CARDIAC ARRYTHMIA 14Med  DUE TO (OR AS A CONSEQUENCE OF):  b. CORDIALLY ARTCAY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):												
RTIFICATION	If any, leading to immediate												
2	CAUSE (Disease or injury												
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
CE		d										1	
AL	PART II. Other aignificant condition		death but not r	reaulting i	n the un	derlyli	ng cause g	iven in	Part I. 24a. WAS AN PERFOR	AUTOPSY		WERE AUTOPSY FINDING	
MEDICAL	HYPERTENY	0N							1   YES 2 NO			COMPLETION OF CAUSE OF DEATH?	
65											1	YES 2 NO	
PHYSICIAN:													
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-9170		OTHER	1:			eck only one)				
14S	1 VES 2 NO	1 L Inpatient 2	ER/Outpetient 3	28b. TIM	_	-	me 5 Re	sidence	8 Other (Specify) 28d. DESCRIBE HOW I	N HARV OCC	HIBED		
100	Natural 5 Pending		Day, Year)		URY	W	YES 2	NO.	284. DESCRIBE NOW I	NJUNT OCC	ONED		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At ho	ome, farm, s	street, fact			, 110	281, LOCATION (Street	end Number	or Rural Ro	ute Number	
	4 Homicide 8 Could not be	building	, atc. (Specify)					10	City or Town, State)				
COMPLETED	290, CERTIFIER CERTIEVING BUYS	HOLAN, To the Control	d my be suited.	ath -	4 4		1001						
MP	0001								to the cause(s) end me time, date and place, er				
8					11, 111 HIY C	pirituri,							
BE	29b. SIGNATURE AND THELE OF CERTIFIE	males	- Ma	0			29c. LICE	NSE NUI	WBER	29d. DATE	SIGNED (	Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	ISE OF DEATH (ITE	M 27) /3	Drint <sup>1</sup>		10	50	27		>-7	5.74	
	Tul 14	TAKA	CON 11 H		503	6	DOLL !	16:	sht Ave,	Kal.	Limi	12/110	
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE		,,,	- (	mun	Jul	100,	DIT	, 1/(	1 4 163	
	MAR 1 1 1994	Julia David	we Brokell	6									



020	and address
<b>MARYLAND 21215-0020</b>	Once & same he ambained he she hearthal as assenting the state
AND 2	the fearing
7	i
MAR	- deline
-	2
2	-
0	q
LTIMORE	Dog
5	and the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

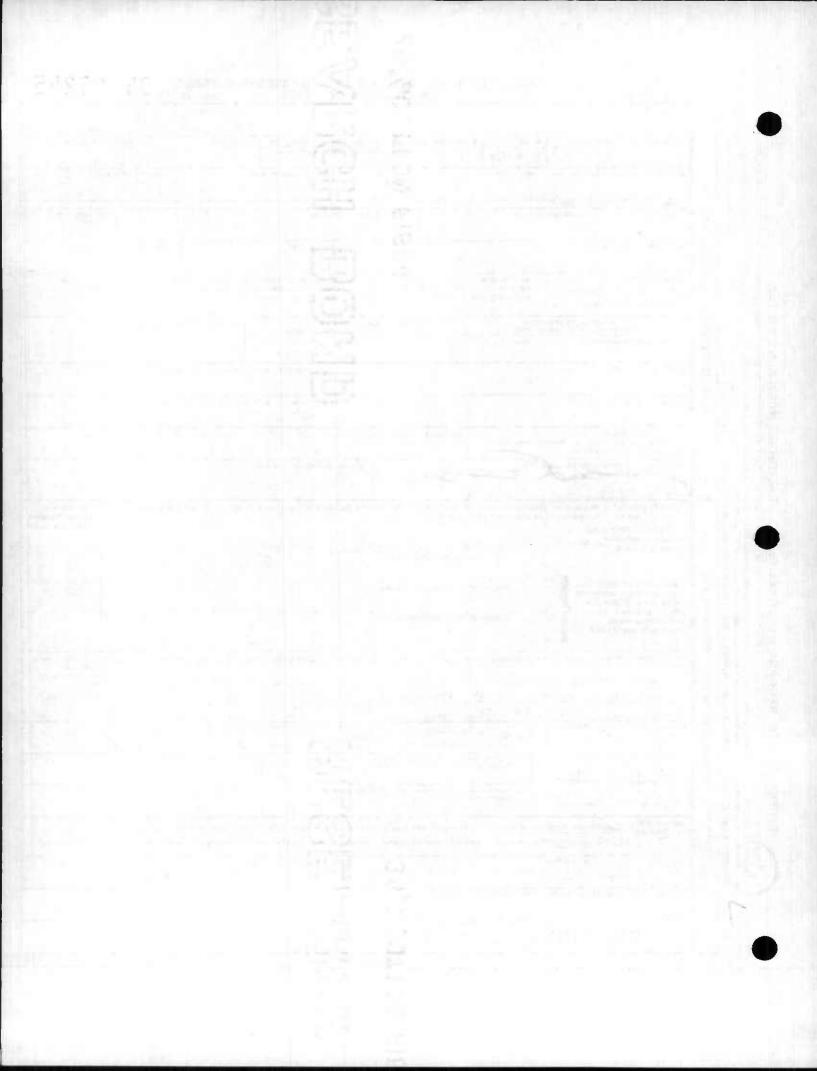
		90	
	ď.	ansit	
	Sicial	ia-tr	
	Phy.	a bur	
	nding	is th	
	afte	JS6 3	
	al or	for	
	ospit	ched	
	the h	deta	
	2	d be	
	ained	hour	
	e ret	858	
•	ay b	pag	
	9	ctor,	
	Page	I dire	
	ath.	inera	
	er de	the fu	lend
	S aft	5	name
	000	in po	20
		aly fill	adjou
	Military.	nplete	Prom
	petn:	100	leini
	exec	n and	by he
	le be	Sicia	nopor
	thea	phy p	900
	500	nding	Line
	death	atte	Indus
	the the	y the	M Pa
	that	d pa	the ac
	uires	sign	Manh
	v req	been	4 06
	e lav	has	Don
	Ė.	cate	Conte
	ICIA	pertif	4
	PHYS	this	with
	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	HEAL OFFICIAL Mer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	Santh
	TEN	DR.	die.
	BAT	PREC	Albert &
	35	0 7	2
,	大	100	ń

	1. DECEDENT'S NAME (First, Middle // 2		ONE		16				2. DAT	TE OF DEATH	9 9	YEAR	3. TIME OF DEAT
DIRECTOR	4. SOCIAL SECURITY NUMBER 213-12-6980		5. SEX 1 M 2 XF	6. AGE (In	yrs. lesi birthday) 6 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS HOURS MIN.	(Moi	E OF BIRTN nth, Day, Year) /2/18		Cour	INPLACE (State or Formatry)
	96. FACILITY NAME (If not institute  Joseph Riche)  RESIDENCE OF DECED	y Hos				Balt	timo				9c. COL	JNTY OF	DEATH
		altim	ore			v, rown o butus		ION					10d. INSIDE CITY LIMITS? 1 YES 2 X
ERAL	10e. STREET AND NUMBER	77			111			21227					WHAT COUNTRY?
BY FUNE	5508 Carville  11. MARITAL STATUS  1 Never Married 2 Marri 3 Wildowed 4 Divorced	ried	12. WAS DECEDENT FORCES? IF YES, GIVE	1 YES	2 10		WAS DEC	ENDENT OF HISI polity Cuben, Max 2 X NO Spe	Ican, Puerte		U.S	14. RAG Bin	CE — American India ick, Whita, atc. icity: white
ED	15. DECEDEN (Specify only high Elementary/Secondary (0-12)	NT'S EDUCA	ATION ompleted) College (1-4 or 5		16e. DECEDENT'S (Give kind of life. Do NOT u	work done	during mo		10	Westir			witte
SE COMPLET	17. FATHER'S NAME (First, Middle, George Lee Es	spey			1115	PCCU		18. MOTHER'S Marga		, Middle, Maiden			
TO B	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Michael Anthony Pavone  5508 Carville Avenue, Arbutus, MD 21227												
	23. PART I. Enter the disease	sea, pr co	mbc.	d C	the death. Do	1:	328	Sulphur	Spr:	Ambrose ing Rd.	Fun , Ar	era. buti	Maryland 1 Home, I us, MD 21
	Lean	sea, pr co failure. Li	mbc.	at caused tuse on each	the death. Do	1.	328	Sulphur	Spr:	Ambrose ing Rd.	Fun , Ar	era. buti	l Home, I us, MD 21
ERTIFICATION	23. PART i. Enter the disease shock, or heart iMMEDIATE CAUSE (Final disease or condition	sea, Dr co failure. Li	mplications the lat only one can but to but to but to	at caused use on each text of OR AS A CO OR AS A CO	the death. Do	22. 1: The second of the secon	328	Sulphur	Spr:	Ambrose ing Rd.	Fun , Ar	era. buti	Approximatinterval Be Onset and
MEDICAL CERTIFI	23. PART i. Enter the disease shock, or heart immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	sea, pr co failure. Li	mplicationa the lat only one can bue to bue to bue to contributing to	at caused use on each two or on as a coop of the coop of the coop of the coop of the coop of the coop of the coop of the coop of the coop of the coop of the coop of the coop of the coop of the coop of the coop of the co	the death. Do the line.	22. 1. 1. The proof of the proo	NAME AND 328 the mo	do address of Sulphur de of dying, s	Spr:	Ambrose ing Rd.	Autopsy	nera.	Approximatinterval Be Onset and
MEDICAL CERTIFI	23. PART I. Enter the disease shock, or heart IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant or Cause in the cause in	a. a. d. d. d. d. d. d. d. d. d. d. d. d. d.	mplicationa the int only one can bue to bue to bue to bue to bue to contributing to contributi	at caused use on each text of OR AS A CO OR	the death. Do the line.  Consequence of consequence of the not resulting the consequence of the consequence	22.  1.  1.  1.  1.  1.  1.  1.  1.  1.	the mo	de of dying, and cause given	in Part i.	Ambrose ing Rd. ing Rd. rdiac or reap	AUTOPSY RMEO?	reat,	Approximatintarval Be Onset and Completing Manual Prior Completing 1 yes 2   Manual Ma
PHYSICIAN: MEDICAL CERTIFI	23. PART i. Enter the disease shock, or heart immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant or the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant or CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant or CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. a. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to	at caused use on each text to o or as a co o or as a co o or as a co o or as a co o or as a co o or as a co o or as a co o or as a co o or as a co o or as a co o or as a co o or as a co o or as a co o or as a co o or as a co o or as a co o or as a co o or as a co	the death. Do the line.  CAS CASCONSEQUENCE OF CONSEQUENCE OF CONS	22.  1.  1.  The property of t	the mo	g cause given  ACE OF DEATH	in Part i.	Ambrose ing Rd. ing Rd. rdiac or reap	AUTOPSY RMED?	era. butu	Approximatintarval Be Onset and Completing Manual Prior Completing 1 yes 2   Manual Ma
MEDICAL CERTIFI	23. PART I. Enter the disease shock, or heart immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant or Decrease in the cause of the cause	a. b. c. d. d. d. d. d. d. d. d. d. d. d. d. d.	mplicationa the lat only one call only one call only one call one to the latest one of the latest one	at caused tuse on each tuse on each tuse on each tuse on each tuse on each tuse on each tuse on each tuse on each tuse of the	the death. Do the line.  CAS CONSEQUENCE OF CONSEQU	22.  1.  1.  The unit the unit	the mo	g cause given  Cause given  Cause given  Cause given  Cause given  Cause given  Cause given  Cause given	in Part i.	Ambrose ing Rd ing Rd  rdiac or reap  24a. WAS AN PERFO 1 UYES:	Autopsy and Autopsy and Number of Nu	pera.	Approximatinterval B& Onset and Co M.  Ib. WERE AUTOPSY FII AMAJABLE FRIOR COF DEATH?  1 YES 2 N

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

William D. McChanell MD 500 West Universit

T 1994



3 should DIRECTOR MERIDIAN-HOMWOOD BALTIMORE Pages 1, 2, 10b. COUNTY 10a. STATE 10c CITY TOWN OR LOCATION MD N/A BALTIMORE permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 1309 E. BELVEDERE AVENUE APT. C 21239 burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2XX10 IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yee, specify Cuban, Mexican, Puerto Rican, etc.) 3 Widowed 4 Divorced TYES 2 NO Specify: BY use as the ETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) funeral director, page 5 should be detached for COMPL N/A N/A CLERICAL once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILL MITCHELL ELIZA MITCHELL 10 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 FRANCES GONZALES 1309 E. BELVEDERE AVE. APT. must be 20s, METHOD OF DISPOSITION
1 

■ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Page 6 may DATE 1 X Burlal 2 Cremation 3 Li 4 Donation 6 Other (Specify) KING MEMORIAL PARK CEM examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY fresal happre. the medical 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, led in by shock, or heart fellure. List pnly one cause on each line. 6 IMMEDIATE CAUSE (Final the cremation, disease or condition resulting in death) GASTIZIC and completely o burial, cremati event, BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 if any, leading to immadiate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL Dement any Shows PHYSICIAN: Dept. s certificate has to the State Dept 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA OR ATTENDING PHYSICIAN: 4 🗆 Nursing Home 5 🗆 Residence 6 🗆 Other (Specify) 0 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26b. TIME OF this c marked, 1 Netural 1 YES 2 NO After the BY 2 Accident 28e. PLACE OF INJURY — At home, farm, etreet, factory, office building, etc. (Specify) 3 Suicide 69 6 Could not be DIRECTOR: Nours after of 28 4 Homicide COMPLET tem 29s. CERTIFIER 1 Chack and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL within 72 h = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 일 및 말 200 Hos OM D D31464 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Entan Rd Ente SHMI 821 CHOALIT

STRATE SIGNATURE

evidon

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

PETERSON

YRS.

8. AGE (In yrs. last birthday)

74

MONTH O.3

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

FOR STATE REGISTRAR

MARY

4. SOCIAL SECURITY NUMBER

183-28-0290

31. DATE FILED (Month, Day, Year)

1994

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street end number)

F.

5. SEX

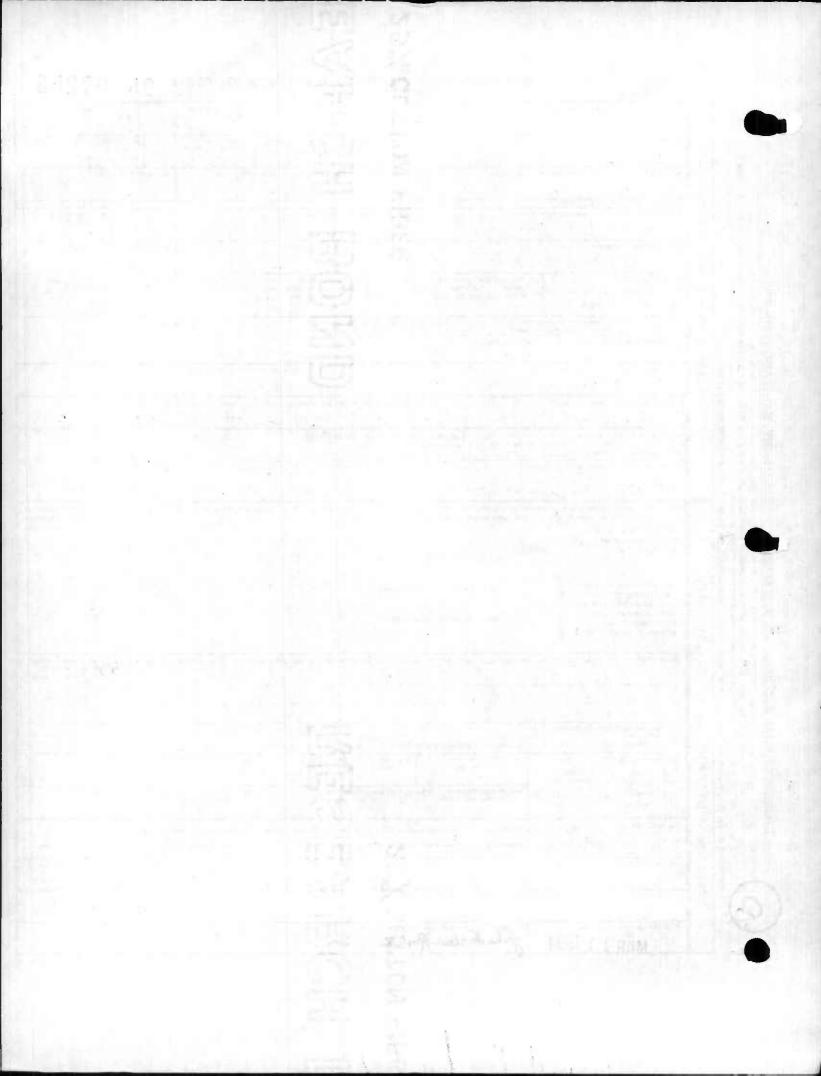
1 M 2 F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH 94 08 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 05-16-19 VIRGINIA 9c COUNTY OF DEATH N/A 10d. INSIDE CITY 1 XXYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. BLACK 16b. KIND OF BUSINESS/INDUSTRY N/A C/BALTO., MD 21239 20c. LOCATION - City or Town, State RANDALI.STOWMN. MD WM.C. MARCH F.H./1101 E. NORTH AVENUE Approximete interval Between **Onset and Death** WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? 1 TYES 2 THO OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

DHMH-16 Rev 1/89

Bell

3110



1. DECEDENT'S NAME (First, Middle, Last)

erbert

1 -

~	u
2	8
2	20
E	0,
9	£
0	ĕ
30	£
	2
€	2
9	ş
1	2
ě	1
60	E
5	.5
2	F
2	19
-	2
=	ata a
\$	2
P	E
5	2
8	Z
3	2
9	20
0	E
ate	ž
3	2
2	2
8	ě
€	9
e	10
63	9
5	7
स्त	2
5	3
92	3
Ę	ü
5	5
-	3
*	-
9	E.
E	3
-:	6
X	1
0	9
3	u
7	#
A MITERIANG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be n	HETTER after this certificate has been signed by the attention physician and completely filled in by the financial director page 5.
=	4
보	4
111	ř
架	10
ar.	ä

5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYE 1XXM 2 | F 85 YRS. 213-03-8717 7-7-1908 MD Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOME HOSPITAL N/A BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD N/A BALTIMORE 1 X YES 2 | NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2001 E. LAFAYETTE AVENUE use as the burial-transit 21213 U.S.A. etained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married If yes, specify Cuben, Mexican, Puerto Rican, IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify. Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) detached for 10TH N/A TRUCK DRIVER N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) GEORGE PALMER MARY LEWIS BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 2001 E. LAFAYETTE AVE./BALTIMORE, MD 21213 VERA MAE PALMER 90 20s. METHOD OF DISPOSITION
12. Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 4 Donation 5 Other (Specify) BALTIMORE CEMETERY BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE leresa the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between 5 IMMEDIATE CAUSE (Final Onset and Death cremation, Lardiogenia disease or condition resulting in death) event, 1 prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Schomic or other Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Health and Mental Injury. PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL shows any COMPLETION OF CAUSE 1 TYES 2 DINO 1 YES 2 NO 6 PHYSICIAN: Dept. 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL State HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 26 is marked, or it 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED With 1 Natural 5 Pending м 1 YES 2 NO BY death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide FHOSPITAL OR AT FUNERAL DIRECT WITHIN 72 hours a TANT. II item 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occured at the time, dete and place, end due to the cause(a) end menner ee stated. be filed within 7. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE M.D 80 I 3/7/94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Church Hospital, KHACID Bultime M.D 100 N. BOODWay, AL-TALIB 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

mar

al

94

YEAR

94

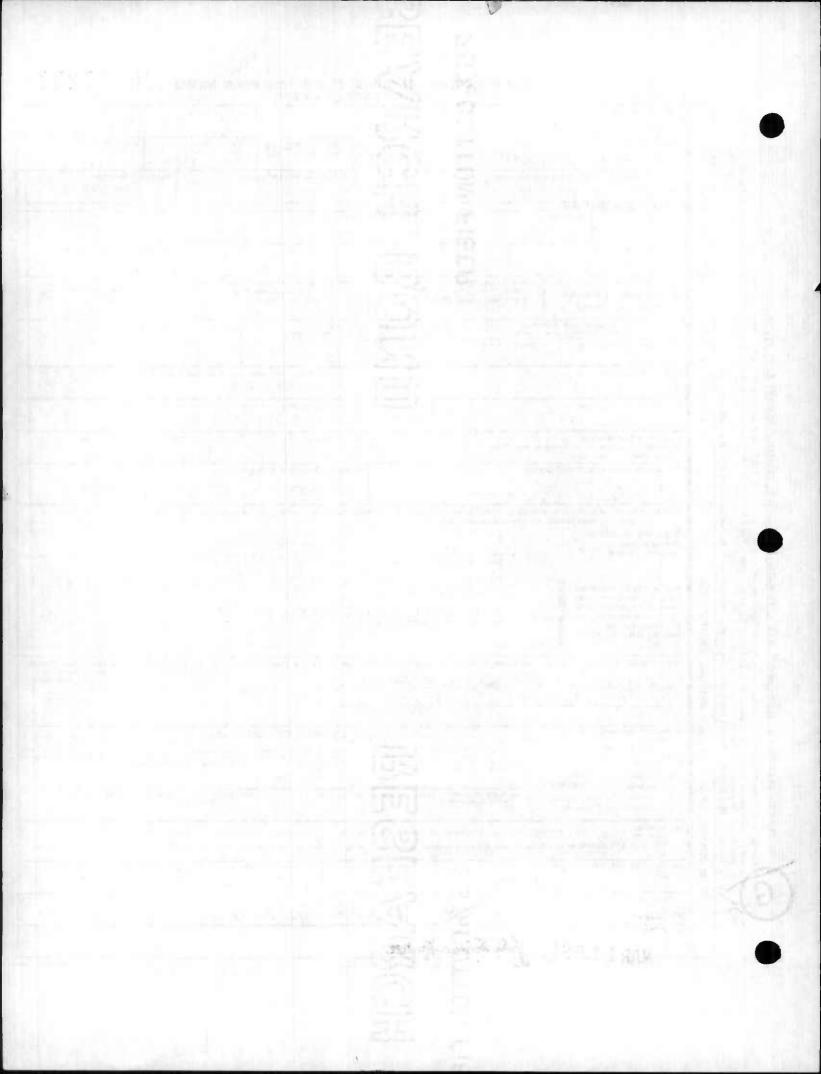
3. TIME OF DEATH

6:30am

DHMH-16 Rev 1/89

BEG NO

2. DATE OF DEATH



TTEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-709 3/17/94 t.t.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF	DEATH		-	3. TIME OF DEATH
	LINDA	С	AROL	PERRI	ERA					MONTH DAY YEAR			0419	
	4. SOCIAL SECURITY NUMBER 217-78-3258		5. SEX 1 M 2 X F	8. AGE (In yrs. 29		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH 8. BIRTH				PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give street and number)					9b. CITY	, TOWN	OR LOCATI	ON OF DE				ITY OF DE	
8	2232 CAMBRIDGE ST.					BA	LTI	MORI	E CI	ΤΥ				
5	RESIDENCE OF DEC													
DIRECTOR	100-MTPTE	10b. COUNTY	·			Y, TOWN O			Y					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 258 S. EATON	STREE	ET			031	10	212	E 224				SA	HAT COUNTRY?
B	11. MARITAL STATUS  1 Never Merried 2   3 Widowed 4 Divo			TEVER IN U.S. A YES 2 NAR OR DATES			If yes, sp	ENOENT ( ecify Cube 2   NO	m, Mexica	IC ORIGIN? (S n, Puerto Ricar	pecify Yee n, atc.)	or No—	14. RACE Black WHT	— American Indien, White, atc.
COMPLETED	15. DEC (Specify onle Elementary/Secondary (C	EDENT'S EDUI highest grade	CATION completed) College (1-4 or 5	4)	Give kind of	work done se retired.)	CCUPATION OF THE COURT OF THE C	ON ast of worki	ng	1 100		INESS/IND	USTRY	
MP				n	memal	cer				Ot	wn ho	me		
BE CO	17. FATHER'S NAME (Flist, M THOMAS JAMES	PERRE	RA SR.							ME (First, Middle LAROL 1				
10	199. INFORMANT'S NAME () MICHELE PERR	ERA (S	TEPMOTHE	R)	2401	CHRI	S (Street a	Number	or flural F	BALT	IMORE	State, Zip , MD	<sup>Code)</sup> 212	23
	20s. METHOD OF DISPOSIT.  1 Burlel 2 Cremetic  4 Donation 6 Other		oval from State	20b. PLAC cemeters	E AND DATE	OF DISPOS	EME'	me of	M	IAR 8		ATION — C		
	21. SIGNATURE OF FUNERAL DERIVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY CHARLTON FUNERAL HOME													
	DEAN P						2007	EAS	TERN	AVE,	BALT	IMOR	E,MD	21231
	23. PART I. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
	resulting in death) LAST													
Ö	PART II Other elanifica	at condition	o contribution to	death but and		1								
	PERFORMEO? ANAIL COMI 1 YES 2 NO OF 0								WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  1 YES 2 NO					
AN	25. WAS CASE REFERRED TO	MEDICAL												
PHYSICIAN:	EXAMINER?	J MEDICAL	HOSPITAL:	63.42.4594		OTHER		ACE OF D	EATH (Che	ick only one)				
₹	XXYES 2 NO		1 Inpatient 2		3 DOA				esidence	6 Other (Sp				
	(Month, Day, Year)					URY	RY WORK?			26d. DESCRI	SCRIBE HOW INJURY OCCURED			
À	2 Accident Investigation FOUND: 3-2-94 10:								UNIO	UNKNOWN				
TE		Could not be detarmined	building,	etc. (Specify)	ND: HOI		юту, отне			City or To	D 6			DGE STREET
COMPLET			CIAN: To the best of	my knowledge,	death occurr	ed at the t				to the cause(e	) end man	ner as state	ıd.	end manner es stated,
	29b. SIGNATURE AND TITLE	-		-		-			ENSE NUM		1 1 1 1			(Month, Day, Year)
BE	Ma	1	X2-						C.M.					02,1994
2	30. NAME AND ADDRESS OF	HW HOERST	O COMPLETED CAU				tre				re.			d 21201
	31. DATE FILED (Month, Day, MAR 1 1 190	Year)		ARIS SIGNATURE				,						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1 -

DETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

EAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

07249 94

	Charlotte	Parson	5	ANE PARS	UNS	2. DATE OF DE	DAY 9	44	9 ZOP M
			yrs. lest birthdey)  YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	Ybar)	8. BIRTHPLA Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give stree		90 YRS.	9b. CITY, TOWN (	OR LOCATION OF OR	June 2		NTY OF DEAT	Maryland
5 8	Sin	ai Hospital		В	altimore	City			_
DIRECTOR	10e. STATE 10b. COUNTY		toc. CITY	, TOWN OR LOCAL		0:4		100	I. INSIDE CITY LIMITS?
	Maryland 10e. STREET AND NUMBER	·			altimore	City	10g. CITI	t [	YES 2 NO
FUNERAL		atalpha Road				1214	Uni	ted S	
B	t : MARITAL STATUS t : Never Married 2 : Married 3 : Widowed 4 : Divorced	2. WAS OECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 (X)NO	It yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 [X NO Specify	in, Puarto Rican,	elfy Yea or No— atc.)	14. RACE — Black, WI Specify:	American Indian, hita, atc. White
TED	15. OECEOENT'S EDUCAT (Specify only highest grade col	mpleted)	(Give kind of w	rork done during ma	ON ast of working	16b, KIND	OF BUSINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema						
BE CO!		lorman Robir				Emma (	Not Know		
5	Donald J. Kline		196. MAILING	ADDRESS (Street & 513 WOO)	ind Number or Rural I	Route Number, City Nue Ba	or Town, State, Zip ltimore,	Md.	21206
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove		PLACE AND DATE OF 18 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 T			1	20c. LOCATION —		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN				ry 3/12, ND ADDRESS OF FA		Baltimo		Maryland and 21214
	Mutton 1	Eniralt I			ard J. R	uck, In	c. 5305	Harfor	
	23. PART I. Enter the diseases for con shock, or haert fellure. Lie	nplications that caused to it only one cause on each	the death. Do n ch line.	ot enter the mo	de of dying, auc	h as cardiac o	r respiratory erro	est,	Approximete Interval Batween
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Maccare Due to (OR AS A C	dial 1	schem	ia				Onset and Death
1		DUE TO (OR AS A C	CONSEQUENCE OF	):					
	_	A t		•					
TION	Sequentially list conditions, if any, leading to immediate	Anemia DUE TO (OR AS A C	CONSEQUENCE OF						
IFICATION	if any, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	Anemia	CONSEQUENCE OF						
SERTIFICATION	if any, laeding to immediate ceuse. Enter UNDERLYING	Anemia DUE TO (OR AS A C	CONSEQUENCE OF						
SAL CERTIFICATION	if any, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	Anemia DUE TO (OR AS A C	CONSEQUENCE OF	): C_ ):		Part I. 24a. 1	WAS AN AUTOPSY PERFORMEO?	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO
	if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	Anemia DUE TO (OR AS A C	CONSEQUENCE OF	): C_ ):		'		AMA COI DF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
: MEDICAL	if any, leeding to immediate ceuse. Entare UNDERLYING CAUSE (Disease or Injury thet Initiated evente resulting in death) LAST  PART II. Other significant conditions of	Anemia DUE TO (OR AS A C	CONSEQUENCE OF	): C_ ):		'	PERFORMEO?	AMA COI DF	ILABLE PRIOR TO MPLETION OF CAUSE
: MEDICAL	if arry, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evente resulting in death) LAST  PART II. Other significant conditions of the conditions of the center o	Anemia DUE TO (OR AS A C  MULLOCKY DUE TO (OR AS A C  CONTRIBUTING TO death but	SPESIONSEQUENCE OF	n the underlying	g couse given in	1	PERFORMEO? YES 2 NO	AMA COI DF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
	if arry, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evente resulting in death) LAST  PART II. Other significant conditions of the co	Anemia DUE TO (OR AS A C  MULLO CON AS A C  Contributing to death but	SPESIONSEQUENCE OF	26. PL OTHER: 4   Nursing Home UNY UNY WO	g ceuse given in  ACE OF DEATH (Ch	eck only one)  8 Other (Spec	PERFORMEO? YES 2 NO	AMA COI DF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST  PART II. Other significant conditions of the con	DUE TO (OR AS A C  MULICALY  DUE TO (OR AS A C  CONTributing to death but  CONTributing to death but  CONTRIBUTED TO CONTRIBUTE  26e. DATE OF INJURY  (Month, Day, Year)	t not resulting in	26. PL OTHER: 4   Nursing Hom M   1   Y	g ceuse given in  ACE OF DEATH (Ch.  10 5 Raaidenca  URY AT  17 KY 2 NO	1   1   1   1   1   1   1   1   1   1	PERFORMEO? YES 2 NO  Why) HOW INJURY OCC	AMA COID DF 1 [	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	if arry, laeding to immediate ceuse. Entar UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST  PART II. Other significant conditions of the co	DUE TO (OR AS A C  MULLOCKY  DUE TO (OR AS A C  CONTributing to death but  CONTRIBUTE 2 ER/Outpet  (Morth, Day, Year)	t not resulting in	26. PL OTHER: 4   Nursing Hom M   1   Y	g ceuse given in  ACE OF DEATH (Ch.  10 5 Raaidenca  URY AT  17 KY 2 NO	1   1   1   1   1   1   1   1   1   1	PERFORMEO? YES 2 NO  Why) HOW INJURY OCC	AMA COID DF 1 [	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	if arry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST  PART II. Other significant conditions of the co	DUE TO (OR AS A C  MULICALY  DUE TO (OR AS A C  MULICALY  DUE TO (OR AS A C  CONTributing to death but  CONTributing to death but  CONTRIBUTE OF INJURY  (Month, Day, Year)  28a. PLACE OF INJURY  building, atc. (Specify	tlant 3 DOA 26b. Tilet INJU	26. PL OTHER: 4   Nursing Hom LIRY WO M   1   1   1   1   treet, factory, officed at the time, data	g couse given in  ACE OF DEATH (Chee 5   Realdence URY AT WES 2   NO  a  and place, and due	1 Deck only one)  8 Other (Special Describe City or Town to the cause(s) as	PERFORMEO? YES 2 NO  Why) HOW INJURY OCC (Street and Number 1, State)	OUREO Or Rural Route	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	if arry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST  PART II. Other significant conditions of the co	DUE TO (OR AS A C  MULIO (OR AS A C  MULIO (OR AS A C  MULIO (OR AS A C  DUE TO (OR AS A C  Contributing to death but  Contributing to death but  2 = ER/Outpett  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY – building, atc. (Specify	tlant 3 DOA 26b. Tilet INJU	26. PL OTHER: 4   Nursing Hom LIRY WO M   1   1   1   1   treet, factory, officed at the time, data	g couse given in  ACE OF DEATH (Chee 5   Realdence URY AT WES 2   NO  a  and place, and due	8 Other (Special Description City or Town	PERFORMEO? YES 2 NO  Why) HOW INJURY OCC (Street and Number n, State) and manner as state laca, and due to the	OUREO Or Rural Route	MABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO Number,
ED BY PHYSICIAN: MEDICAL	if arry, laeding to immediate ceuse. Entar UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST  PART II. Other significant conditions of the conditions of the center o	DUE TO (OR AS A C  MULIO (OR AS A C  MULIO (OR AS A C  MULIO (OR AS A C  DUE TO (OR AS A C  CONTributing to death but  CONTributing to death but  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY – building, atc. (Specify  LIN: To the best of my knowled  On the basis of examination a	t not resulting in the state of	26. PL OTHER: 4   Nursing Hom E OF   28c. INJ. URY   WO M   1   V treet, factory, offic d at the time, data n, in my opinion, d	g ceuse given in  ACE OF DEATH (Ch.  te 5	8 Other (Special Description City or Town	PERFORMEO? YES 2 NO  Why) HOW INJURY OCC (Street and Number n, State) and manner as state laca, and due to the	OUREO  Or Rural Route  ed. a cause(a) and	MABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	if arry, laeding to immediate ceuse. Entar UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST  PART II. Other significant conditions of the conditions of the center o	DUE TO (OR AS A C  MULICALY  DUE TO (OR AS A C  MULICALY  DUE TO (OR AS A C  CONTributing to death but  CONTributing to death but  CONTRIBUTE OF INJURY  (Month, Day, Year)  28a. PLACE OF INJURY  building, atc. (Specify	t not resulting in the state of	26. PL OTHER: 4   Nursing Hom E OF   28c. INJ. URY   WO M   1   V treet, factory, offic d at the time, data n, in my opinion, d	g ceuse given in  ACE OF DEATH (Ch.  te 5	8 Other (Special Description City or Town	PERFORMEO? YES 2 NO  Why) HOW INJURY OCC (Street and Number n, State) and manner as state laca, and due to the	OUREO  Or Rural Route  ed. a cause(a) and	MABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	if arry, laeding to immediate ceuse. Entar UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST  PART II. Other significant conditions of the conditions of the center o	DUE TO (OR AS A C  MULLOCY DUE TO (OR AS A C  MULLOCY DUE TO (OR AS A C  CONTributing to death but  20 ER/Outpet  28 DATE OF INJURY (Month, Day, Year)  28 DALCE OF INJURY — building, atc. (Specify  AN: To the best of my knowled On the basis of examination a	t not resulting in the state of	26. PL OTHER: 4   Nursing Hom E OF   28c. INJ. URY   WO M   1   V treet, factory, offic d at the time, data n, in my opinion, d	g ceuse given in  ACE OF DEATH (Ch.  te 5	8 Other (Special Description City or Town	PERFORMEO? YES 2 NO  Why) HOW INJURY OCC (Street and Number n, State) and manner as state laca, and due to the	OUREO  Or Rural Route  ed. a cause(a) and	MABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

9 7 T N 1 N 1 N 1 N 2 N \_n and it into the second Junic fair HD

OF VITAL RECORDS, P.O. BOX 687
TAL RECORDS, P.O.
TAL RECORDS, P.
TAL RECORD
TAL
TAL
VITAL
>
0
ON
N N

PHYSICIAN:

BY

COMPLETED

BE

5

Starabacki

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

10

32. REGISTRAR'S SIGNATURE

Stara

1 1994

31. DATE FILED (Month, Day,

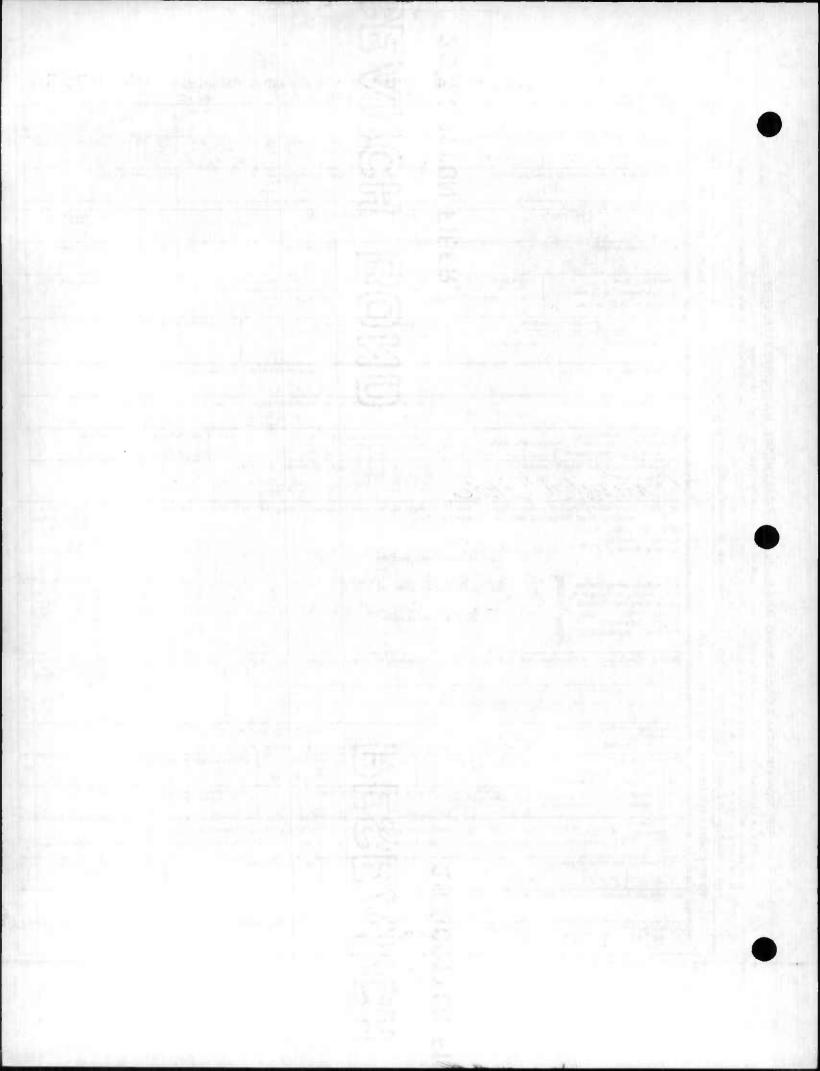
MAR

	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
	30es 1.		
	ermit. P		
an.	transit p		
physici	burial-t		
ttending	e as the		
ital or a	d for us		
he hosp	detached		2000
ed by t	ed bin		ad at
e retain	e 5 sho		Bille o
6 may l	ctor, pag		auch ha
n. Page	eral dire		Sinar o
ter death	the fune	wal.	al avage
nours af	od in by	Or remo	madio
4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	stely fille	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	id or Hear 22 shows any injury or other traumatic event the medical evancines much be notified at an example of
urted wi	1 comple	urial, cre	ir avar
be exec	ician and	ior to be	raumai
ortificate	ng physi	giene pr	other t
death ce	attendir	ental Hy	20 00
at the	by the	and Me	at inte
duires ti	n signed	f Health	DIAME 21
e law re	has bee	Dept. o	1 23 el
HAN: TH	rtificate	he State	or Hen
PHYSIC	r this ce	h with t	
LENDING	DR: After	ther deat	S le m
THE HOSPITAL OR ATTENDING	DIRECT	hours al	Itam 2
OSPITAL	INERAL	thin 72	MT- 16
THE	THER	be filed within 72 hours aft	MDODTANT: If Hem 28 is marke
2	2	8	B

1 - FOR STATE REGISTRAR 07250 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) VIOLA 2. DATE OF DEATH 3-8-94 3. TIME OF DEATH ROBLEDO Kobled 12.00 1101 C 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign S. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. MONTHS DAYS HOUMS 215 12 4035 1 M 2 1 5 1231 Maryland Se. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St Agnes Hospital Baltimore na RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO FUNERAL 10a, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3600 #9N Franklin Street 21229 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, atc.)
 T YES 2 ND Specify: 14. RACE — American Indian, Black, White, atc. FORCES7 1 YES 2 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced no Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade of Elementary/Secondary (0-12) College (1-4 or 5+) Bar Maid 8 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Alfred Guider Viola Ann Brown BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Diane Coleman 1564 Pentwcod Rd, Balto, MD21239 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from Stale 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State cemetery, crematory or other place 4 N Donation S Other (Specify) Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt, Balto, MD21201 anan 23. MRT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. HIMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) widian DUE TO (DR AS A CONSEDUENCE OF): how Carcinema olonic bmonths-1 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Metastasi Gmonth Liver CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO DE DEATH? 1 YES 2 ND 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO 2 Accident Investigation 28e. PLACE DF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a, CERTIFIER 1 Z CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated, 29b. SIGNATURE AND TITLE DF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

Mohammed

AG



50,	September 2
6876	the state of
X	A. a. d.
B	adan
o.	an seith
S, D	danth
Ö	4 68.0
Ö	- Wh.
REC	an meritane
3	-
A	-
VISION OF VITAL RECORDS, P.O. BOX 68760,	A CONTRACTOR OF COMMISSION OF THE PERSON OF
VISION	Contract of the last
	c

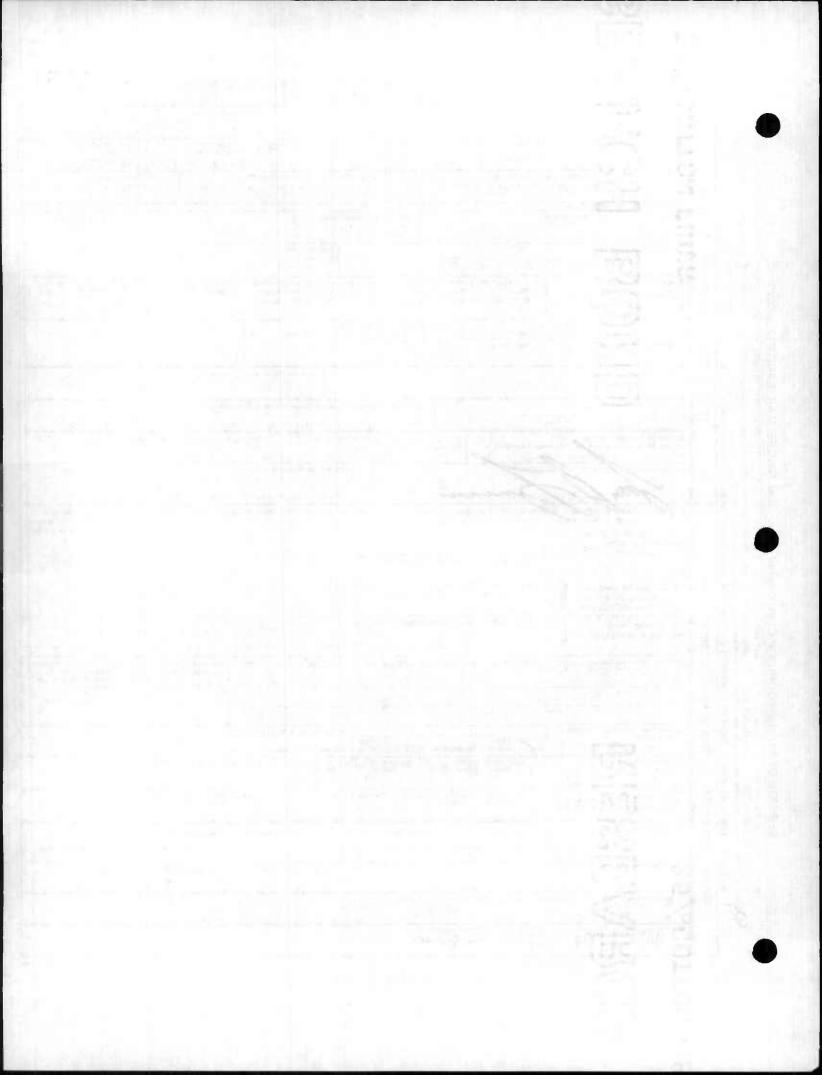
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the property of the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumadic event, the medical examiner must be notified at once.

07251 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO.		+ 07251		
	usenberg			2. DATE OF OEATH DATE OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OEATH	199			
4. SOCIAL SECURITY NUMBER  217-32-9965  9a. FACILITY NAME (II not institution, give i	1 M 2 F S	YRS. WON'	CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Morith, Day, Year) 3 - 1 7 - O	9c. COUNTY			
NORTHWEST HOSPIT RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND			RANDALLSTOWN  WIN OR LOCATION  IMORE		BALTI	10d. INSIDE CITY LIMITS?		
100. STREET AND NUMBER 7219 PARK HEIGHT	S AVE APT 30		10f. ZIP CODE 21208		10g. CITIZEN USA	1 ★ YES 2 NO		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENOENT OF HISPA If yes, specify Cuban, Maxk 1 YES 2 NO Spec	an, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: WHITE		
15. DECEDENT'S EDU (Specify only highest gredi Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEOENT'S USUAL (Gine kind of work of the Do NOT use rath	lone during most of working red.)	SERVIC	SINESS/INDUST	RY		
17. FATHER'S NAME (First, Middle, Last) MAX ROS  190. INFORMANT'S NAME (Type/Print)	ENBERG		18. MOTHER'S N	AME (First, Middle, Melden AH JA	Sumame) COBAWI	TZ		
iMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that coused List only one couse on each of the couse of the couse of the coused on the couse of the coused on the	the death. Do not eech line.	NG MEN 3/9/94 22. NAME AND ADDRESS OF F SOL LEVINSON 6010 REISTER' nter the mode of dying, su	BAL ACIUTY & BROS., I POWN RD. B ch as cardiac or respi	AT.TO.	, MD MD 21215		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d. Chronic	CONSEQUENCE OF):  AC 1.0 4	Hegel, 1.5 B.					
PART II. Other significent condition	ns contributing to death b	ut not resulting in th	e underlying cause given i	1 Part i. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	heck only one)  8  Other (Specify)							
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO		☐ Other (Specify)			
3 Suicide 8 Could not be determined	building, etc. (Spec			281. LOCATION (Street and Number or Rural Route Number, City or Yown, Stete)				
one)	ER: On the bacle of examination	n end/or investigation, in	the time, date and place, and do my opinion, death occured at the 29c. LICENSE NI D 2 9	e time, date and place, en	d due to the co	GNED (Month, Day, Year)		
31. DATE FILES (MOTHER DE 1994	32, RECHARMS SIGN	5310	010 Court	Roud		1133		



Č
68760
~
00
×
0
BOX
0
0
RECORDS,
E
Ö
0
W
1
OF VITAL
4
=
>
4
0
Z
0
<u>=</u>
VISION
>
0
_

29b. SIGNATURE AND TITLE OF CERTIFIER

GOOD 31. DATE FILEO (Month, Day, Year)

30, NAME AND ADDRESS OF PERSON WHO COMPLE

BE 0

FOR

REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MARCH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) May 3, 1919 IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 X F 213-14-9276 74 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Good Samaritan Hospital Baltimore 10c. CITY, TOWN OR LOCATION Maryland BALTIMORE Baltimore FUNERAL 10f. ZIP CODE use as the burial-transit 6603 English Oak Road Apt E 21234 ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puarto Rican, stc.) 1 YES 2 (X)(O Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married B∀ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade or P Elementary/Secondary (0-12) College (1-4 or 8+) Title Company funeral director, page 5 should be detached Secretary 17. FATHER'S NAME (First, Middle, Last) 10 Lawrence J. Roche BE notified 19a. INFORMANT'S NAME (Type/Print) 2 Dorothy Kisnick must be 20s. METHOD OF DISPOSITION
1 A Burial 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE event, the medical examiner Robert M. Kratz mo the attending physician and completely filled in by the I Mental Hygiene prior to bunal, cremation, or removal. 23. PART I. Enter the diseases, or complicati shock, or heart fellure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death) executed with: traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury death certificate be or other that initiated events resulting in death) LAST injury, PART II. Other aignificent conditions contribu requires that the MEDICAL Health and shows any has been PHYSICIAN: the State Dept. HOSPITAL DR ATTENDING PHYSICIAN: The law g TO THE HOSPITAL DR AN ICHUMAN.
TO THE FUNERAL DIRECTOR. After this certificate has
TO THE FUNERAL DIRECTOR. After this certificate has
De filed within 72 hours after death with the State De
IMPORTANT: If Item 28 is marked, or Item? 25. WAS CASE REFERRED TO MEDICAL Item HOSPI 1 TES 2 NO 27. MANNER OF DEATN 28a. 1 Natural В 2 Accident 26a. 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 290. CERTIFIER 1 CERTIFYING PHYSICIAN: To th

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07252 94

3. TIME OF DEATH

9:29

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, stc.

1 - YES 2 XX10

White

8. BIRTHPLACE (State or Foreign Country)

Maryland

10g. CITIZEN OF WHAT COUNTRY?

Specify:

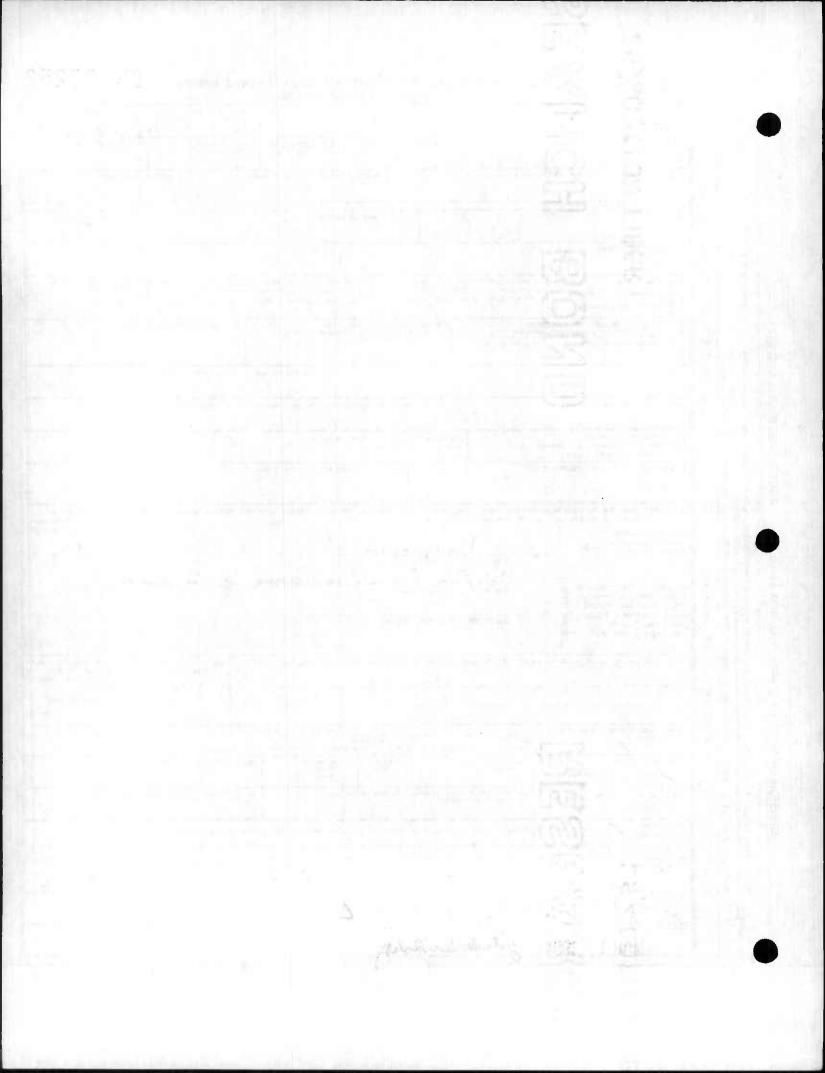
YEAR

9c. COUNTY OF DEATH

N/A

USA

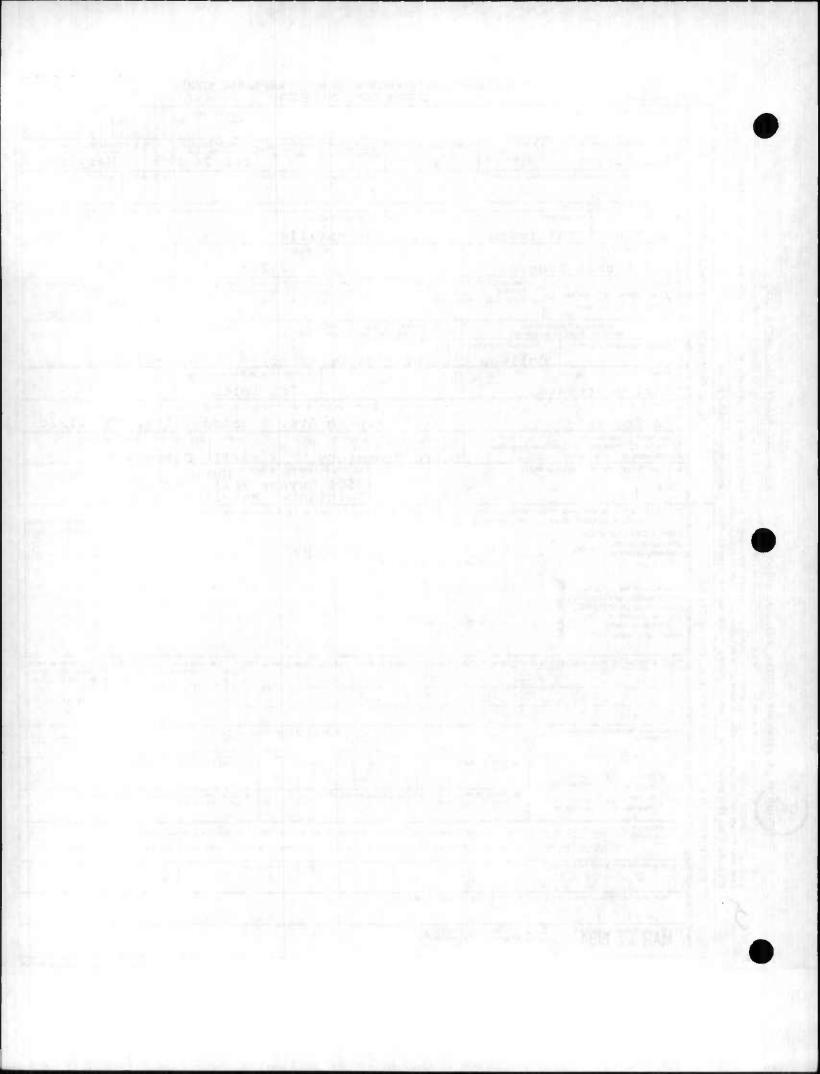
			300100	ury		TICIC COM	July			
ME (First, Middle, Last)				15. MOTHER'S N	AME (First, A	fiddle, Maiden Surname)				
ence J. Roc	he				Helen E. Connor					
T'S NAME (Type/Print)		11	96. MAILING ADDRES	S (Street and Number or Rural			ide)			
thy Kisnick					r Avenue Baltimore, Maryland 21214					
F DISPOSITION			AND DATE OF DISPOS		DATE					
☐ Cremation 3 ☐ Remo	val from Stata	cemetery, cr	Cathedral.	,	3/12					
OF FUNERAL SERVICE LICE	ENSEE ) \ \_	V		NAME AND ADDRESS OF F	ACILITY	Dalcino	C, 1	iai y I ai i u		
ant M Vnat	Kapen	1. K	ratz	Mit	chell	-Wiedefeld I	Home			
ert M. Krat	.Z 11100344		9 6	500 York Ro	ad Ba	ltimore, MA	rylan	d 21212		
ntar the diseases, or co lock, or heart fellure. L	omplications that ce	used the d	leath. Do not enter	the mode of dying, au-	ch as card	liac or reaplratory arres	t,	Approximate		
AUSE (Final	set only one couse	on wach fin	· •					Interval Between Onset and Death		
ndition	F	040114						14		
eath)	DUE TO (OR	AS A CONS	EOUENCE OF):					ony		
	Mat	Li	Oak all	carcinon		the lun		•		
liet conditions,	DUE TO (OR	AS A CONSE	EOUENCE OF):	VIV UUVVOM	A A	The will	7			
to immediate UNDERLYING										
events	DUE TO (OR	AS A CONSE	EQUENCE OF):							
eath) LAST										
	*									
algnificent conditions	contributing to dea	th but not	resulting in the ur	nderlying ceuse given in	Part I.	24a. WAS AN AUTOPSY PERFORMED?		RE AUTOPSY FINDINGS		
						1 TYES 2 NO	CON	ILABLE PRIOR TO IPLETION OF CAUSE		
								DEATN?		
							, ,	YES 2 NO		
EFERREO TO MEDICAL				26. PLACE OF DEATH (C	heck only on	0)				
<b>⊿</b> NO	HOSPITAL:	/Outpatient	3 DOA 4 Nur							
DEATN	28a. DATE OF INJI (Month, Day, Y		28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OE\$	CRIBE HOW INJURY OCCUP	REO			
5 Pending Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		M	1 YES 2 NO						
6 Could not be	26a. PLACE OF IN building, etc.	JURY - At h	ome, farm, street, fac	tory, office	ce 28t. LOCATION (Street and Number or Rural Ro City or Yown, State)					
e determined	bunding, atc.	(Specify)			City	or lown, State)				
1 CERTIEVING PAYER	TAN: To the heat of my	kaanda daa d	look assumed at the f	New Add and the state of						
				lime, data and place, and du						
	on the valle of solmi	mattern wild/01	nivestigation, in my (	opinion, death occured at th	w time, data	and piece, and due to the c	ause(s) end	menner as stated,		
AND TITLE OF CERTIFIER	1	N	^	29c. LICENSE NU	MBER			nth, Day, Year)		
ar Clar	don.	17.	U.	rot	610	► MAI	KCH	8,1994		
ODRESS OF PERSON WHO	COMPLETED CAUSE O	F OEATH (IT	EM 27) (Type, Print)	F						
DSAMAR	ITAN	HOS	PITA	-						
Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								
AR 1 1 1994	Julia	viden	Bande .							
^	0		1-1-0-0					DHMH-16 Rev 1/89		



TO THE HOSPITAL OF INTERCOLISE THE LAW requires that the death certificate be executed within arter death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be a companied to the companied of the c	De med whim! /2 nouls after bean with the State Dept. Or regult and mental not provide the mode of the medical examiner must be notified at once. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
4	9	0
De De	Pin	2
tain	Shor	5
90	6	30
lay t	pag	4
9	ctor,	and a
906	dire	-
ti.	era	Ē
dea	in fu	- exa
after	A C	Cai
SID.	in the	90
9	Billed	
4	ely f	# .
With	plet	Nem
petn	00.7	6 9
Dag	and	mati
2	Cian	Lan
icate	phys	9 1
entil	Buil	oth
ath	thend	0
e de	he al	leny
4	Jan Jan	5
S the	per th	3
uire	Sig	NA D
V rec	beer	5 45
WE! &	has	23
Ē	ate	ten ten
IAN	rriffe	0
NSI(	is ce	p .
14 5	er th	ark
Vã	After	200
I	PR.	28
1	IREC	E
AL G	40	F F
SPIT	NER	E L
HO.	2	TA
苦	王	2
2	23	8 E

9	4	0	7	2	5	3

	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	RTMENT OF		MENTAL	HYGIEN		14	07	253
	1. DECEDENT'S NAME (First, Middle, Lest) HAROLD		STE	WARD		MONTH	OF DEATH	, 1994 T	EAR	: 47	A M
	4. SOCIAL SECURITY NUMBER  216-48-7708  9s. FACILITY NAME (If not institution, give a	1 X M 2 □ F	AGE (In yrs. lest birthday) 41 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Feb	Dey. Year)	1953		ryla	
TOR	THE JOHNS HOPKIN	,			ORE CITY	DEATH		9c. COUNTY	OF DEATH		
DIRECTOR		timore		Catons	ville				-	INSIDE C LIMITS? YES 2	
FUNERAL	100. STREET AND NUMBER 1113 Arunah Av				or. ZIP CODE 212			10g. CITIZE	USA	COUNTRY	7
BY	11. MARITAL STATUS  XXNever Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, t	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Spec	en, Puerto R	? (Specify Ye licen, atc.)	s or No— 14	RACE — A Black, Wh Specify:	merican in ite, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		IIIe. Do NOT u	work done during n se retired.)				an-Hi	TRY		
OM	17. FATHER'S NAME (First, Middle, Last)	COTTEGE	Tiller	TOT DE	18. MOTHER'S N				ggin	0	
BE C	Charles Stewar	d			Ida	Smit	h				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street	and Number or Flura	Route Numb	er, City or Tox	wn, State, Zip Co	ide)		
F	Ida Steward		1113	Arunah	Ave.	Cat	onsv	ille,	MD	212	28
	20e. METHOD QE DISPOSITION  Description   March   2	oval from State	20b. PLACE AND DATE cometery, crematory or of Metro Cr	emator	V	B/1	1 C	atons	vi11	e, M	ID
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	ter	22. NAME 2501 Balt	Gwynns imore,	Fal Mary	utte Is P land	r Fundarkwa 212	eral 16	Hon	es
	23. PART I. Enter the disesses, or shock, or heert feilure.  IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	List only one cause	on esch line.			ch ss card	lec or resp	eliratory smes	,	Onset a	mate Between and Death nonth
CERTIFICATION	disease or condition resulting in death)  s. Chronic Wushing Syndrome  Due to (or as a consequence or):  Sequentisity list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence or):  Due to (or as a consequence or):										
MEDICAL	PART II. Other significant condition	ns contributing to dec	eth but not resulting	in the underlyi	ng cause given in	n Part I.	24a. WAS AF PERFO 1 TYES	RMED?	COM OF E	E AUTOPS' LABLE PRI IPLETION C DEATH?  ] YES 2 [	F CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				N 405 OF 05 15 15 15						
S	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C						
14S	27. MANNER OF DEATH	28e. DATE OF INJ	URY 28b. Till		me 5 🗀 Residence	1		INJURY OCCUP	AFD.		
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, 1	ber) IN.	JURY W	YES 2 NO						
ETED	3 Sulcide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete) 28s. LOCATION (Street and Number or Rural Route City or Town, Stete)									Number,	4
COMPLET	anal .	ICIAN: To the best of my ER: On the basis of exam								manner a	s stated.
TO BE C		airs My	2		29c. LICENSE NU			29d. DATE S  ▶ 3/	10/94	ith, Day, Ye	ar)
	30. NAME AND ADDRESS OF PERSON WHE KIMBERLY S. PE	Airi MO	1/0		Buildio	31 Be	alhin	ine MI	0 212	05	
	"MAR"1"1994"	32 DEGISTRAR'S	MGNATURE.		7 4 -	))					



1 - FOR STATE REGISTRAR

LOUANNE SCHWARZEL MONTH MAR 9 994 YEAR						7:25 P							
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	est birthday)	IF UNDER	R 1 YEAR	IF UNDER			OF BIRTH		8. BIRTH	PLACE (State or For
	213-32-8102	1 🗆 M 2 💢 F	58	YRS.			HOURS	MIN.	Sep	t.14,	1935		ryland
СТОВ	9e. FACILITY NAME (If not inetitution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEA								NOCE				
EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIG										10d, INSIDE CITY		
DIRE	Maryland Baltimore Baltimore									LIMITS?			
¥.													
FUNERAL	4233 Soth Ave				212					J.S.A	Α.		
À	11. MARITAL STATUS  1 Never Married 2 Nerried  3 Nidowed 4 Divorced	T EVER IN U.S. A SET YES 2 SET IN THE SET IN			If yes, sp	ectly Cubi	F HISPAN n, Mexica Specify	n, Puerto f	7 (Specify Ye Rican, atc.)	ee or No—	14. RACE Black Specif	- American India , white, etc. White	
9	15. DECEDENT'S E (Specify only highest gi		16a. C	Give kind of fe. Do NOT u	USUAL O	CCUPATIO	ON st of working	ıa	16b.	KIND OF BU	JSINESS/IND	USTRY	
	Elementary/Secondary (0-12) N/A	College (1-4 or 5 +	·) #							0-	II		
COMPL	1V / FA  17. FATHER'S NAME (First, Middle, Last)	N/A		nom	emak	er	40 1107	AFRICAL AL	NE (E)		vn Hon	ne	
	Henry J. Pollh							ther		Niddle, Maider Viewe			
BE	19a. INFORMANT'S NAME (Type/Print)	- Catalana L	L	96. MAILING	ADDRES	S (Street 4					wn, State, Zip	Code1	
2	William K. Schw	arzel (hus								ore, N		1236	
	20a. METHOD OF DISPOSITION		20b. PLACI	E AND DATE	OF DISPOS	SITION /NE	me of		DATI		OCATION — (		wn, Stata
	1 Buriel 2 Cremetion 3 R 4 Donation 5 Other (Specify)		Parky Parky	remetory or o						14 Bal	ltimor	ce, M	Maryland
	21, SIGNATURE OF FUNERAL SERVICE	LICENSEE		1.2			II Dek		CILITY				
	Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD							21236					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, pr heart fellure. List pnly one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition and condition are sufficiently as CHRONIC MYELOGENOUS LUKEMIA UNKN												
	shock, or heert fellu IMMEDIATE CAUSE (Finel	a. CHRONIC	se on each lir	ia. DGENO	ot enter	the mo	de of dy	ing, eucl	h aa card	Nac or reap	piratory arm	eal,	Approximi Interval B Onset end
CERTIFICATION	shock, pr heert fellu immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death)	a. CHRONIC DUE TO ( c. DUE TO ( d	C MYELC (OR AS A CONS (OR AS A CONS (OR AS A CONS	EQUENCE O	OUS L	UKE	MIA	ng, eucl	h aa card	llac or reap	oiratory arm	eat,	Approxime interval Be Onset and UNKA
: MEDICAL	shock, pr heert fellu immediate couse. Enter UNDERLYING CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. CHRONIC DUE TO (  c. DUE TO (  d	C MYELC (OR AS A CONS (OR AS A CONS (OR AS A CONS	EQUENCE O	OUS L	UKE	MIA	ng, eucl	h aa card	Nac or reap	N AUTOPSY	24b.	Approxime interval Ba Onset end UNKA UNKA WERE AUTOPSY FIL AMAILABLE PRIOR COMPLETION OF CO OF DEATH?
: MEDICAL	shock, or heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other eignificant condit SEPSIS	a. CHRONIC DUE TO (  c. DUE TO (  d	C MYELC (OR AS A CONS (OR AS A CONS (OR AS A CONS	EQUENCE O	OUS L	UKE	MIA	ng, eucl	Part I.	24a. WAS AI PERFO	N AUTOPSY	24b.	Approxime interval Ba Onset end UNKA
SICIAN: MEDICAL	shock, or heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that inliteted events reculting in death) LAST  PART II. Other eignificant conditions	a. CHRONIC DUE TO (  c. DUE TO (  d	C MYELC (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not	EQUENCE O	OUS L	the mo	MIA	given in	Part I.	24s. WAS AI PERFO	N AUTOPSY	24b.	Approxime interval Ba Onset end UNKA UNKA WERE AUTOPSY FIL AMAILABLE PRIOR COMPLETION OF CO OF DEATH?
PHYSICIAN: MEDICAL	shock, or heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST  PART II. Other eignificant conditions SEPSIS	a. CHRONIC  a. CHRONIC  DUE TO (  DUE TO (  DUE TO (  DUE TO (  A. DUE	C MYELC (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not	DGENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	OTHE UNDER DIRECT METERS OF METERS O	26. Pi Pa: 28. Pi 28. WC	G Cause 9  ACE OF D  O 6 ROURY AT PRICY  VES 2 [	given in	Part I.	24a. WAS AI PERFO	N AUTOPSY	24b.	Approxime interval Ba Onset end UNKA UNKA WERE AUTOPSY FIL AMAILABLE PRIOR COMPLETION OF CO OF DEATH?
ED BY PHYSICIAN: MEDICAL	shock, pr heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that inlited events reculting in death) LAST  PART II. Other eignificant condit  SEPSIS  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not 4 Homicide determined	a. CHRONIC  a. CHRONIC  DUE TO (  DUE TO (  DUE TO (  DUE TO (  A. DUE	C MYELC (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not	DGENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	OTHE UNDER DIRECT METERS OF METERS O	26. Pi Pa: 28. Pi 28. WC	G Cause 9  ACE OF D  O 6 ROURY AT PRICY  VES 2 [	given in	Part I.  eck only on 5 Other 284. LOC.	24s. WAS AI PERFO 1 YES e)	NAUTOPSY PRIMED? 2 NO	24b.	WERE AUTOPSY FINANCIABLE PRIOR COMPLETION OF
ED BY PHYSICIAN: MEDICAL	shock, pr heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other eignificant condit SEPSIS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not determined  29a. CERTIFIER (Check only 1 CERTIFYINO Procession of the condition of the c	a. CHRONIC  a. CHRONIC  DUE TO (  DUE TO (  DUE TO (  DUE TO (  A. DUE	C MYELC (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not  ER/Outpatient INJURY	Tequence of the second of the	OTHE 4 Nurse of acreed, face	28. Pt 28c. Pt 28c. WC 1 1 tory, office	G Cause	EATH (Characters) NO	Part 1.  Deck only on 5 Other 28d. DES 28f. LOC. City.	24s. WAS AI PERFO 1 YES e) r (Specify) CRIBE HOW	N AUTOPSY PRIMED?  2 NO  INJURY OCC  and Number  primer se state	24b.	WERE AUTOPSY FILAMAILABLE PRIOR COMPLETION OF DEATH?  1 YES 2
BE COMPLETED BY PHYSICIAN: MEDICAL	Shock, Dr heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that inlited events resulting in death) LAST  PART II. Other eignificant conditions in the injury that inlited events resulting in death) LAST  PART II. Other eignificant conditions in the injury that inlited events resulting in death) LAST  PART II. Other eignificant conditions in the injury that injury in the injury in the injury in the injury in the injury in the injury injury in the injury in the injury injury in the injury injury injury in the injury injur	a. CHRONIC DUE TO b. DUE TO c. DUE TO d.  tlone contributing to  tlone contributing to  28a. DATE OF (Month, Date) d.  28a. DATE OF (Month, Date) d.  4VSICIAN: To the bast of experience of experienc	C MYELC (OR AS A CONS (OR AS A CONS (OR AS A CONS  (OR AS A CONS  death but not  ER/Outpatient INJURY ny, Year)  FINJURY — At I stc. (Specify)  my knowledge, tamination end/o	DGENCE OF THE PROPERTY OF THE	OTHEL OTHEL OTHEL OTHEL OTHEL OF JURY M atreet, fac	28. Pt 28c. Pt 28c. WC 1 1 tory, office	G Cause (  ACE OF D  TO S RICKY  YES 2   To end place leath occur	given in  EATH (Che seldence ] NO , end dua	Part 1.  Part 1.  Other  28d. DES  28f. LOC. City.	24s. WAS AI PERFO 1 YES e) r (Specify) CRIBE HOW	N AUTOPSY RMED? 2 NO INJURY OCC	24b.	Approxime interval B Donset end UNKE Onset end UNKE UNKE UNKE UNKE UNKE UNKE UNKE UNKE
E COMPLETED BY PHYSICIAN: MEDICAL	shock, pr heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that inlitede events resulting in death) LAST  PART II. Other eignificant condit  SEPSIS  28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	a. CHRONIC  B. DUE TO  C. DUE TO  d. DUE TO  d. LIANS PITAL: 1, Pippetlent 2  28a. DATE OF (Month, De  On  28b. PLACE OI building, d.  d.  HYSICIAN: To the basis of ex-	C MYELC (OR AS A CONS (OR AS A CONS (OR AS A CONS  (OR AS A CONS	TO THE PROPERTY OF THE PROPERT	OTHEL OTHEL SURY M atreet, fac	26. Pt Ps: raing Hor 26c. INJ tory, office	Cause of Cau	EATH (Choosidence) NO	Part 1.  Pock only on 5 Other 28d. DES 28f. LOC. City.	24s. WAS AI PERFO  1 YES  e)  r (Specify)  ATION (Street FOWN, Stells  reo(e) end ma and place, e	N AUTOPSY RMED? 2 NO INJURY OCC and Number b) anner ee state and due to the	24b.  24b.  or Rurel A  ed. e cause(e)	Approxime interval Ba Onset end UNKA Onset end UNKA Onset end UNKA Onset end UNKA Onset end Onse
BE COMPLETED BY PHYSICIAN: MEDICAL	Shock, Dr heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other eignificant conditions in the condition of the conditi	a. CHRONIC  B. DUE TO  C. DUE TO  d	C MYELC (OR AS A CONS (OR AS A CONS (OR AS A CONS  (OR AS A CONS	TOTAL TIME TO THE PROPERTY OF	OTHEL OTHEL SURY M atreet, fac	26. Pt Ps: raing Hor 26c. INJ tory, office	Cause of Cau	EATH (Choosidence) NO	Part 1.  Pock only on 5 Other 28d. DES 28f. LOC. City.	24s. WAS AI PERFO  1 YES  e)  r (Specify)  ATION (Street FOWN, Stells  reo(e) end ma and place, e	N AUTOPSY RMED? 2 NO INJURY OCC and Number b) anner ee state and due to the	24b.  24b.  or Rurel A  ed. e cause(e)	WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF DEATH?  1 YES 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TIG BS (\* DESTINATION DESTINATION DESTINATION DESTINATION DE LA COMPANIE DE LA CO

branyaisM norwey? taliquals descal made

CARONG MYELOGENOUS LLIKEMA

D42723 AVVERAHALLI M HARISH M D., 7820 YORK ROAD TOWSON MARYLAYD 21224

_	
$\circ$	
-	
CA	
-	- 1
0020	
_	
	- 3
LC)	
_	
4	- 3
$\sim$	
- 4	
-	
O.	
00	- 1
-	
$^{\circ}$	
Chapter 1	
<b>MARYLAND 21215-</b> (	
_	
1	
-	
	3
_	
-	
	-
$\sim$	4
-	
-	
-	
1	- 1
-	
_	
0 + 1	
444	
P	
ш.	
-	
TIMORE	
~	
~	- 1
-	
8 .	-
_	
	4

	1. DECEDENT'S NAME (First,	Middle, Last)		,				2. DATE OF MONTH	DEATH DAY	PASY	3. TIME OF E
	KITA	_	. Smit	h				3	8	74	10 45
	4. SOCIAL SECURITY NUMBER 218 - 26 -		5. SEX			DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH sy, Year)	8. BIRTH Country	PLACE (State o
	9a. FACILITY NAME (If not ins			6				2-	7-31		yland
Œ		Medic		iter	9b. Ci		The more			UNTY OF DI	
СТОЯ	RESIDENCE OF DEC	EDENT				1000	11170			salt.	ur
DIRE	10a. STATE	10b. COUNT			10c. CITY, TOW	N OR LOCAT	TION				10d. INSIDE
	10e. STREET AND NUMBER	Da	ltimore	MM		13 am	. ZIP CODE	و			1 YES 2
FUNERAL		00	a Aver	ue.		103	7.121	3	10g. CI	( )	THAT COUNTR
N	11. MARITAL STATUS	11101	12. WAS DECEDENT	EVER IN U.S		13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN? (S	specify Yes or No-	14, RACE	- American
	1 Never Married 2 🔯 I		FORCES? 1 [ IF YES, GIVE WA		™NO	If yes, sp	ecify Cuban, Maxid	can, Puarto Rica		Black Specif	, White, atc.
) BY	3 Widowed 4 Divon										Whit
ETED	(Specify only		de completed)		Give kind of work don life. Do NOT use retired	ne during mo		16b, KJI	ND OF BUSINESS/IN	DUSTRY	
PLE	Elementary/Secondary (0-N/A	-12)	College (1-4 or 5+) N/A				T.aw	yer's Of	fice		
COMPL									le, Meiden Surname)	1100	
_	Frank Nagle								nningham	1	
D BE	19a. INFORMANT'S NAME (Ty				19b. MAILING ADDRE	ESS (Street a					
TO BI	Irvin F. Sm	ith (	(Husband)		3740 Elm	ora A	venue,	Baltimo	re, Md.	2121	13
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation		moval from State		CE AND DATE OF DISP		ame of	DATE	20c. LOCATION -		
	4 Donation 5 Other		.cenner	Parl	kwood Cem	etery		3/11	Baltim	ore,	Mary1
medical examiner must	22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc.										
		/	-	11		Schi	munek Fr	ineral	Homes T	nc	
	23. PART I. Enter the dis	seeses, or	complications that	caused the	a daeth. Do not and	3331	Brehms	Lane,	Baltimor	e, Mo	1. 212
ATION	23. PART I. Enfer the disabock, or he iMMEDIATE CAUSE (Find disease or condition resulting in desth)  Sequentielly list condition if any, leading to immedicause. Enter UNDERLYIP	ona, filate	a. Res	PICAL PRASA COP	tury fr resource of:	3331 ter the mo	Brehms ode of dying, au	Lane,	Baltimor or reepiratory as	re, Mo	Appro
MEDICAL CERTIFICATION	ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in desth)  Sequentially list condition If any, leading to immed	ona, diete	a. DUE TO (C	OR AS A COM	NEGUENCE OF):  SEQUENCE OF):  SEQUENCE OF):	3331 ter the mo	Brehms ode of dying, au	Lane, och sa cardisc	Baltimor or reepiratory as	re, Morreat,	Approx Interva Onset
: MEDICAL	ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in desth)  Sequentielly list condition If any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events resulting in death) LAST	ona, flate NG TY	a. DUE TO (C	OR AS A COM	NEGUENCE OF):  SEQUENCE OF):  SEQUENCE OF):	3331 ter the mo	Brehms ade of dying, au	Lane, och sa cardisc	Baltimor or reepiratory at	re, Morreat,	Approinterval Onset
: MEDICAL	Sequentielly list condition resulting in desth)  Sequentielly list condition from the sequentielly list condition from the sequentielly list condition in the sequentielly list condition from the sequentielly list condition in	ona, flate NG TY	a. DUE TO (6  DUE TO (	P AS A COM	Ine.  Nory Fa  INSEQUENCE OF):  INSEQUENCE OF):  INSEQUENCE OF):  OT resulting in tha	3331 ter the mo	Brehms ade of dying, au  Company  Grant Company  Grant Company  Company  Grant Company  Compa	Lane, och aa cardiac	Baltimor or reepiratory as	re, Morreat,	Approinterval Onset
MEDICAL	Ahock, or he IMMEDIATE CAUSE (Finitidisease or condition resulting in death)  Sequentielly list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injurithat initiated events resulting in death) LAST  PART II. Other algnificant	ona, flate NG TY	a. DUE TO (C. DUE TO (	P AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM	Ine.  NEQUENCE OF):  NEQUENCE OF):  OTHER  1 3 DOA 4 N	3331 ter the mo	Brehms  Inde of dying, au  Lace of Death (Come 5   Residence  BURY AT	Lane, och sa cardisc	Baltimor or reepiratory as	reat,	Approinterval Onset
PHYSICIAN: MEDICAL	ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentielly list condition If any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events resulting in death) LAST  PART II. Other aignificant  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Netural 5 F	ona, flate NG TY	a. DUE TO (C. DUE TO (	P AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM	Ine.  Note of the second of th	underlying  26. PI  28. INJ  28. INJ	Brehms  Inde of dying, au  Company of the second of the se	Lane, och sa cardisc	Baltimor or reepiratory as  AS COLOR  AS AN AUTOPSY PERFORMED?  YES 2 NO	reat,	Approinterval Onset
ED BY PHYSICIAN: MEDICAL	ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentielly list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events resulting in death) LAST  PART II. Other algnificar  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 DIO  27. MANNER OF DEATH Netural 5 P 2 Accident 3 Suicide 6 C	ona, flate NG TY T T Condition	a. DUE TO (C D DUE TO (C D D D D D D D D D D D D D D D D D D D	e on each  Property of the control o	Ine.  NEQUENCE OF):  NEQUENCE OF):  OTHER  1 3 DOA 4 N	underlying  26. PLIER:  AUTO 1   28c. INJ  28c. INJ  28c. INJ  28c. INJ  1   1	Brehms  Inde of dying, au  Lace of Death (Come 5   Residence  JURY AT  PKS 2   NO	n Part I. 24	Baltimor or reepiratory as  AS COLOR  AS AN AUTOPSY PERFORMED?  YES 2 NO	24b.	Approinterval Onset
ETED BY PHYSICIAN: MEDICAL	ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in desth)  Sequentielly list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injurt that initiated events resulting in death) LAST  PART II. Other algnificar  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Netural 5 P Netural 5 P ACIDIATE ACIDIATE CHECK ONLY 1 CERTIFIER (Check only 1 CERTIFIER (Che	ona, diete NG TY T Condition O MEDICAL Depending meetigation Could not be determined	a. DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C	e on each  Processor of the control	Ine.  NSEQUENCE OF):  NSEQUENCE OF):  NSEQUENCE OF):  OT resulting in the  NSEQUENCE OF):  OT PARTITION OF INJURY M  It home, term, street, f	underlying  26. Pt  ER: Nursing Hom  28c. INJ  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Brehms  Inde of dying, au  Compared to the second of the s	Lane, the action of the course	Baltimor or reepiratory as  AS COLOR  a. WAS AN AUTOPSY PERFORMED?  YES 2 NO  ODOCHY)  BE HOW INJURY OF OWN, Street and Number own, Stete)	24b.	Approinterva Onset  Conset  D BY PHYSICIAN: MEDICAL

MAR	panichan
BALTIMORE, MAR	Pane 6 may he
BALT	the death certificate he executed within hours after death Dane & may be retained
20	with
X 687	behinden a
DS, P.O. BOX 68760.	certificate h
DS, F	the death

7 notified 2 must medical examiner 6 the cremation, traumatic event, and comi physician and the prior to the attending phy I Mental Hygiene r 10 any injury,

should

Pages 1, 2, 3

permit.

for use as the burial-transit

be detached

page 5 should

director,

funeral

朝

3

.5

filed

npletely

signed by t

Dept. 23

this c marked,

DIRECTOR: 1

8

death After

FUNERAL within 72 h HUSPITAL

TO THE FUNERA be Shid within 7.

世世麗

6

Item certificate State

9 ap the

100

28 Item

DIVISION OF VITAL RECOF

by the hospital or attending physician

YLAND 21215-0020

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED

COMPL

BE

2

Rich

MAR 1 1 1994

Johns

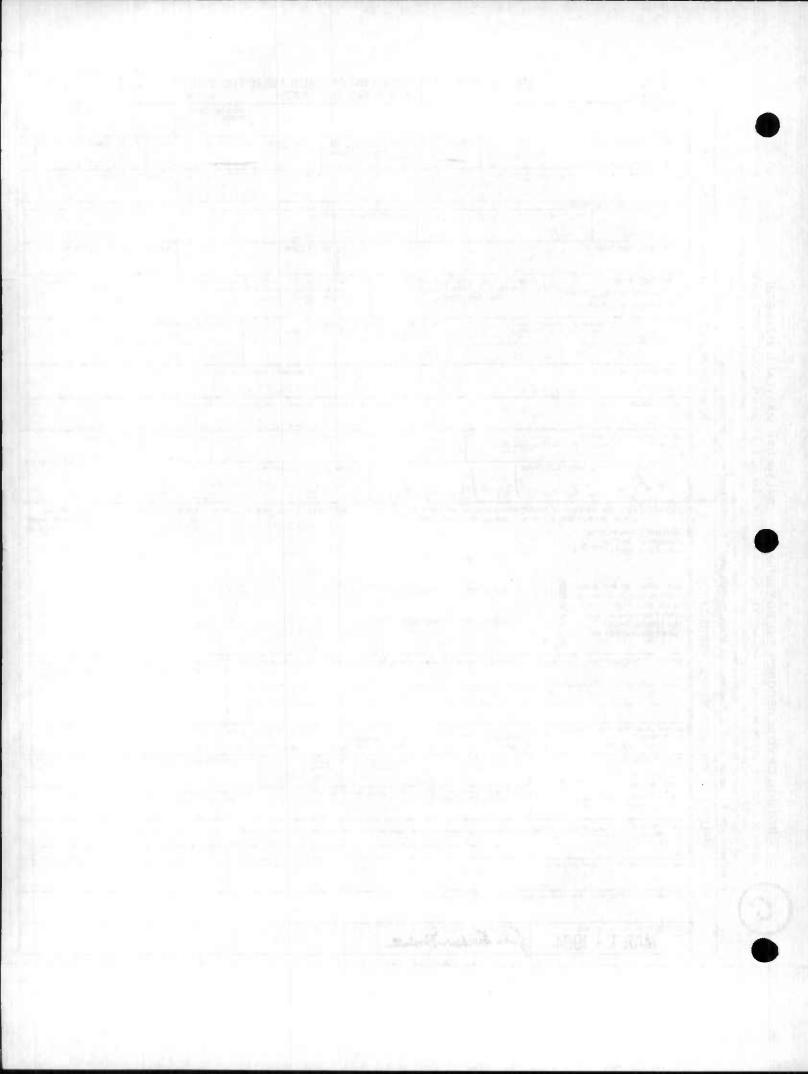
32 REGISTRAN'S SIGNATURE
Julia Davidson-Randelle

1tem6 3-22-94 FilmG709 W.H. Per F/H

94 07256 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Leet) 3. TIME OF DEATH 1:23 P 2. DATE OF DEATH 094,1994 YEAR SPATH , Jr. March **EDWARD** M. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. BIRTHPLACE (State or Foreign Country) April One Year 67 MONTHS DAYS 1 M 2 F 214-22-9736 1926 Maryland 9a. FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore City 1 X YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5900 Eurith Avenue 21206 U.S.A FORCES? 1 YES 2 □ NO

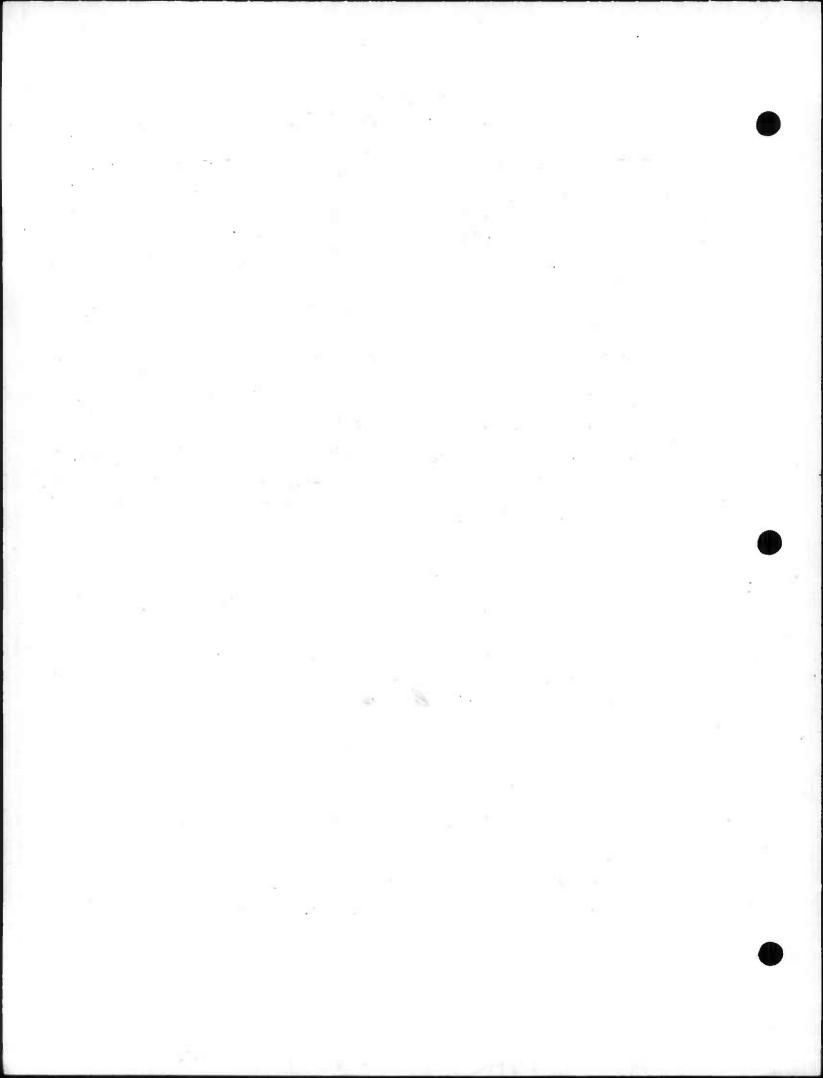
IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, stc.) 1 ☐ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married 3 Widowed 4 Divorced WII White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Board of Education College (1-4 or 5+) Elementary/Secondary (0-12) 6 Years Principal Baltimore 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Edward M. Spath, Sr. Bertha Loos 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) Jane R. Spath 5900 Eurith Avenue, Baltimore, Maryland 21206 20s. METHOD OF DISPOSITION
1 X Burisi 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Parkwood Cemetery Baltimore, Maryland 21. BIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 alpher rysky 23. PART 1. Enter the diseases, or complications that caused the death. To not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition 13 days infarction bowel resulting in death) DUE TO (OR AS A CONSEQUENCE OF): aortic arten'osclerosis 1 years Sequentially flat conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? disease coronary antery 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 TYES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending investigation M 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TIFLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 3/9/94 MD 39, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Hopkins Hospital. Tower 110, Baltimore MD 21287



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	E 91	+ 07257				
	1. DECEDENT'S NAME (First, Middle, Last)	Carlton R	ichard s	Stuckey,	Sr.	2. DATE OF DEATH DATE OF STREET	1994	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 213 - 09 - 0658	<i>5</i> 70.	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-1 8-1 90	8. BIF	TTHPLACE (State or Foreign untry)				
	9a. FACILITY NAME (If not institution, give s	1 7	1110.	9b. CITY, TOWN C	PR LOCATION OF D		9 M	aryland				
TOR	3455 McShane Way Dundalk Baltimor											
DIRECTOR	10e. STATE 10b. COUNT		10c. CITY	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?				
	Maryland 100. STREET AND NUMBER	Baltimore		100	DU.	ındalk	100 CITIZEN O	1 TYES 2 NO				
FUNERAL	3455 McShane Way			1.00		21222		ed States				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPAI ocity Cuban, Mexico 2 NO Specifi	NIC ORIGIN? (Specify Yes in, Puatio Rican, etc.) y:	Bi	ACE — American Indien, ack, White, atc.				
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S U	ork done durina ma	ON st of working	166. KIND OF BUS	I SINESS/INDUSTRY	White				
COMPLETED	Elementary/Secondary (0-12) 6th Grade	College (1-4 or 5+)	Ille. Do NOT use	Operato		Rothlo	hom Sto	el Corp.				
COM	17. FATHER'S NAME (First, Middle, Last)		Dit CO t	0,00000		ME (First, Middle, Maiden		ee corps				
BE	William H. Stuc	keu				Lyn Sheib						
5	Carlton R. Stuc	bou Th				Route Number, City or Town Road Balti		21237				
	20a METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Rem	20b.	PLACE AND DATEO	F DISPOSITION /Na	me of		CATION — City or					
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		voodlawn	Cemeter	U 3/9/1	994 Ba	ltimore	. Maryland				
ll ii	A SOUND OF POWERING SERVICE CH	X man		Duda	-Ruck Fu	ineral Home	e of Dun	dalk, Inc.				
	23. PART i. Enter the diseeses, or o	complications that caused	the desth. Do no	7922	Wise Au	te Dundalk	Maryl retory srrest,	and 21222				
	IMMEDIATE CAUSE (Final	a. Chronic G		hearty	Pailure			Interval Between Onset and Death  Jean.				
CERTIFICATION	_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  B. COVARILE CAUSE (Disease or injury that initiated events  B. COVARILE CAUSE (Disease or injury that initiated events  B. COVARILE CAUSE (Disease or injury that initiated events  B. COVARILE CAUSE (Disease or injury that initiated events  B. COVARILE CAUSE (Disease or injury that initiated events)										
MEDICAL	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i.  248. WAS AN AUTOPSY PERFORMED?  1 YES 2 P( NO OH OH)											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Ch	eck only one)						
IXSI	1 VES 2 NO	1 Inpatient 2 ER/Outpa		4 - Nursing Hom		6 Other (Specify) 28d. DESCRIBE HOW II	LINE ACCUSES					
ВУ РІ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJE	IRY WO	RK?	200. DESCRIBE NOW II	NJUNT OCCURED					
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	At home, farm, st	reet, factory, office		261, LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,				
COMPLET		CIAN: To the best of my knowle										
	2 MEDICAL EXAMINE	R: On the basis of axamination	and/or Investigation	, in my opinion, d								
) BE	- XHast	lah Jose	in N	20.	D 021	71	▶ 3-	ED (Month, Day, Year) 7-94				
2	30. NAME AND ADDRESS OF PERSON WH	OCHPIRA, N	TH (ITEM 27) (Typo, 1)	Dim da	enane	Balto, 1	Md. 21	1222				
	MAR 11 1994	32. REGISTRAR'S SIGNA	TURE									

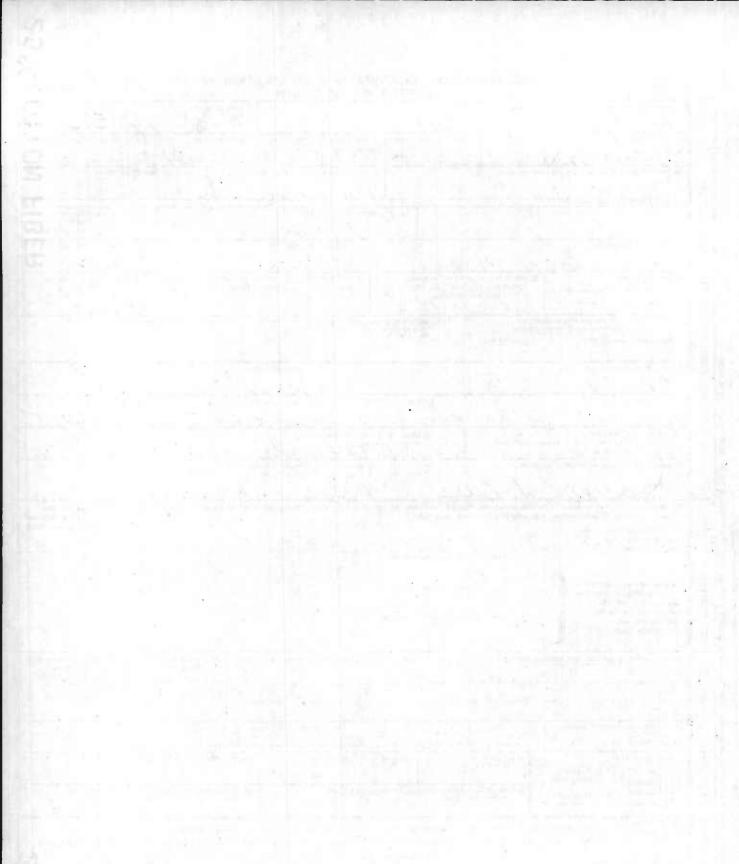


## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.

		t. DECEDENT'S NAME (First, Middle, Last)  5 1 A P. C.  4. SOCIAL SECURITY NUMBER	Scot 8	AGE (In yrs. last	t hirthday   IF II	NOER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH 37. DATE OF BIRTH	£9 91	3. TIME OF DEATH  3. VO PM  BIRTHPLACE (State or Foreign
2	¢	082-36-2049	1 🖾 M 2 🗆 F	45			7	Month, Day, Year	)	Country)
. 2, 3 should	CTOR	98. FACILITY NAME (If not institution, give sin UNIVERSITY HOS	pital				OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
Pages 1,	DIREC	10a. STATE 10b. COUNTY Maryland			toc. CITY, TO					10d. INSIDE CITY LIMITS?
permit.		10e. STREET AND NUMBER	h		Down	AMO	IOT. ZIP CODE		10g, CITIZEN	t   YES 2 □ NO  NOF WHAT COUNTRY?
ist	VERAL	900 W. Argi	3.6	RAUR			21201		u	,5,
5-0020 anding physician. as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2 N	MED IO	If yes,	ECENDENT OF HISPA specify Cuben, Maxico ES 2 NO Specif	n, Puerto Rican, etc.		RACE — American Indian, Black, White, atc. Specify: Black
or attending or use as the	ETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	(Gi	CEDENT'S USUA ve kind of work of Do NOT usa retir	one during r	TION nost of working	16b. KIND OF	BUSINESS/INDUS	TRY.
e spiral	4PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	A	-94nc	1 2		AIRP	ort	Hotel
YLA by the be det	E COMPLE	17. FATHER'S NAME (First, Middle, Lest) Edward Low	5 Scot			1	18. MOTHER'S NA	CINA JE	den Surnama)	
MA retain 5 sho	TO B	Edward Louis	5 Scot	196	2121	RESS (Street	and Number or Rural	Pouro Number, City or Avenue		10rk, NY 10037
e 6 m rector,		20e, METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Removed  4 Donation 5 Other (Specify)		20b. PLACE A cemetery crea	majory or other pi	S Me	em Park	3/4 E	LOCATION - CITY	41
		21. BIGHATORE OF FUNERAL SERVICE LICE	L. Mo	rton	7		es A. Mo l Laure			Md.21217
ours aft ed in by or remo		23. PART I Finter the diseases, or conhock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition	lst Dnly Dna ceuse	on each line.			node of dying, aud	h aa cardiac or re	spiratory arrest	Approximete interval Between Onset and Daath
ted with complete. mid ial. cremation,		resulting in deeth)		R AS A CONSEO						( )
UX 5875U, be executed with sician and complet rior to burial, cren traumatic event	NO	Sequentially list conditions,		R AS A CONSEO	WENCE OF 1:					66 hours
	ICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	End	1 Stac		125	Disease			
eath certifica attending phy mal Hygiene I	CERTIFICATION	that initiated eventa resulting in death) LAST	A) C	ras a consec	Abuse					
E Me a		PART II. Other significant conditions	contributing to de	eath but not re	esuiting in th	underlyi	ng ceuse given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
a that the that the that the that the that the that the the the the the the the the the th	IEDICAL	Acquired I	mmynod	क्रिएउर	ney ?	Synd	rome		FORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	2	Anemia Coaculo Po	Ahu							1 NES 2 NO
has has	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	3			26.	PLACE OF DEATH (C)	eck only one)		
SICIAN: The certificate the State the State to the State to the State to the State to the state	YSIC	t TYES 2 NO	HOSPITAL:	R/Outpatlant 3		HER: Nursing Ho	oma 5 🗆 Realdence	8 Other (Specify)		
를 를 를 <mark>할</mark>	ву рну	27. MANNER OF DEATH  1 X Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	Ybar)		M 1	VORK?  YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUR	ED
OR ATTENDING DIRECTOR: After hours after death	ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF I building, etc	INJURY — At her	me, farm, street,	factory, off	lca	281. LOCATION (Str. City or Town, St	eet and Number or I ate)	Rural Route Number,
A 40 m	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER								ause(a) and manner as stated.
TO THE HOSPIT TO THE FUNER DE filed within 7	TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	llors,	20			29c. LICENSE NU H 4 3		29d. DATE SI	IGNED (Month, Day, Year) 3 \$9994
3)4			bons, P	D	29	5.	Paca ?	st. B	altimor	P, MD 21201
		MAR 1 1994	32. BEGISTRAF	WIGHT -	ander					

. . .

_	1 - STATE REGISTRAR	STATE OF MARYLAND /	ERTIFICATE OF		REG. NO.	94 072
	1. DECEDENT'S NAME (First, Middle, Last)	to/ 50			DATE OF DEATH	SEAR S. TIME OF DEA
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les	st birthday) IF UNDER 1 YEAR		DATE OF BIRTH	8. BURTHIPLACE (State or F
	115-18-5950	1 1 1 2 F 72	YRS. MONTHS DAYS		Month, Day, Year)	Charles and
	9a. FACILITY NAME (If not institution, give s	street and number)	9b. CITY, TOWN	OR LOCATION OF DEATN	d + se cou	NTY OF DEATH
СТОВ	- SinAi ti	tosp.	BAL	Timore	Cily	
SEC.	10a. STATE 10b. COUNT	Υ /	10c. CITY, JOWN OR LOCAT	TION	-0	164, INSIDE CIT
DIREC	manyland		BALTIL	nore		1 VES 2
RAI	100. STREET AND NUMBER	er Ave.	101	. ZIP CODE	10g. CIT	ZEN OF WHAT COUNTRY?
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR		ENDENT OF NISPANIC O	RIGIN? (Specify Yea or No—	14. RACE — American Ind
BY FI	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 1	NO If yes, sp	ecity Cuban, Maxican, Pu 2 NO Specify:	erto Rican, etc.)	Black, White, etc.
ED B	15. DECEDENT'S EDU	ICATION TIRE DE	ECEDENT'S USUAL OCCUPATION	N N	16b. KIND OF BUSINESS/IND	DIACO
	(Specify only highest grade	e completed) (G	live kind of work done during mo b. Do NOT use retired.)	est of working	IOU. KIND OF BUSINESS/INL	7051 HT
AM I		and the second				
COMP	17. FATHER'S NAME (FIRST, MICKEY, CASE)	tolo		16. MOTNER'S NAME (	First, Middle, Malden Surname)	4/2
BE	THE JHFORMANCUTTAME (Type/Pyor)	1019	b MAILING ADDRESS (Street )	JOSTO	Number, City or Town, State, Zig	e l'é
2	mrs. Kuth	telp &	5 102 F/m	er. Aug.	BALTIMA	md 200
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Fram	208)PLACE	AND DATE OF DISPOSITION (Ne	ame of	DATE 20c. LOCATION -	City or Town, State
	4 Donation 5 Other (Specify)	(Ar)	15000 1-07e	stibilen	14 BA110.	Co. 7/10
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	305-C	D ADDRESS OF FACILITY	Funeral.	Home
- 11	23. BART I. Enter the diseases, or	complications that caused the de-	eath. Do not enter the me	1 1/02/1	HUE, DIAIN	1. Yncidia
	IMMEDIATE CAUSE (Final	complications that caused the de List only one cause on each line	B.	ede of dylng, such as	cardiac or reapiratory an	Interval E
	anock, or heert failure.	a. SUDD	EN 1	ede of dying, such as	cardiac or reapiratory and	Interval E
z	IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)	List only one cause on each line	EN 1	W NOV/	Cardiac or reapiratory and	Interval E
NTION	anock, or heert tailure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditiona, if any, leading to immediate	a. SUDD	OUENCE OF):	Willow World and of dying, such as	Cardiac or respiratory and	Interval E
FICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS A CONSE	OUENCE OF):	Wilde of dying, such as	cardiac or respiratory and	Interval E
HTIFICATION	anock, or heert tailure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING	a.  DUE TO (OR AS A CONSE	OUENCE OF):	NINOVIA	cardiac or respiratory and	Interval I
CERTIFI	shock, or heert tailure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	a.  DUE TO (OR AS A CONSECUTION OF AS A CONSEC	OUENCE OF):  OUENCE OF):	EATH		Interval E Onset an
AL CERTIFI	shock, or heert tailure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a.  DUE TO (OR AS A CONSECUTION OF AS A CONSEC	OUENCE OF):  OUENCE OF):	EATH	i. 24a, WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF
CERTIFI	shock, or heert tailure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	a.  DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OR AS A CONSECUTION OF TO (OR AS A CONSECUT	OUENCE OF):  OUENCE OF):	EATH	i. 24a, WAS AN AUTOPSY	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH!
MEDICAL CERTIFI	Anock, or heert tailure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other significent condition	a.  DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OR AS A CONSECUTION OF TO (OR AS A CONSECUT	OUENCE OF):  OUENCE OF):  OUENCE OF):  resulting in the underlyin	g cause given in Part	i. 24s. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	B. DUE TO (OR AS A CONSECUTION OF AS A CONSECU	OUENCE OF):  OUENCE OF):  OUENCE OF):  resulting in the underlyin  26. Pi	g cause given in Part	24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?
SICIAN: MEDICAL CERTIFI	anock, or neer tailure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OR AS A CONSECUTION OF TO (OR AS A CONSECUTION	OUENCE OF):  OUENCE OF):  OUENCE OF):  resulting in the underlyin  26. Pi  OTHER:  OTHER:  A   ONING Horizontal Horizonta	g cause given in Part	24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	B. DUE TO (OR AS A CONSECT.  DUE TO (OR AS A	OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  Tesuiting in the underlying in t	g cause given in Pari	i. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2
D BY PHYSICIAN: MEDICAL CERTIFI	Anock, or heert tailure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be	B. DUE TO (OR AS A CONSECU- DUE TO (OR AS A CO	OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  Tesuiting in the underlying in t	g cause given in Part  LACE DF DEATH (Check or the 5   Residence 6    URRY AT   286  VES 2   NO	i. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 CURED
ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DATN  1 Netures 5 Pending Investigation  2 Accident 5 Could not be 4 Nomicide	B. DUE TO (OR AS A CONSECTION OF TO (OR AS A	OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  Tesuiting in the underlying of t	g cause given in Part  LACE DF DEATH (Check of the part of the par	24a, WAS AN AUTOPSY PERFORMED?  1  YES 2 NO  Other (Specify)  1. DESCRIBE HOW INJURY OC  LOCATION (Street and Number City or Town, State)	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2   CURED
ETED BY PHYSICIAN: MEDICAL CERTIFI	Anock, or heer tailure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  29 Accident Investigation of Could not be detarmined.	BLIST ONLY ONE COURSE ON EACH INC.  B. DUE TO (OR AS A CONSE.  DUE TO (OR AS A	OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  Tesuiting in the underlying of t	g cause given in Pari	i. 24a, WAS AN AUTOPSY PERFORMED?  1  YES 2 NO  Other (Specify)  I. DESCRIBE HOW INJURY OC  LOCATION (Street and Number City or Town, State)	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2   CUREO
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Anock, or heer tailure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  29 Accident Investigation of Could not be detarmined.	a.  DUE TO (OR AS A CONSECTION OF TO (OR AS	OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  Tesuiting in the underlying of t	g cause given in Part  LACE DF DEATH (Check one 5   Residence 6    SURY AT   286  VES 2   NO   10    a   26f  a and place, and due to the seath occurred at the time	24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  Other (Specify)  1. DESCRIBE HOW INJURY OC City or Town, State)  The cause(a) and manner as attained, data and place, and dua to the	24b, WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 CURED  CURED  Tor Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Anock, or heert tailure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inkited events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation   In	a.  DUE TO (OR AS A CONSECTION OF TO (OR AS	OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  Tesuiting in the underlying of t	g cause given in Pari	24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  Other (Specify)  1. DESCRIBE HOW INJURY OC City or Town, State)  The cause(a) and manner as attained, data and place, and dua to the	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2   CUREO
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Anock, or heert tailure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inkited events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation   In	DUE TO (OR AS A CONSECTION OF TO (OR AS A CO	OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  OTHER:  OTHER:  OTHER:  A   Numing Hon  26b. Time Of   28c. IN. WC  1   Dome, farm, street, lactory, office  ome, farm, street, lactory, office  investigation, in my opinion, c	g cause given in Part  LACE DF DEATH (Check or the 5   Residence 6   IURY AT PYES 2   NO the stand place, and due to the theath occurred at the time  THE STANDARY  THE ST	24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  Other (Specify)  1. DESCRIBE HOW INJURY OC City or Town, State)  The cause(a) and manner as attained, data and place, and dua to the	24b, WERE AUTOPSY AMAILABLE PRIO' COMPLETION OF OF DEATH?  1 YES 2   CUREO  CORRECT Number,  1 Led.  1 Cause(a) and manner se  E SIGNEO (Month, Day, Year  3 - 1



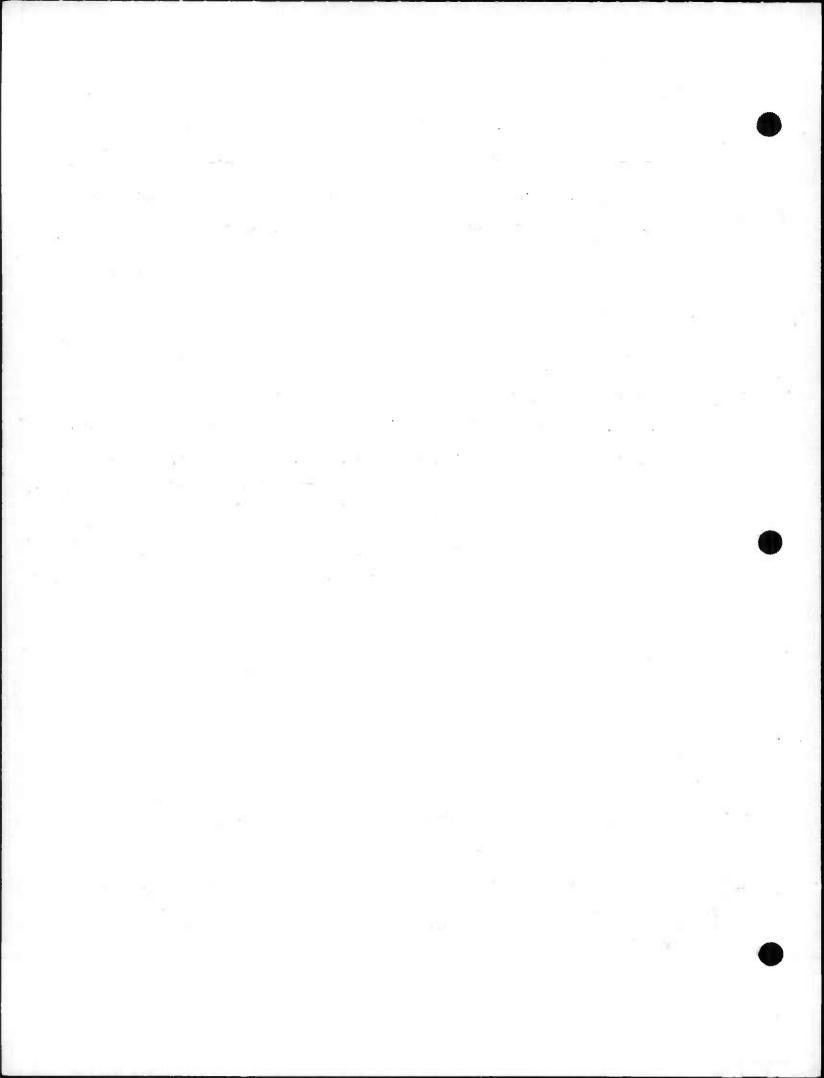
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

aff	use		
10	10		
Spir	hed		mt.
e h	etac		nce
y H	oe d		at o
20	P		P
tain	Shor		THE
e Te	6.5		00
ay b	pag		be
E 9	ttor,		Insl
90e	direc		7 1
4	Tal.		ine
eat	fun		xan
fler	静	Oval	8
50	5	E	dic
	Pa	6	Ě
4.7	y fill	rtion	the
iği.	letel	reme	H,
pe A	mo:	al, c	Ž
ecut	B	Ē	atic
8	an a	9	E
te b	Sici	prio	E
lifica	P	ene	ther
93	ding	Š	0 1
eath	atte	ıta	У, о
be d	176	Me	nju
at th	à	and	i A
# Si	Dong	alth	18 3
quin	n Sig	F	OW
≥	pee	ñ. 0	48
9	has	ě	1 23
=	cate	State	Te l
CIAN	ertifi	the	ö
\$	is c	ŧ	ed,
6 5	er th	th v	Jark
NO.	Afte	dea	88
TEN	T08	after	28
RA	REC	SID	E
0 7	0 7	2	1 16
PITA	ERA	in 7	Ē.
HGS HGS	FEN	with	TAN
뿔	뿔	pell	OR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
			1

		1 - FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND		HYGIENE REG. NO.	94 07260
		DECEDENT'S NAME (First, Middle, Last)	Betty M	arie	Titus		2. DATE OF MONTH		22 3. TIME OF DEATH 10:18 A M
pin		4. SOCIAL SECURITY NUMBER 219 ≈ 30 ≈ 0665	1 🗆 M 2 🖔 F	in yrs. leat birth	RS. MONTHS	DAYS HOURS MIN	(Month, 1		BIRTNPLACE (State or Foreign Country)  Maryland
1, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give s  1922 SUNDEWLY R RESIDENCE OF DECEDENT			9b. CITY	Dundalk	DEATN	9c. COUNTY Ba	etimore
permit. Pages 1	DIRECTOR	10a. STATE 10b. COUNTY Maryland	Baltimore	100	c. CITY, TOWN C	PR LOCATION DE	un dalk		10d. INSIDE CITY LIMITS?  1  YES 2  NO
-55	FUNERAL	1922 Sunberry R	oad			101. ZIP CODE	21222		n of what country? ited States
attending physician. se as the burial-transit	В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 X Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO		MAS DECENDENT OF HIS f yes, specify Cuban, Man I YES 2 X NO Sp	rican, Puerto Ric	Specify Yes or No— 14 an, etc.)	. RACE — American indian, Black, White, atc. Specify: White
al or for u	COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kir life. Do N	IOT use retired.)	CCUPATION during most of working		ND OF BUSINESS/INOUS	
the hospital detached for once.	OMP	10th Grade  17. FATHER'S NAME (First, Middle, Last)			Sales	16 MOTNED'S		<u> Etail Furni</u> dle, Melden Sumame)	ture
क्र है	ш	Clarence Morgan	thall			Pearl		oro, marcari scrimmina)	
5 should notified	то в	19a. INFORMANT'S NAME (Type/Print)				(Street and Number or Ru	rel Route Number,	City or Town, State, Zip Co	-7
P Sage	=	Diane M. Moubras			922 SUP	iberry Road	1 Vunde	elk, Maryla	
e 6 m rector,		1 🕅 Burial 2 🗆 Cremation 3 🗆 Rem-					3/10/94		River, MD
death. Page 6 m funeral director, examiner musi		21. SIGNATURE OF FUNERAL SERVICE LIC				NAME AND ADDRESS OF	FACILITY		Dundalk, Inc.
F 9 m		- Scary	L. Com	du	<u>\.</u>	7922 Wise	Ave.	Dundalk. Mo	vruland 21222
E B B		23. PART i. Enter the diseases, or o shock, or heart fellure.	complications that ceused List only one cause on e	the death. ach line.	Do not enter	the mode of dying, a	uch as cardie	c or respiratory arres	Interval Between
rted within 24 hours completely filled in ial, cremation, or re		iMMEDIATE CAUSE (Finei disease or condition resulting in death)	a. DUE TO (OR AS A	ctanta		en la			Onset and Death
B 6 - 5	N	Sequentially list conditions,	b			J			
e be e sician prior to traum	CATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUEN	CE OF):				
n certi ending Hygie or oth	CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUEN	CE OF):				
Me Me	AL CI	PART II. Other significent condition	a contributing to death b	ut not result	ting in the un	derlying cause given	In Part i. 2	In. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
that be by h an	MEDICA							PERFORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
SICIAN: The law requestrificate has been the State Dept. of I. or Item 23 sho	N.								
N: The ficate h State [	SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp	etlant 3 🗆 D	OTHER				
MG PHYSICIA fler this certifiesth with the marked, or	FHYSICIAN:	27. MANNER OF DEATH  1  Netural 5  Pending	28a. DATE OF INJURY (Month, Day, Year)		. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO		IBE NOW INJURY OCCUP	RED
TTEND TOR: A after d	TED BY	2 D Accident Investigation 3 Suicide 8 Could not be detarmined	26s. PLACE OF INJURY building, stc. (Spec	— At home, fo	arm, street, fact		26f. LOCATI City or	ON (Street and Number or fown, State)	Rural Route Number,
TAL OR VAL DIRI	COMPLETED		CIAN: To the best of my knowless.  R: On the basis of axamination						ause(a) and manner as stated.
TO THE HOSPI TO THE FUNEF DE filed within	TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER	, Slav Offer	Men		29c. LICENSE (	NUMBER 714	29d. DATE S	IGNED (Month, Day, Year)
	F	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF OR	ATH (ITEM 27)	(Type, Print)	ac Re	W N	2111	
		MAR 1 1 1994	32. REGISTRAR'S SIGNA	ATURE		,			

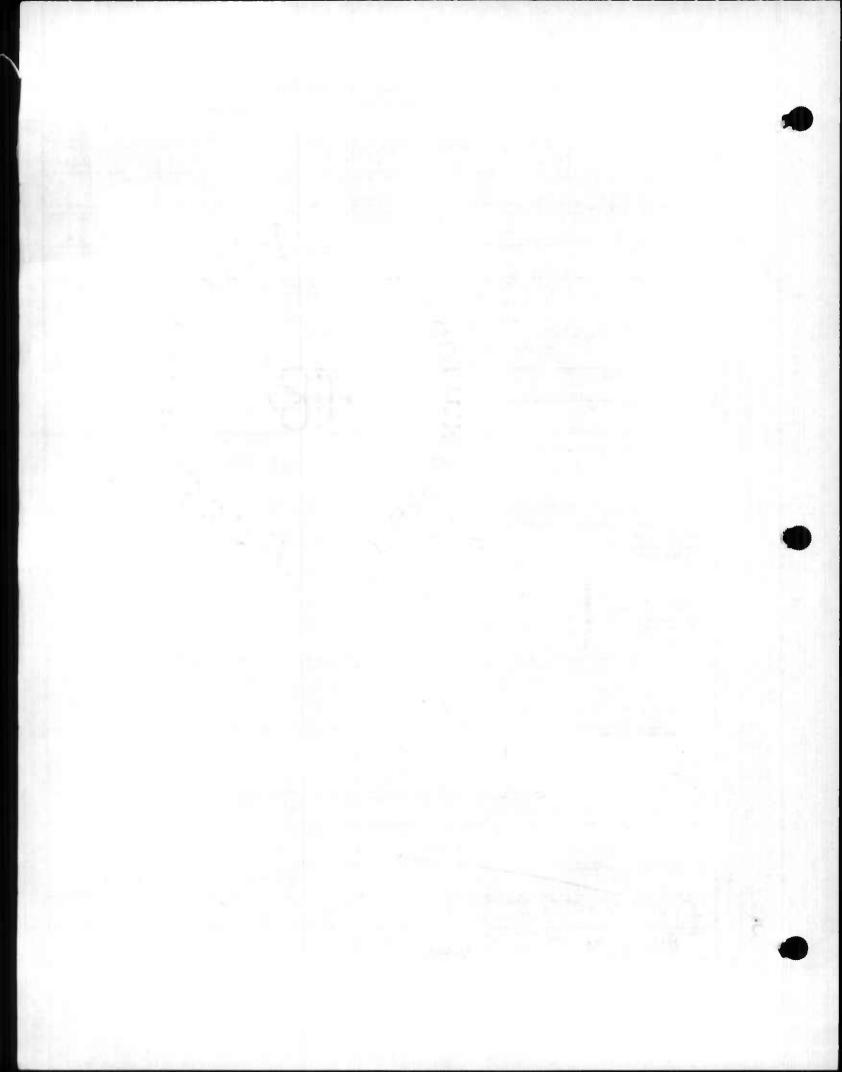
DHMH-18 Rev 1/89



rSICIAN: The law requires that the death certificate be executed within 24.550us after death. Page 5 may be retained by the hospital or attending physician.  It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  It is not seen an an an an an an an an an an an an an
--

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	IENT OF HEALTH AND ATE OF DEATH	REG. NO		+ 07261
1. DECEDENT S TEAME (1 Not, MICOIG, LEGY				2. DATE OF DEATH	VC V	3. TIME OF DEATH 2:00 P
Mary Kathr	yn T	inder		MG/Bi d	76 Y	2:00 P
	5. SEX 6. AGE (In	,	UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	Midwall Come Manual	1914 V	BIRTHPLACE (State or Foreign Country) Vest Virginia
9a. FACILITY NAME (If not institution, give street	et and number)		CITY, TOWN OR LOCATION OF		9c. COUNTY	
Stella Maris Hos			Towson		Balt:	
10a, STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION	No.		10d. INSIDE CITY LIMITS?
Maryland Bal	timore	To	owson		1 0.7.75	1 YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE			OF WHAT COUNTRY?
2300 Dulaney Vall			21204			S.A.
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 ☐ YES 2 NO Spe	ican, Puerto Rican, atc.)	n or No— 14.	RACE American Indian, Black, White, atc. Specify: White
15, DECEDENT'S EDUCA	TION 1	ida. DECEDENT'S USI		16b. KIND OF BU	SINESS/INDUS	
(Specify only highest grade co	ompleted) College (1-4 or 5+)	Ille. Do NOT use re				Schools
	4	Teach				SCHOOLS
17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Meiden		
Dennis Harringt	on	1			Malley	
t9a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rul			
Rev. F. Dennis Tir	nder	8400 V	irginia Ave.	Pasadena,	Md. 2	1122
26e. METHOD OF DISPOSITION	al from State	PLACE AND DATE OF D	NSPOSITION (Name of	DATE 20c. LO	CATION — City	or Town, Sista
1 Burial 2 Cremation 3 Ramov.	// St	Joseph	s Church Ceme	tery 3/10/9	4 Ful	lerton , Md.
21. SIGNATURE OF FUNERAL SERVICE LICES	SEE / L		22. NAME AND ADDRESS OF	1050 Y		. 21204
23. PART I. Enter the diseases, or conshock, or heart failure. Li	st only one cause on eac	Ine.		uch ss cardiac or reap	iratory arreat	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A	ute	myo estelis	s infs	e tion	Onset and Daati
	DUE TO (OR AS A	OFSEQUENCE OF):	er Erio.	elevosis		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):				
CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):				
				γ		
PART II. Other algorificant conditions	contributing to death but	t not resulting in t	the underlying cause given	In Part I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		1				1 TYES 2 NO
		$\overline{}$	01 DI 105 OF DE1TU	(0)(		
	HOSPITAL:	elem 3 Deca 6	26. PLACE OF DEATH THER: Hursing Home 5  Residen			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF MJURY (Month, Day, Year)	28b. TIME O	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
	28a. PLACE OF INJUID - building, vic. (Special	At home, farm, stre	et, factory, offica	261. LOCATION (Street City or Town, State		Rural Route Number,
3 Suicide 6 Could not be 4 Homicide determined	)/					
3 Suicide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only	)(	dge, death occurred	at the time, data and place, and	due to the cause(a) and ma	inner as stated.	
3 Suicide 4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only	IAN: To the best of my		at the time, data and place, and			

2 Accident
3 Suicide
4 Homicid 261. LOCATION (Street and Number or Bural Route Number, City or Town, State) 28a. PLACE OF INJUST - At home, farm, street, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MAR 11 1994 DHMH-16 Rev 1/89



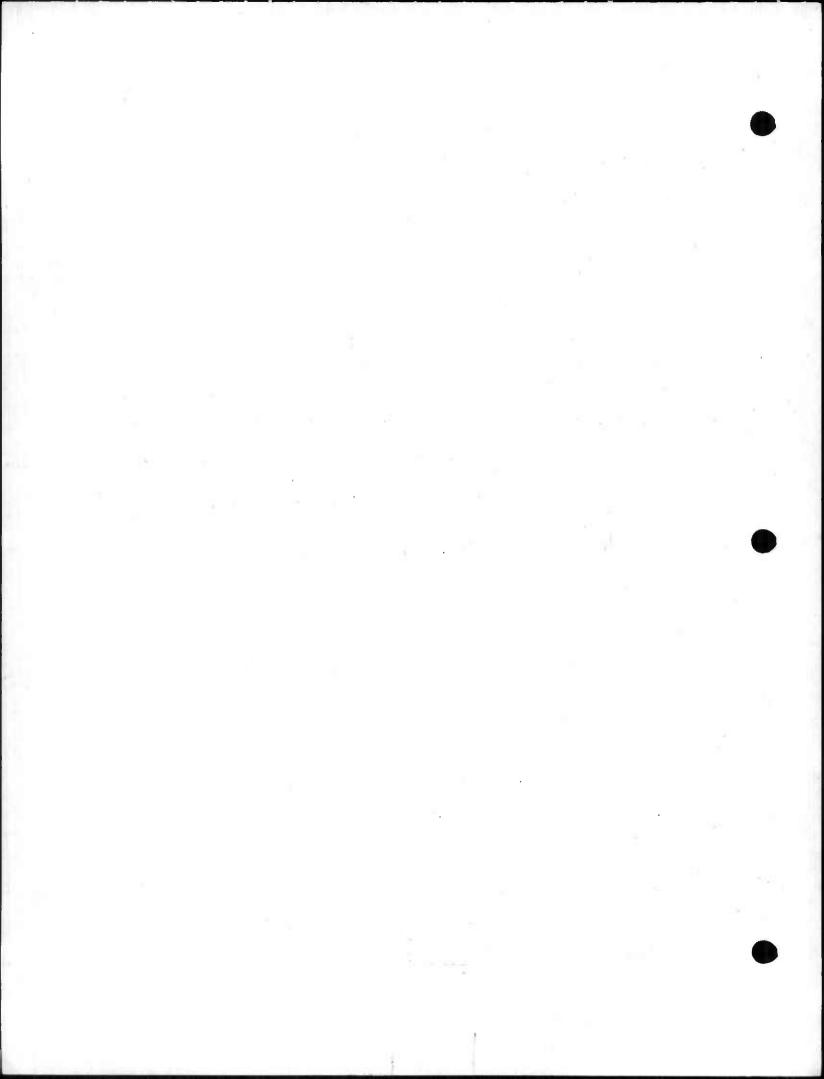
BALTIMORE, MARYLAND 21215-0020

SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF			T	3. TIME OF DEATH
	William  4. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  6. SOCIAL SE	M	. Wá	atkins 8. AGE (In yrs.			ER 1 YEAR	IF UNDE	24 MDC	Mar 7. DATE OF I	06	19	94	2230 M PLACE (State or Foreign
	218-88-1737 1X M 2 □ F 20					MONTHS		HOURS	MIN.	(Month, Da	y, Year)		Country	MD
	90. FACILITY NAME (If not in	stitution, give s	treet and number)			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF E				TY OF DE				
DIRECTOR	2000 blk.	Ashl	and Ave	enue			Bal	timo	re			N	I/A	
E	10e. STATE MD	10b. COUNTY					OR LOCA				-		-	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		A			BAL	LIMO	RE						1XXYES 2 ☐ NO
ERA	1554 CARSW		ENUE						21218				J.S./	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2  3 Widowed 4 Divo		12. WAS OECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED	13	If yes, s		n, Mexicar	IC ORIGIN? (S n, Puerto Rica			14. RACE Black, Specifi	- American Indian, White, etc.
뎶	15. DEC (Specify on	EDENT'S EDU	CATION completed)	16e.	DECEDENT'S	work done	e during m		ng	16b. KIN	ID OF BUSI	NESS/INDL		-
COMPLETED	Elementary/Secondary (6		College (1-4 or 5 -	+}	Ille. Do NOT u	e retired. OREI	•				N/A			
MO	17. FATHER'S NAME (First, M	fiddle, Last)			Dirio	Olth		18. MOT	HER'S NAM	ME (First, Midd	4	urname)		
BE C	WILLIAM M		INS, SR.							WILEY				
10	MARGARET F		,		5531	CED	SS (Street	AVE.	or Rural R	TIMORE	City or Town,	State, Zip of 2120	Code) 16	
	20e. METHOD OF DISPOSIT  1 M Buriel 2 Crematic  4 Donation 5 Other	on 3 🗆 Rem	oval from State		crematory or o				DENS	DATE		ALK,	-	vn, State
	21. SIGNATURE OF FUNERA	L SERVICE LIC	appuar					ND ADDRE		H./110		NODE		
CERTIFICATION	IMMEDIATE CAUSE (Fidusese or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or Injut that initiated events	iona, diate	a	ise on each i	SEQUENCE O	F):					ОТТОВР	arre		Approximate Interval Between Onset and Death
	PART II. Other algoritics		d.	death but no	ot resulting	In the u	underlylr	ig ceuse	given in i	Part I. 24	. WAS AN A			WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										1(	YES 2			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIAN	25. WAS CASE REFERRED T	O MEDICAL						LACE OF D	EATH (Che	ick only one)				
YSI	1 XYES 2 NO		HOSPITAL:		3 🗆 DOA	OTHE 4 □ No		ne 5 🗆 R	ealdence	<b>∯{ }</b> Other (S¢	ecify) OI	n st	ree	t
COMPLETED BY PH	2 Accident 3 Suicide 6 Homicide	Pending Investigation Could not be determined	building,	ey, Year) 1994 FINJURY — At atc. (Specify)	220 home, term,	) 6 M street, ta	t [			281. LOCATIO City or R	ect N (Street er	sho	t or Rural A	oute Number,
NO	anal .													and menner ee stated.
ᆱ	296. SIGNATURE AND TITLE	OF CERTIFIE	· .	0					ENSE NUM			<b></b>		(Month, Day, Year)
임	30. NAME AND ADDRESS O	F PERSON WH	OCOMPLETED CAU	SE OF DEATH (I	ТЕМ 27) (Туре	Print)		<u> </u>	C.M	مالاه		М	ar	07 1994
	Theodore 31. DATE FILED (MONth, Day, MAR 1 1	King 1994	1 33 BEGISTRA	ridon R	e	enn	Str	reet	. Ra	ltimo	ore.	Mar	yla	nd 21201
- 0	MAKII	TUUT	Al	1 - Marie - 1/4	- Bridger									



FOR

Pos	achi		6
the	det		50
à	1 be		at a
ned	DUC		fied
retai	5 sh		otil
9	30e		De r
may	Ä,		I Is
9	ecto		Ē
Pag	U dir		ner
THE MENT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hos	THE PUNCH. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
fler d	the 1	oval.	ai es
Sa	5	rem	edic
hot	Ba	1, 0	E
13	ly fill	ation	the
WITH	plete	стет	ent,
pel	m03	lal.	8
Sect	and	par o	ratio
90	Sian	or to	aun
cate	hysic	e pri	ar tr
ĕ	g Dr	jiene	othe
90 4	endir	HY	10
dear	affi	entai	J.
the	y the	W P	Ē
that	ed by	th an	any
aires	Sign	Healt	WS
ig ig	een	of	sho
AMP.	as b	)ept.	23
The	te hi	ate C	E
AN:	tifica	Sta	F H
SICI	cen	h the	d, 0
Ŧ	this	with	rke
SING	After	death	E
E	OR:	fter	90
A	100	IS a	m 2
1 OR	PR	100	ie
in the	Š	17	#3
à	Ser.	ĕ	AN
7	¥	E	ORT
e D	2	9	M

	1 - STATE REGISTRAR	STATE OF MARYL	CERTIFIC	MENT OF H	DEATH	MENIAL HYGIEN REG. NO	1 1.7	07263
	1. OECEDENT'S NAME (First, Middle, Last) MARCEL RICHARDS	ON WALKER				2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH 4:20 PM
	212-78-8474	<b>X</b> M 2 □ F 3		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HAS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-30-61	8. BIRT Coun	HPLACE (State or Foreign try) MD
<u>بر</u>	98. FACILITY NAME (If not institution, give stree UNION MEMORIAL H				RE CITY	EATH	9c. COUNTY OF	DEATH
មី	RESIDENCE OF DECEDENT						IN/A	
DIRECTOR	MD 10b. COUNTY	A		TOWN OR LOCAT LTIMORE				10d, INSIDE CITY LIMITS?  1 X YES 2 NO
	10e. STREET AND NUMBER		Des		ZIP CODE		10g. CITIZEN OF	WNAT COUNTRY?
ER/	308 E. 26th STREET	r			21218		U.S.A	
BY FUNERAL	11, MARITAL STATUS  1 X Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14, RAC	E — American Indian, ck, White, etc.
	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES **		2 XNO Specify		Spe	city: BLACK
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted)	16s. DECEDENT'S US (Give kind of wor life. Do NOT use I	k done durina mos	N st of working	16b. KIND OF BU	SINESS/INDUSTRY	
=		College (1-4 or 5 +)						
NO.	17. FATHER'S NAME (First, Middle, Last)	VA	N/A		18. MOTHER'S NA	ME (First, Middle, Meiden	Sumame)	19741BB
BE (	WILLIAM R. WALKER				NAOMI			
2	196. INFORMANT'S NAME (Type/Print)  DOLETTA JOHNSON					Route Number, City or Tow		
	20a. METHOD OF DISPOSITION  1 X Burisl 2 Cremetton 3 Remove		PLACE AND DATE OF	DISPOSITION (Na			CATION — City or 1	own, State
	4 Donation 8 Other (Specify)	K.	ING MEMOR	LAL ARK			DALLSTOW	N, MD
	21, SIGNATURE OF FUNERAL SERVICE LICEN	Rapus			MARCH F.	H./1101 E.	NORTH A	VENUE
	23. PART I. Enter the diseases, or con	nplications that caused	tha daath. Do not	t enter tha mod	de of dying, auc	h as cardiac or reap	ratory arrest,	Approximate
	ahock, or haart fallure. Lia IMMEDIATE CAUSE (Final	it only one cause on e	nch ilna.					intarval Between Onset and Death
	disease or condition reaulting in death)	Itypert	CONSEQUENCE OF):					1 day
_		CLO A SOCIAL	CONSEQUENCE OF):	O E	0			UNIL
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	e fan	· A	y Spl		UNK
ICA	cause, Enter UNDERLYING CAUSE (Disease or injury	acqui	CONSEQUENCE OF:	muns	teficer	of gling	-	UMC
Ē	that initiated avants	DOE TOPPE AS A	CONSEQUENCE OF ).					
144	resulting in death) LAST				·	9		
	reaulting in death) LAST							
AL	PART II. Other algorificant conditions of	contributing to death b	ut not resulting in			Part I. 24a. WAS AN PERFOR	AUTOPSY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
AL	PART II. Other algnificant conditions of	contributing to death b	ut not resulting in			Part i. 24a. WAS AN	AUTOPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	PART II. Other algorificant conditions of	contributing to death b	ut not resulting in			Part I. 24a. WAS AN PERFOR	AUTOPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	PART II. Other algnificant conditions of Presenting Englishment 25. WAS CASE REFERRED TO MEDICAL			the underlying		Part I. 24a. WAS AN PERGOF	AUTOPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	PART II. Other algnificant conditions of the con	CONTRIBUTING TO death b		the underlying	g cause given in	Part I. 24a. WAS AN PERGOF	AUTOPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of Death  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   MO   1	IOSPIPAL:		28. PL  THER:  Nursing Homory  YES. INJI  WO	ACE OF DEATH (Ch	Part I. 24a. WAS AN PERFOR	AUTOPSY 24 IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of Present Conditions of Present Conditions of Present Conditions of Present Conditions of Present Conditions of Present Conditions of Conditions	IOSPLFAL:  ☐ The The The The The The The The The The	etlent 3 DOA 4	28. PL  THER:  Nursing Homm OFF  28c. INJI  WO  1   Y	ACE OF DEATH (Ch	Part I. 24a. WAS AN PERFOR 1 FEED 1 FEED 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AUTOPSY 24 MED?  NO NO NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATHY
BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of Previous Conditions of Previous Conditions of Previous Conditions of Previous Conditions of Condition	IOSPUFAL;  Propellent 2 - ER/Outp  286. DATE OF INJURY	etlent 3 DOA 4	28. PL  THER:  Nursing Homm OFF  28c. INJI  WO  1   Y	ACE OF DEATH (Ch	Part I. 24a. WAS AN PERFORM 1 VES 2  eck only one)  6 Other (Specify)	AUTOPSY 24 MED?  NO NO NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATHY
BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of Previous Conditions of Previous Conditions of Previous Conditions of Previous Conditions of Previous Conditions of	IOSPLFAL:  Inpatient 2 = ER/Outp  28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY building, atc. (Spec	atlent 3 DOA 4  28b. TIME ( INJUR  — At home, farm, stre	28. PL  THER: Nursing Hom  OF WM  1   Y  set, factory, office	ACE OF DEATH (Ch	Part I. 24a. WAS AN PERFORM 1 PER 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AUTOPSY 24 IMED? 24 IMED? 31 IMED 31 IMED 32 IMED 33 IMED 33 IMED 33 IMED 33 IMED 33 IMED 34 IMED 34 IMED 34 I	AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATHY
BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of Previous Actions of Previ	IOSPLIAL:  Inpatient 2 = ER/Outp  28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY building, stc. (Spec	etlent 3 DOA 4  28b. TIME (INJUR  — At home, farm, stre	28. PLDTHER: Nursing Homory M 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ACE OF DEATH (Ch	Part I. 24a. WAS AN PERFORM  1 VES 2  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)  to the cause(s) and mai	AUTOPSY 24 IMED? 24 IMED? 10 IMED? 10 IMED? 10 IMED 11 IMED 12 IMED 12 IMED 13 IMED 13 IMED 14 IMED 15	AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATHY  1 YES 2 MO
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of Previous Conditions of Previous Conditions of Previous Conditions of Previous Conditions of Previous Conditions of	IOSPLIAL:  Inpatient 2 = ER/Outp  28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY building, stc. (Spec	etlent 3 DOA 4  28b. TIME (INJUR  — At home, farm, stre	28. PLDTHER: Nursing Homory M 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ACE OF DEATH (Ch	Part I. 24a. WAS AN PERFOR 1 PROPERTY 24 PROPERTY 24 PROPERTY 25 P	AUTOPSY 24 MED? 24 NO NO NJURY OCCURED and Number or Rural uner as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATHY  1 YES 2 MO
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of Previous Conditions of Previous Conditions of Previous Conditions of Previous Conditions of Previous Conditions of Previous Conditions of Condi	IOSPUPAL:    Thestlent 2	atlant 3 DOA 4  28b. TIME (INJUR  — At home, farm, streetly)  sdgs, dasth occurred a snd/or investigation,	28. PL  28. PL  THER:  Nursing Hom  OF  WO  M  1  Y  At factory, office  at the time, data in my opinion, de	ACE OF DEATH (Ch.  5  Residence  DRY AT  RK?  ES 2 NO  snd piece, and due eath occured at the	Part I. 24a. WAS AN PERFOR 1 PROPERTY 24 PROPERTY 24 PROPERTY 25 P	AUTOPSY 24 MED? 24 NO NO NJURY OCCURED and Number or Rural uner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?  1 YES 2 MO  Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of Provided Provide	IOSPUPAL:    Thestlent 2	atlant 3 DOA 4  28b. TIME (INJUR  — At home, farm, streetly)  sdgs, dasth occurred a snd/or investigation,	the underlying  28. PL  DTHER:  OF 28c. INJI  WO  I Y  M 1 Y  at the time, data in my opinion, do  rinti)	ACE OF DEATH (Ch.  5  Residence JRY AT RK? ES 2 NO  snd place, and due beth occured at the	Part I. 24a. WAS AN PERFOR 1 PROPERTY 24 PROPERTY 24 PROPERTY 25 P	AUTOPSY MED?  NO  NJURY OCCURED  and Number or Rural  nor as stated. d dua to the cause  29d. DATE SIGNE	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?  1 YES 2 MO  Route Number,

and one of the same

. 404

should

DIVISION OF VITAL RECORDS, P.O. BOX 68760	20	\$	Ġ
DIVISION OF VITAL RECORDS, P.O. BOY	( 687	executed	
DIVISION OF VITAL RECORDS, P.O. BO	2	20	
DIVISION OF VITAL RECORDS, P.O. PITAL OR ATTENDING PHYSICIAN: The law requires that the death certification of the control of	B	cate	-
DIVISION OF VITAL RECORDS, POTAL OR ATTENDING PHYSICIAN: The law requires that the death	o.	certifi	4.
DIVISION OF VITAL RECORDS  FITAL OR ATTENDING PHYSICIAN: The law requires that the	٥.	leath	- 44
DIVISION OF VITAL RECOR	Ö	the	44
DIVISION OF VITAL RECC	A.	that	
DIVISION OF VITAL PATAL PATAL OF ATTENDING PHYSICIAN: The law	RECO	requires	-
DIVISION OF VITA  PITAL OR ATTENDING PHYSICIAN: The	_	WE	4
DIVISION OF VI	IA	The	1
DIVISION PITAL OR ATTENDING	OF VI	PHYSICIAN:	Action of the con-
PITAL	NOISINI	OR ATTENDING	The Company of the
		PITAL	

BE

12

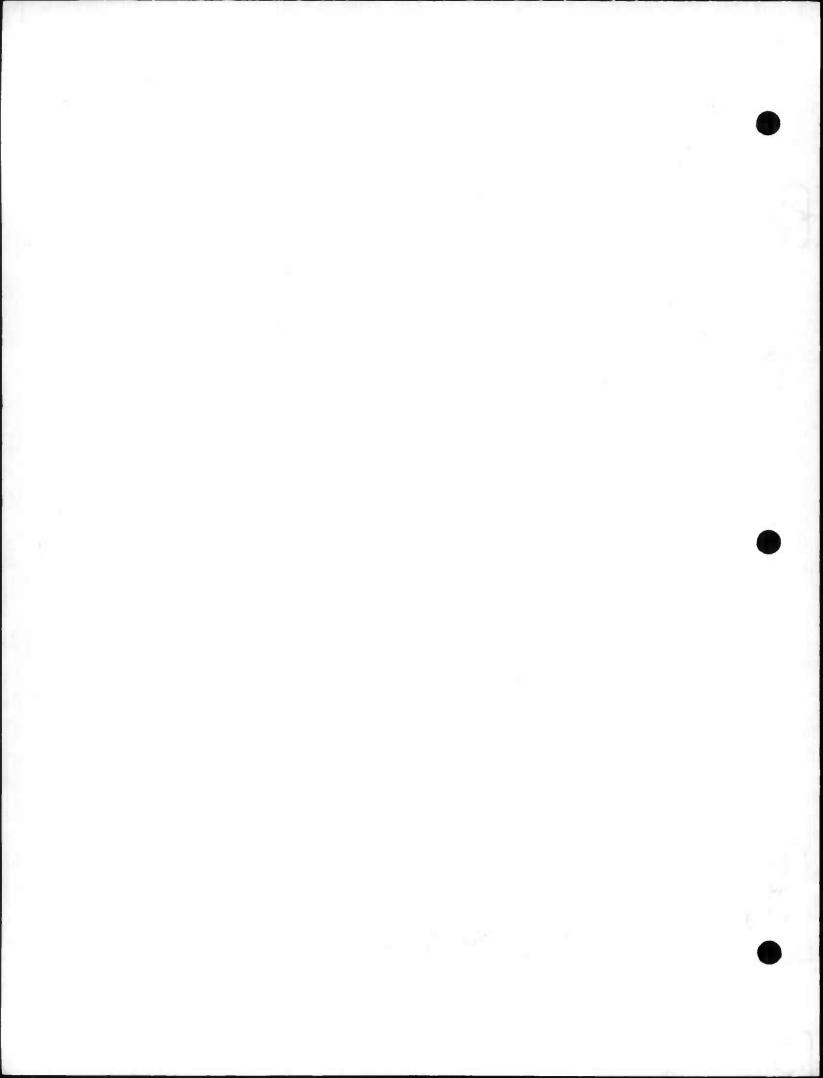
TO BE COMPLETED BY ELINEBAL DIBECTO	COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION
examiner must be notified at once.	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ral,	vithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3
if dearn. Page 6 may be retained by the hospital or attending physician.	THE THE ON ALLENDING PHYSICIAN: THE TAW REQUIRES THAT THE DESTIT CENTIFICATE OF WITHIN 24 HOURS STRENDING PHYSICIAN.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last)

ANNA M. 2. DATE OF DEATH WOODEN MARCH 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 - M 2 12 F 90 9-18-96. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Samanitan Haspital Baltimore Baltimore 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md YES 2 | NO Baltimare 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3007 Oakcrest Ave. 21234 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: 3 XWidowed 4 Divorced white 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Homemaken Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) Frank P. Schae Sally May Champion 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) Edward Roland Ave Ant 20e. METHOD OF DISPOSITION
1 (XBuriel 2 Cremetion 3 Ren 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Baltimore, Md 4 Donetion 5 Other (Specify) IL SIGNATURE OF FUNERAL SERVICE LICENSEE 33. NAME AND ADDRESS OF FACILITY
Hartley Miller Funeral Home
7527 Harford Rd. Balto. Md. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition RUPTURED MY OCARDIUM
DUE TO (OR AS A CONSEQUENCE OF): 15MIN reaulting in death) ANTERIOR MYDIARDIAL INFARCTION EXTENSIVE Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PERTENSION COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) a Could not be determined 4 Homicide 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the fime, date end place, and due to the cause(e) and menner se stated.

> 29c. LICENSE NUMBER 10,1994 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GOOD SAMARITAN

29d. DATE SIGNED (Month, Day, Year)



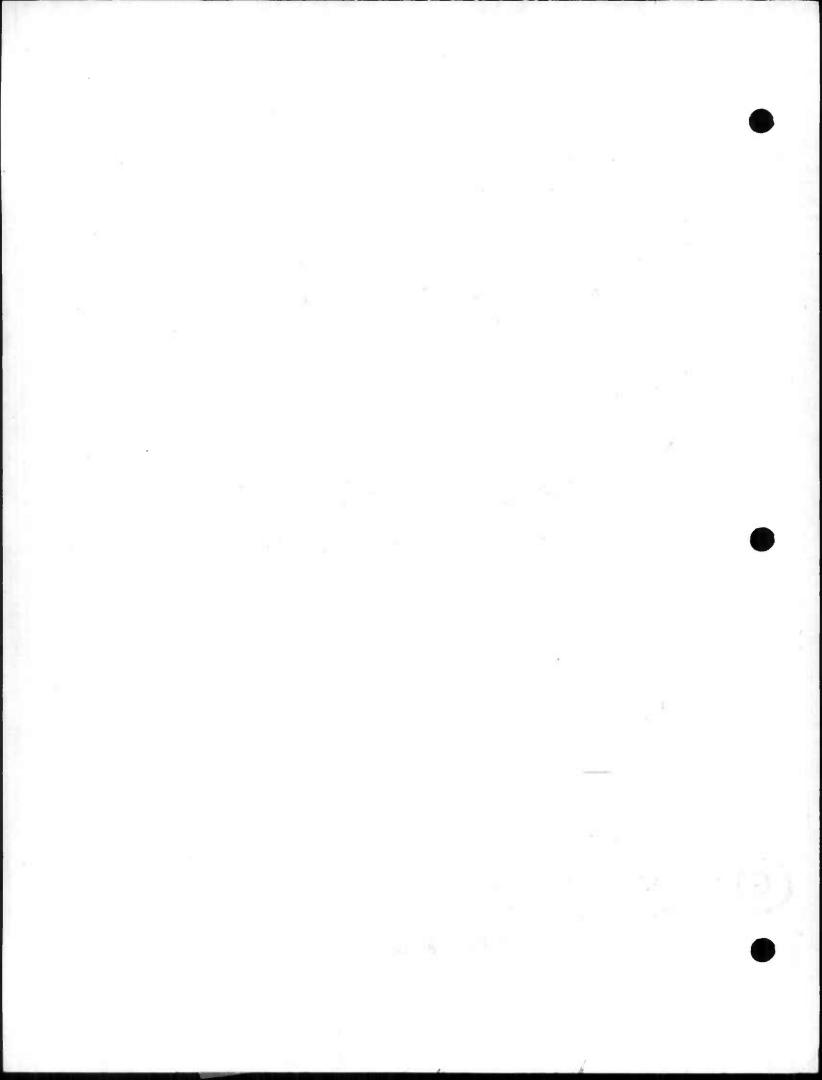
94-1230-510

ITEMS: 23 PART I, 27, PER MEO FILM G-709 3/28/94 t.t.

ı		1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF I	HEALTH AND I	MENTAL HYGIEN	1 1.06	07265
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	MY Y	3. TIME OF OEATH
		OTIS  4. SOCIAL SECURITY NUMBER	LEE			AVER, SR			94 4:32 Pm
Pin		213-54-2440	1 D M 2 D F 4	yrs. lest birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/6/46	V	BIRTHPLACE (State or Foreign Country) irginia
2, 3 should	DIRECTOR	9a. FACILITY NAME (If not institution, give st.  2324 REISTERSTO  RESIDENCE OF DECEDENT				MORE CI		9c. COUNTY	OF OEATH
Pages 1,	E C	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWH OR LOCA	TION			10d. INSIDE CITY
.i.		MD		Ba	ltimor	e			1 YES 2 NO
it permit.	ERAL	10e. STREET AND NUMBER	D 3		10	f. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?
020 physician. burial-transit	FUNE	2324 Reisterst	12. WAS DECEDENT EVER IN I	U.S. ARMED	13. WAS DEC	21217	IIC ORIGIN? (Specify Ye	a or No. 14	USA . RACE — American Indian,
ALTIMORE, MARYLAND 21215-0020 death. Page 6 may be retained by the hospital or attending physician thereal director, page 5 should be detached for use as the burial-trail examiner must be notifiled at once.	B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, sp		n, Puerto Rican, etc.)		Black, White, stc. Specify: Black
1215 r atten use as	윤	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPATION	ON ost of working	16b. KIND OF BU	ISINESS/INDUS	
YLAND 21 by the hospital or be detached for u at once.	MPLET	Elementary/Secondary (0-12) 6th	College (1-4 or 5+)	mec	hanic				
/LAN by the hos be detach at once.	COMP	17. FATHER'S NAME (First, Middle, Last)		1211			ME (First, Middle, Malder		
IARY stained by should b	8	James Weaver  100. INFORMANT'S NAME (Type/Print)		10h MAII ING	ADDRESS /Street		ie Dugge Route Number, City or Ton		
MARN e retained to 5 should notified	٩	Elsie Moore					, Balto.		
RE, may be		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo		PLACE AND DATE	OF DISPOSITION (N				y or Town, Stata
MO age 6 directo		4 Donation 5 Other (Specify)	Ki	ng Mem	orial 1				town, MD
BALTIMORE after death. Page 6 may by the funeral director, pa noval.  cal examiner must b		21. SIGNATURE OF FUNERAL MARKE LICE				N. Gilm	ATDEL		Wylie F/H .,MD 21217
OX 68760.  B be executed with fours after sician and completely filled in by the rior to burial, cremation, or removal traumatic event, the medical	NOI	IMMEDIATE CAUSE (Final	DUE TO (OR AS A C	RTERIOSCLE	EROTIC CAR			elratory arrest	t, Approximate intervel Between Onset and Death
certificat certificat nding phy Hygiene p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	F):				
RECORD  w requires that the been signed by the t. of Health and M shows any inju	MEDICAL	PART II. Other algnificent conditions	e contributing to death but	t not resulting	in the underlyin	g cause givan in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ITAL I: The law cate has b State Dept. Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)		
	YSI	1 OF YES 2 NO	1   Inpatient 2   ER/Outpat			ne 5 🏋 Raaldence			
ATSION OF VI ATTENDING PHYSICIAN: ECTOR: After this certifical s after death with the St 128 is marked, or it	ВУ РН	27. MANNER OF DEATH  X Netural Tending  2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		M 1 □	JURY AT ORK? YES 2 NO	26d. DEŞCRIBE HOW	INJURY OCCUP	:ED
OIVISIC OR ATTENDI DIRECTOR: A hours after de item 28 is	ETED	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY – building, etc. (Specify	– At home, farm, s	street, factory, offic	;a	261. LOCATION (Street City or Town, State	and Number or )	Rurel Route Number,
対対な	COMPLE	onei	CIAN: To the best of my knowless. On the basis of examination						ause(a) and manner as stated.
IN PORTANCE	BE C	29b. AIGNATURE AND TITLE OF CERTIFIER	allall			29c. LICENSE NUN			IGNEO (Month, Day, Year) R 10, 1994
U JE	2	3 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)	J 0.0.M		1 - 116	. 10/1/
		31. DATE FILES (Month, Day, Year)	KOREL M		Penn S	treet,	Baltimor	e, Ma	ryland 21201
		31. DATE FILES (Month, Day, Year)	32 REGISTRAR'S SIGNA	UHE					

43

DHMH-16 Rev 1/8



215-0020	
212	
NO	
4	
3	
E, MARYL	
Ë,	
MOF	•
The same of	6
BALTI	
8	4

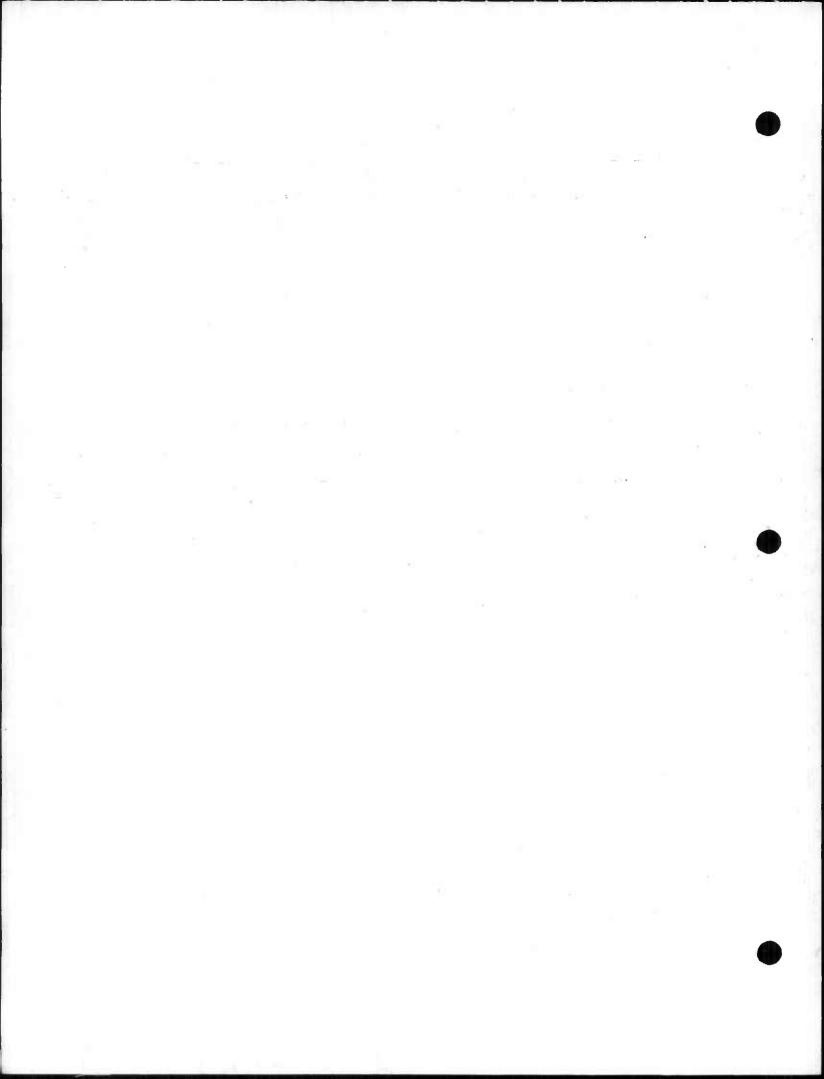
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

NDING PHYSICIAN: The law requires that the death certificate be executed within ZF nours after death. Page 6 may be retained by the hospital or attending physician.	I. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit processing with the State Dent, of Health and Mental Horiene prior to burial, cremation, or removal	
ging	the	
atten	e as	
0	or us	
spita	ped t	
e 190	etach	
ay th	e d	ì
ped	pino	
retail	SS	
8	age	
may	0, p	
96 6	irect	
2	raid	
Jeat	fune	
fler	the local	
urs a	in by	
00	Delli	
JU Z	natio	
M.	nple	
cuted	d cog	
exe	to b	
e pe	Sicial	
iffical	phy I	
Cert	nding Hvai	
death	affe	
the	M W	
that	b d	
nires	Sign	
regu	een	
JAW.	Dent Dent	
Ĕ	ate l	
CIAN	he S	
HASE.	ils ce	
20	er th	
Š	r de	

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

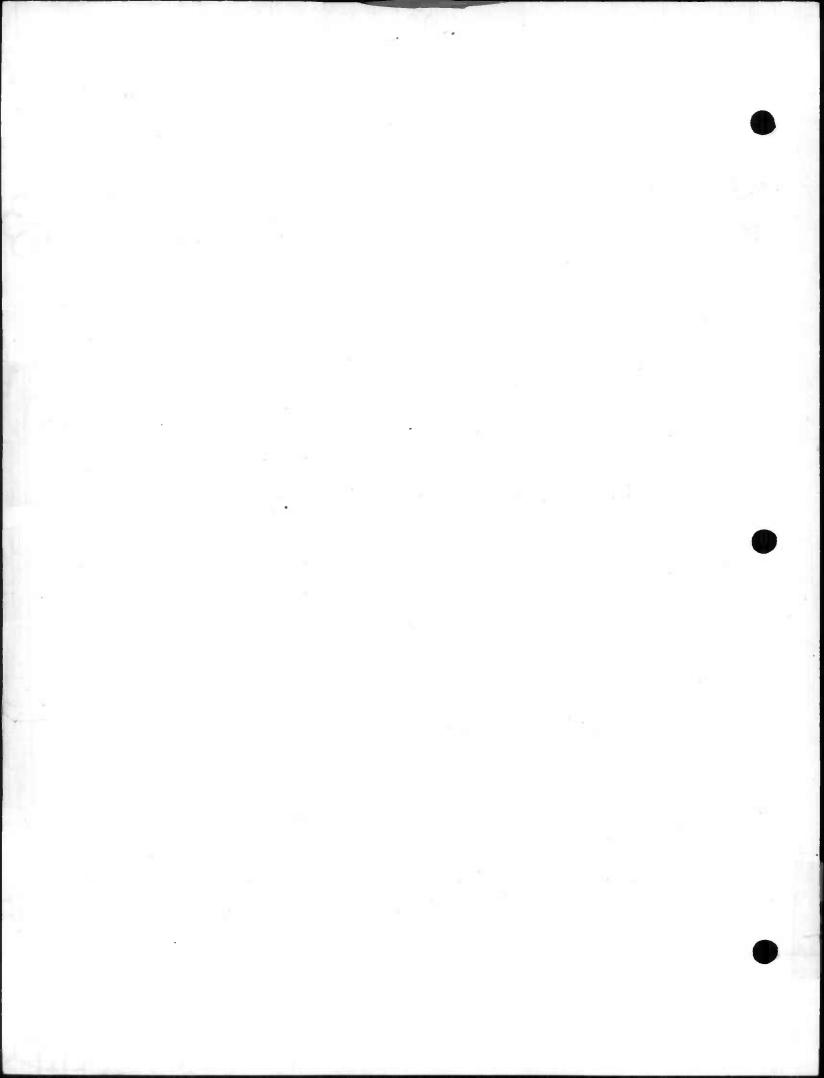
	1. DECEDENT'S NAME (First, Middle, Last)  Rosemary Theresa Whetzlar  2. Date of Death Month Day Year 3 6 1994											3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last		s. last birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH	8. BIRTHP		PLACE (State or Foreign	
	219-22-3425	1 - M 2   F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 11 ≈ 16 ≈ 19	113	Ma	ryland	
	9a. FACILITY NAME (If not institution, give si	reet end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT							and the same of th	
l o l	8220 Gray Haven		Dundalk					В	alti	nore			
[[	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c CIT											
L DIRECTOR	Maryland 100. STREET AND NUMBER	Baltimo	re	100.01	., тошт		. ZIP CODE	Dun	dalk		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	8220 Gray Haven	8220 Gray Haven Road  1. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. A						222				ed States	
B	11. MARITAL STATUS  1 Never Married 2 Married  3\( \infty \) Widowed 4 Divorced	S. ARMED	13. MAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 □ YES XIX NO Specify:						14. RACE Black, Specif	- American Indian, White, atc.  White			
TED	15. DECEDENT'S EDUC (Specify only highest grade	DECEDENT'S	work done	CCUPATIO	ON Ist of working		16b. KIND OF BUS	SINESS/INC	DUSTRY				
COMPLET	Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5 +				onor	1.		Westin	Westinghouse			
S S	17. FATHER'S NAME (First, Middle, Last)			000.0	Lk Screener Westinghous								
BE C	Thomas Howard				F	Rose	Dolan						
	19a. INFORMANT'S NAME (Type/Print)		19b.			(Street a	nd Number o	r Rural A	loute Number, City or Town	n, State, Zip	Code)		
5	Rose Chafin			8220	) Gra	y Ho	aven F	Road	Dundalk,	. Mar	ıylan	d 21222	
	20a. METHOD OF DISPOSITION 11 Burial 2 □ Cremation 3 □ Remo	oval from Stata	8220 Gray Haven Road Dundalk, Maryland  20b. PLACE AND DATE OF DISPOSITION (Name of ceggepty, crampipty or other place)  20c. LOCATION — City or Town,								vn, State		
	10 Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify) Cremeticry 3/9/94  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Duda Ruck Funeral Home of Dundalk, Inc.  7922 Wise Ave. Dundalk, Maryland 21222  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate												
CERTIFICATION	ahock, or heart failure. List only one cause on each line.  Interval Between Onset and Death Onset and Death Onset and Death Out to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  Interval Between Onset and Death Out to Out to Onset and Death Out to Out to Onset and Death Out to Ou												
MEDICAL	PART II. Other significent condition Rucvanted A Osteo pordsse	not resulting	In the underlying ceuse given in Part I. 24a. WAS AN PERFO!  1 YES :					MEO?	AEO? AVAILABLE PRIOR TO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (Check only one)									
YSI	1 - YES 2 NO	1 Inputient 2	ER/Outpaties	mt 3 □ DOA	OTHER 4 Num		e 5 Resi	dence (	6 Other (Specify)	r (Specify)			
ву Рн	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF (Month, D		28b. TIM	E OF IURY M				28d. OEŞCRIBE HOW INJURY OCCUREO				
	3 Suicide 4 Homicide  8 Could not be determined  2se. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
TO BE C	29h. SIGNATURE AND TITLE OF DESTIFIER	15/256	29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year)						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  STOCKER OF BOTH THE SIGNED (Month, Day, Year)  31. DATE FILED MANNING DON HOUSE SIGNED (MONTH), Day, Year)  31. DATE FILED MANNING DON HOUSE SIGNED (MONTH), Day, Year)  329C. LICENSE NUMBER  D 40 0 5 3 7 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9												
	31. DATE FILED MAR 101 17994	JE ATSISTA	STRICT AND										



		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMI			MENTA	L HYGIEN			7267			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	-		TIME OF DEATH			
		Ralph W. AS	Shlev	hlev						Feb.25, 1994 11:30				
7		4. SOCIAL SECURITY NUMBER		yrs, last birthday) IF U	HE DAYS	IF UNDER 24 HRS.		OF BIRTH	0.	BIRTHPL/ Country)	MCE (State or Foreign			
hould		038-09-0355 9a. FACILITY NAME (If not institution, give s	1 M 2 F 73	YRS.		OR LOCATION OF DI		h 14,1		hode Island				
3. 3 should	CTOR	V.A. Medical Cente	er		Per	ry Point			C	ecil				
CV	JIREC	10e. STATE 10b. COUNTY	Harford	10c. CITY, TOV							d. INSIDE CITY LIMITS?			
(IV	E	10e. STREET AND NUMBER	mariord	nav		Grace . ZIP CODE			T COUNTRY?					
	E	100 Mercury Court						21078 U.S.A.						
215-0020 attending physician use as the binial-tra	BY FUNER	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? XX YES IF YES, GIVE WAR OR OAT 1941-1946	U.S. ARMED 2 □ NO TES 948-1965	It yes, spe	ENDENT OF HISPAI ecity Cuben, Mexica 2XXNO Specif	in, Puerto			RACE -	American Indian, Thita, atc.			
215 intend	8	15. DECEOENT'S EDU	CATION	16a. DECEDENT'S USUA	L OCCUPATION	ON	168	. KIND OF BUS	SINESS/INDUS	RY	WIIILE			
0 0 2	Fi	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	st of working	Aberdeen Proving Ground									
	릴	0	ne Year		АЪ	erdeen	, Mary	land						
rLAND by the hospit be detached at once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)		ne Year Ordinance										
	BE (		shley				Ann	Hall						
MAR retained to 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)			ind Number or Rural				,					
		Thelma M. Ashley		100 Merc			vre d							
ORE e 6 may ector, pag		20a. METHOD OF DISPOSITION  AB Burial 2 □ Cremation 3 □ Ram  4 □ Donation 5 □ Other (Specify)	oval from Stata cemet	PLACE AND DATE OF DIS stery, cramatory or other pl rford Memo	ace)		3/1/		cation - city					
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		Passy fo	HTERSON.	Funeral Home 1903										
nours ad in t or re		23. PART I. Enter the disease, or dehock, or heart fallure.  IMMEDIATE CAUSE (Final	complications that caused the List only one cause on asc	the deeth. Do not each line.	iter the mo	de of dying, auc	h sa car	diac or reapi	ratory arrest	r	Approximate Interval Between Onset and Daath			
matin.		disesse or condition resulting in death)	a. Pneumoni	a, Bilat	eral									
P 0 0 10	NO	Sequentially liet conditions,	b								ļ			
De pe	ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):										
.O. B certificat ding phy lygiene p	CERTIFICATION	CAUSE (Disease or Injury thet initiated eventa resulting in deeth) LAST												
S, deat deat ental ental		PART II. Other significant condition												
CORE signed by signed by Health and ws any Ir	MEDICAL	PART II. Other algorificant condition	a community to death bu	it not reauting in the	underlying	g ceuse given in	Part I.	24s. WAS AN PERFOR	IMED?	AM CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE F DEATH?  YES 2 NO			
N red	2										20 2 _ 110			
2 6 8 g C	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Ch	eck only or	ne)						
VITA AN: The inficate h State (	Sic	EXAMINER?	HOSPITAL: 1 Minpatient 2 ER/Outpat		HER: Nursing Hom	e 5 🗆 Rasidence	6 Othe	er (Specify)						
NSICIAL S certifi th the	ž	27. MANNER OF DEATH	26s. DATE OF INJURY	26b. TIME OF	26c. INJ	PURY AT	28d. DE	SCRIBE HOW I	NJURY OCCUR	ED				
	ВУ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO								
TENDI TTENDI TTOR: A after d after d		3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY - building, atc. (Specify	At home, farm, street,	tectory, office	á	261, LOCATION (Street and Number or Rural Route Number, City or Town, State)							
424	COMPLETED		VSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  NER: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and							nd manner as whele-d				
THE HOSPITAL THE FUNERAL filed within 72	8	29b. SIGNATURE AND TITLE OF CENTRUM												
로 분을 경	BE	728	7 /	29c. LICENSE NUI							onth, Day, Year)			
₽₽₽₹	0	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	TH (TEM 27) (Type, Print)		D323	ソン	_	r.e.	J. Z.	,1994			
		THOMAS FINUCAN		MC, PERR		ENT. MD		21902						
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE	1 103	TIVIL PID	• , .	12702						
		MAD 0.1 'Q4	Lilia Davidson-1	Andella										

10 UA

DHMH-16 Rev 1/89



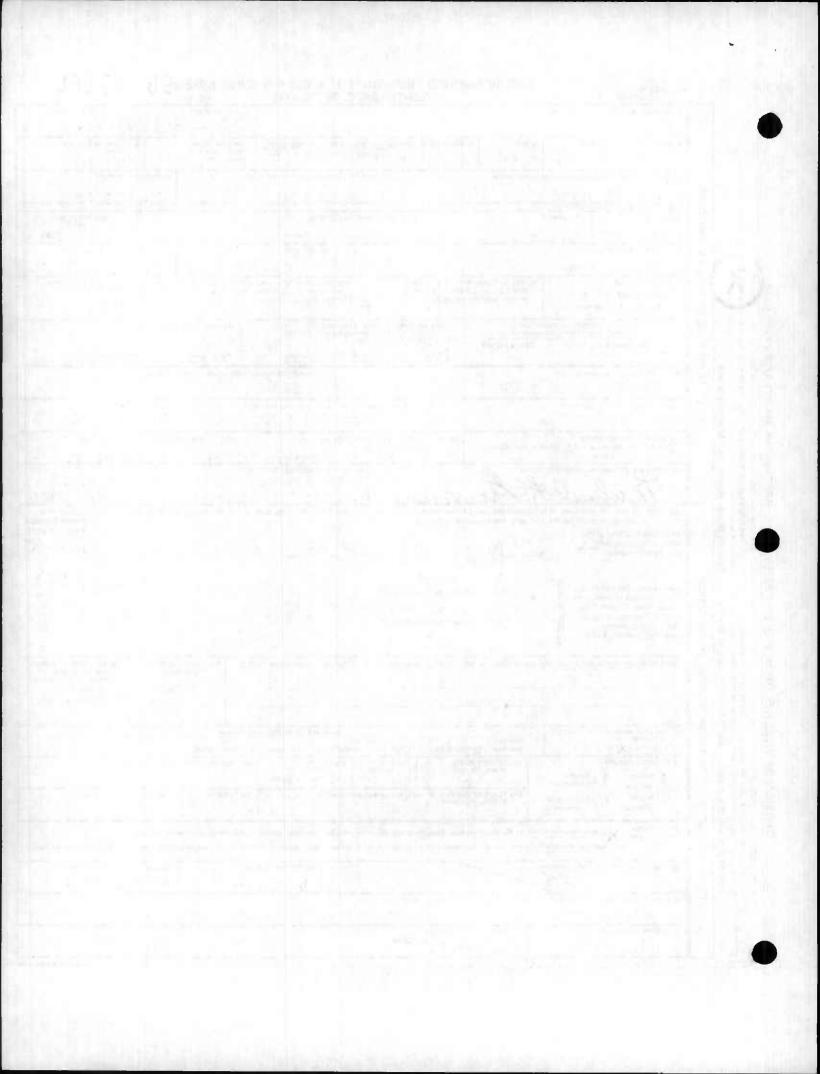
4

31. DATE FILEO (Month, Day, Year)
FFB 25 '94

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Kenneth Clyde 7:07 Adams 1994 February AM 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 5. SEX 6. AGE (In yrs. leet birthday) DAYS 1 M 2 F 213-46-5356 46 Sep 9, 1947 Maryland mit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Mary's Hospital Leonardtown St. Mary's RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland St. Mary's Lexington Park 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 190 Rogers Drive 20653 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) t4. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 X Married BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced hospital or attend 38 ED 15. DECEDENT'S FOUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high H Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Maintenance Engineer 12th Grade retained by the hospit 5 should be detached Government Contractor once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Francis Kenneth Martha Adams Dove Ħ Gould BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jason Bradley Adams 190 Rogers Drive, Lexington Park, Md. 20653 funeral director, page 5 2 90 20a. METHOD OF DISPOSITION
1 M Buriel 2 Cremation 3 C
4 Donation 5 Other (Specify) nours after death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State DATE must Charles Memorial Gardens 21/26/94 Leonardtown, Md. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. filled in by the figon, or removal. P.O. Box 270, Leonardtown, Maryland 20650 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death n and completely filler to burial, cremation, the disease or condition \_\_\_\_\_\_ MYOCARDIAL INFARCTION minula event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) executed ANGINA traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): other that initiated events resulting in death) LAST 6 the atter PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Signed by t AMAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TES 2 NO OF DEATH? shows 1 TYES 2 NO t. of has be Dept. 6 PHYSICIAN: OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has be hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER: 1 TYES 2 NO 1 ☐ Inpatient 2 SER/Outpatient 3 ☐ DOA 4 Nursing Home 8 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 8 Pending м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be determined COMPLETED 4 Homicide Hem 29e. CERTIFIER 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and menner as stated. HOSPITAL C FUNERAL D I within 72 h TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 24/94 36969 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 11840 H.T. Truman Rd., Lusby, Md. 20657 Scaria Mathews, M.D.

32. REGISTRAR'S SIGNATURE Lulia Davidson-Randall

DHMH-18 Rev 1/89



# 1, 2, 3 should

rurs after death. Page 6 may be retained by the hospital or attending physician

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trail be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE													
	1 DECEDENT'S NAME (First Middle Leat)													
		Reichard Horool POLICEC MONTH DAY YEAR										YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. les	of Injetted med	IF UNDER		IF UNDER		-	eb. 28	1994		N		
	212-14-6431	5. SEX	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(N	TE OF BIRTH fonth, Day, Year)	- 1	Country)	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, g		rno.	A1 A1T1					g. 4 191					
Œ														
18	18247 Manor Church Road Boonsboro Washington												on	
Ĭ	10e. STATE 10b. CO	UNTY		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
1	Maryland W	ashington		I	Boons	boro	)						LIMITS?	
兼	10e. STREET AND NUMBER				00110	-	ZIP CODE	E			10g, CITIZE		HAT COUNTRY?	
E	18247 Manor Chu	rch Road						21	713			S.A		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. ARI	MED	13. V	WAS DECI	ENDENT O	F HISPAN	HC OR	GIN? (Specify Yea				
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 NAR OR DATES	S 2 NO If yea, specify Cuban, Maxican						rto Rican, etc.)	Black, Specify:	- American Indian, While, atc.		
							37	,				White		
COMPLETED	15. DECEDENT'S (Specify only highest g		(GI	ve kind of v	USUAL OC	CUPATIO	N It of workin	ıa	$\top$	16b. KIND OF BUS	INESS/INDUS	STRY		
쁘	Elementary/Secondary (0-12)	College (1-4 or 5+		Do NOT us	e retired.)			•						
M	8			Far	mer					Fari	ning			
	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (Fir	st, Middle, Malden	Surneme)			
BE	Charles Edward	Bowers					Cath							
2	19e. 8NFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	Ruth Bowers			18247	Man	or C	hurc	h Ro		Boonst				
	20e, METNOD OF DISPOSITION 1 ABurial 2 Cremation 3 F	lamoval from Stala	20b. PLACEA cemetery, crer	metory or o	ther nlenel					ATE 20c. LOC				
	4 Donation 5 Other (Specify) Cedar Lawn Memorial Park 3-3-94 Hagerstown Md													
	22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home													
	2001///Lunned 415 E. Wilson Blvd. Hagerstown, Md. 21740													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abook, or heart failure. List only one cause on each line.  Approximate interval Between													
NO	Sequentially list conditions, If any, leeding to immediate  Due to (OR AS A CONSEQUENCE OF):  L. Chronic Obstructive lyngdiscesc  Due to (OR AS A CONSEQUENCE OF):													
CERTIFICATION													24004	
Ē	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events  Cause (Disease or Injury Due to (or as a consequence of):													
	resulting in death) LAST	a. Dra	Letien	n	1/12	Mitus							10 year	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDIN													
CAL	Train in Strong anguineant epitotic				n the und	lerlying	cause g	Ivan in i	Part I.	24s. WAS AN A PERFORI			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
PHYSICIAN: MEDI	Den gration con											COMPLETION OF CAUSE OF DEATN?		
Σ		mulnu	ralnuty itim									1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		10101.	-										
S	EXAMINER?	HOSPITAL:			OTHER		ICE OF DE	ATN (Che	ck only	one)				
± ×S	1 YES 2 NO	1 □ Inpatient 2 □			4 - Nursi	ng Nome		eldenca (	_	ther (Specify)				
ā	1 Natural 5 Pending	28a. DATE OF I (Month, Day		28b. TIME	JRY	WOR	IK?		28d. D	EȘCRIBE NOW IN	JURY OCCUP	ED		
8	3 Cutoldo	2 Accident Investigation M 1 YES 2 NO												
COMPLETED	3 Suicide 6 Could not be determined City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office Determined City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)												te Number,	
7	29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and menner as stated.													
MO	one) 2 MEDICAL EXAMINER: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.													
	29h. SIGMATURE AND TITLE OF CONTROLS													
8E	Zzwz	DUU 09					MBER 29d. DATE SIGNI			JUNED (M	Jonth. Day, Yeer)			
유			MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)					777716				1-3-1-47		
	ZAFAR MOUL	ZAFAR MALIKMA 2031/ LOPA/1945 RO /Sonsbow My 217/3												
	31. DATE FILED (MONTH Day, YOU)  32/REGISTRAR'S SIGNATURE  FILED (MONTH DAY, YOU)  32/REGISTRAR'S SIGNATURE													

0
46
9
-
00
9
×
0
BOX 68760
4.0
0
0
P.O.
RECORDS, I
S
_
UL.
0
$\approx$
$\mathbf{O}$
ш
~
7
4
-
_
>
OF VITAL
4
0
_
7
_
0
-
IVISION
_
>
_
_

1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirthin. Jours after death. Page 6 may be tritained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tribe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

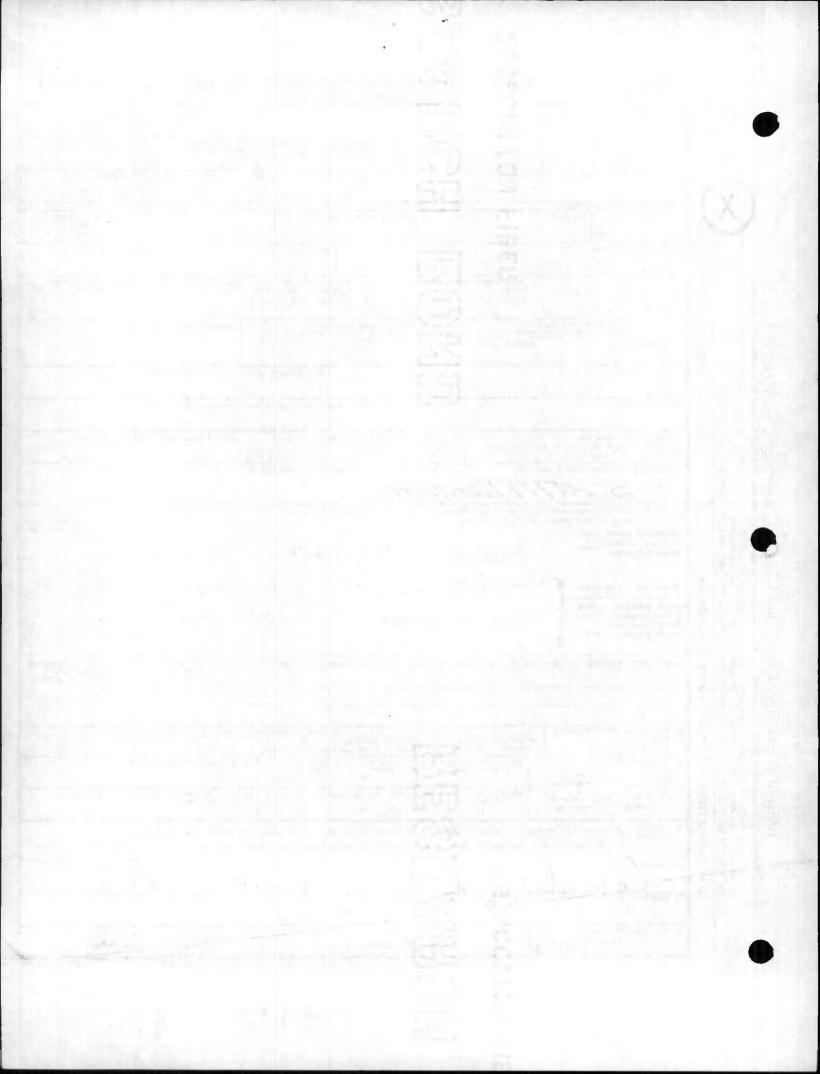
R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	-	) L <sub>i</sub>	072	70
	1. DECEDENT'S NAME (First, Middle, Last) LEVIN GARROTT BE	NNER				2. DATE OF DEATH BONTH MONTH 3	19	YEAR	TIME OF DEAT	Ри
	4. SOCIAL SECURITY NUMBER  705-14-0090  9a. FACILITY NAME (If not institution, give ste	1 🖒 M 2 🗆 F	80 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1914	Mary		reign
TOR	305 West Chapline			Sharpsb	urg	EATH	0.00	ty of DEA		
DIRECTOR	10e. STATE 10b. COUNTY	ington		psburg	HON				Dd. INSIDE CITY LIMITS? X YES 2	
FUNERAL	305 West Chapline	St.		101	21782		USA	EN OF WHA	AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp		NIC ORtGIN? (Specify Year, Puerto Rican, etc.) y:	e or No-	14. RACE — Black, V Specify:	American India White, atc.	n,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		18a. DECEDENT'S U (Give kind of wo life. Do NOT use Inspecto	ork done during mo retired.)		186. KIND OF BU		JSTRY		
ш	17. FATHER'S NAME (First, Middle, Last) Levin Benton Benne	er				ME (First, Middle, Malden				
TOB	Julia Hovermale					Acute Number, City or Tow Ing, WV 2540		Code)		
	20. METHOD OF DISPOSITION  1 A Burlet 2 Cremation 3 Remo 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	val from State cam	PLACE AND DATE OF DETERMINE OF STATE OF	er place) netery	Mar, 7, 19	94 Shar	PSBUY		ryland	
	· ( ring 70	. Odom	_	Osbor Willi	ne Funer amsport.	al Home MD 21795		Box	348	
CERTIFICATION	23. PART I. Enter the desses, or cahock, or heert feliure. Limited the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Let only one cause on e  CARDIO PU  DUE TO (OR AS A  CARDIO MYC  DUE TO (OR AS A  ATTEROSCUE	LMONA CONSEQUENCE OF) CONSEQUENCE OF)	RY A CONG	RESTIVE	HOMET	FAIL	URE	Approxima interval Be Onset and	etween
MEDICAL	PULMONARY	FICENCY LESTON PROTECTION		the underlying	cause given in	Part I. 24a. WAS AN PERFO	RMED?	AS CO	TERE AUTOPSY FIII MAILABLE PRIOR ' OMPLETION OF C F DEATH?  YES 2   N	TO
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH		16	26. PL OTHER: 4  Nursing Hom	-	6 Other (Specify)				
R	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28e. PLACE OF INJURY	— At home, farm, st	M 1 U	RK? YES 2 NO	281. LOCATION (Street			te Number	
COMPLEIED	4 Homicide determined	building, etc. (Spec		Let the time date		City or Town, State	)			
200	one) 2 MEDICAL EXAMINER	IAN: To the best of my know							nd menner ee st	ated.
IO DE	296 SIGNATURE AND TITLE OF CERTIFIER  THE STATE OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type (	Print	29c. LICENSE NU	MBER 2	≥ 3	14 19	fonth, Day, Year)	
	Pamela F. Bradfor		ell Rd. H		wn, MD 21	740				
		he Denden Rome								

94 07270

94		7	2	7
24	U	-	<u>_</u>	1

	1. DECEDENT'S NAME (First, Middle, La			KANDY'T		2. DATE OF	F OEATH DAY	YEAR 3. TIME OF DEATH
	Earl Victor	BUCK				Marc		94 0545
	4. SOCIAL SECURITY NUMBER 711-07-4757	1 ☑ M 2 ☐ F	GE (In yrs. last birthday) 79 YRS.	MONTHS DAYS	HOURS MIN.		Day, Year)	B. BIRTHPLACE (State or For Country) N. Dakota
MOH.	90. FACILITY NAME (If not institution, git Washington Cou	nty Hospital			on LOCATION OF O		9c. COUN	Shinaton
DIREC	10e. STATE 10b. COU Pennsylvania		10c. Cf	Green				10d. INSIDE CITY LIMITS? 1 YES 2
ERAL	100. STREET AND NUMBER 5231 Rice Hol		THE RESERVE		H. ZIP CODE	225		EN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 TYE IF YES, GIVE WAR OR	ES 2 NO	If yes, s		in, Puerto Ric		U.S,A.  14. RACE — American India Black, White, atc.  Specify:  White
APLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		(Give kind of life. Do NOT a	s USUAL OCCUPATION of work done during muse retired.)	ost of working	16b. K	Motor Tra	STRY
E COMPL	17. FATHER'S NAME (First, Middle, Last) Francis Marion	Beck					ddle, Maiden Surname)	
00	19a, INFORMANT'S NAME (Type/Print)	20010	19b. MAJLIN	IG ADDRESS (Street			Billups City or Town, State, Zip	Code
2	Elizabeth Spig	ler					encastle,	
	200 METHOD OF DISPOSITION		206. PLACE AND DATE	E OF OISPOSITION (N		DATE	20c. LOCATION — C	
	1 XBuriel 2 Cremation 3 R	lamoval from State	Parklawn	other place) s Cemete	rv 3-4-	94	Chambers	hura Da
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	ND ADDRESS OF FA	M M	innich Eur	orel Home
	SCOOT 23. PART I. Enter the diseases,	or complications that cause on	sed the death. Do n each line.	415	E. Wilso	n Blvd		own, Md. 21
RTIFICATION	23. PART I. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Finel disease or condition	or complications that cause on a. Candro - A. Due TO (OR A. DUE TO (OR A. C.	n each line.	or):	E. Wilso	n Blvd	i. Hagerst	own, Md. 21
AL CERTIFICATION	23. PART I. Enter the diseases, shock, or heart failu immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events	a. Candro - A DUE TO (OR A:  DUE TO (OR A:  DUE TO (OR A:  DUE TO (OR A:  DUE TO (OR A:	S A CONSEQUENCE C	not enter the moon; orp; orp;	E. Wilso ode of dying, such	n Blvd	I. Hagerst	own, Md. 21 st, Approximatintarval Be Onset and
MEDICAL C	23. PART I. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Candro - A DUE TO (OR A:  DUE TO (OR A:  DUE TO (OR A:  DUE TO (OR A:  DUE TO (OR A:	S A CONSEQUENCE C	not enter the moon; orp; orp;	E. Wilso ode of dying, such	n Blvd ch as cardia	1. Hagerston are correspondent or respiratory are	own, Md. 21 st, Approxima interval Be Onset and Onset an
MEDICAL C	23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the conditions of the cause of the cause. Enter University of the cause of	or complications that cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of	IS A CONSEQUENCE OF A C	of):  of):	E. Wilso ode of dying, such that the second of the second	Part I. 2	A. WAS AN AUTOPSY PERFORMED?	own, Md. 21 st, Approxima interval Be Onset and  24b. WERE AUTOPSY FW AMAILABLE PRIOR TO OF DEATH?
MEDICAL C	23. PART I. Enter the diseases, shock, or heart failured immediate cause. (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	or complications that cause re. List only one cause on DUE TO (OR ALL)  DUE TO (OR ALL)  DUE TO (OR ALL)  Lional contributing to death  HOSPITAL:  1   Inpatient 2   ER/O	A CONSEQUENCE OF A CONS	orp:  orp:	E. Wilso  ode of dying, such  that it is a second of the control o	Part I. 2	A. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINANTIABLE PRIOR TO COMPLETION OF CO OF DEATH?  1 YES 2 N
DICAL C	23. PART I. Enter the diseases, shock, or heart failure immediate cause (Final disease or condition resulting in death)  Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause of the caus	DUE TO (OR AS DATE OF INJUR (Morth, Dey, Year	A CONSEQUENCE OF A CONS	of):  of):	E. Wilso ode of dying, such and the such as the such a	Part I. 2  Part I. 2  Deck only one)  S Other (3)	1. Hagerston are correspondent or respiratory are correspondent or respiratory are performed?  1. WAS AN AUTOPSY PERFORMED?  1. YES 2 NO	24b. WERE AUTOPSY FINANIABLE PRIOR COMPLETION OF COF DEATH?  1 YES 2 F
D BY PHYSICIAN: MEDICAL C	23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and cause. Examiner?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	or complications that cause re. List only one cause on DUE TO (OR ALL)  DUE TO (OR ALL)  DUE TO (OR ALL)  C.  DUE TO (OR ALL)  DUE TO (OR ALL)  LIONA CONTRIBUTING TO death  DUE TO (OR ALL)  LIONA CONTRIBUTING TO DEATH  (Morth, Day, Yea	A CONSEQUENCE OF A CONS	of):  of):	E. Wilso ode of dying, such and the such as the such a	Part I. 2  Deck only one)  S Other (S 28d, DESC)	A. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINANIABLE PRIOR COMPLETION OF COF DEATH?  1 YES 2 F
D BY PHYSICIAN: MEDICAL C	23. PART I. Enter the diseases, shock, or heart failured in the shock, or heart failured in the shock, or heart failured in the shock, or heart failured in the shock, or heart failured in the shock, or heart failured in the shock, or heart failured in the shock, or heart shock, or hear	or complications that cause on List only one cause on DUE TO (OR ALL DUE TO (OR A	A CONSEQUENCE OF SA CONSEQUENC	of):  of):	E. Wilso ode of dying, such and of dying, such and of dying, such and of dying, such and cause given in the second of dying, such and second of dyin	Part I. 2  Peck only one)  S Other (S)  281, LOCATI City or	A. Hagerston are corresponded to the corresponding of the corresponding	24b. WERE AUTOPSY FINANCIA BLE PRIOR 1 COMPLETION OF CO. OF DEATH? 1 YES 2 N
COMPLETED BY PHYSICIAN: MEDICAL C	23. PART I. Enter the diseases, shock, or heart failure immediate cause (Final disease or condition resulting in death)  Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions of the cause of the cau	DUE TO (OR A:  DUE TO	A CONSEQUENCE OF SA CONSEQUENC	of):  of):	E. Wilso ode of dying, such that it is a such that the second of the sec	Part I. 2 Part I	A. WAS AN AUTOPSY PERFORMED?  I YES 2 NO  NOW, Street and Number of Town, State)	24b. WERE AUTOPSY FINANALABLE PRIOR COMPLETION OF COMPLETI
D BY PHYSICIAN: MEDICAL C	23. PART I. Enter the diseases, shock, or heart failured in the shock, or heart failured in the shock, or heart failured in the shock, or heart failured in the shock, or heart failured in the shock, or heart failured in the shock, or heart failured in the shock, or heart shock, or hear	DUE TO (OR A:  DUE TO	A CONSEQUENCE OF SA CONSEQUENC	of):  of):	E. Wilso ode of dying, such that is a second of dying, such that that is a second of dying, such that the second of dying, s	Part I. 2 Part I	A. WAS AN AUTOPSY PERFORMED?  I YES 2 NO  NOW, Street and Number of Town, State)	24b. WERE AUTOPSY FI MAILBLE PRIOR COMPLETION OF COMPLETIO



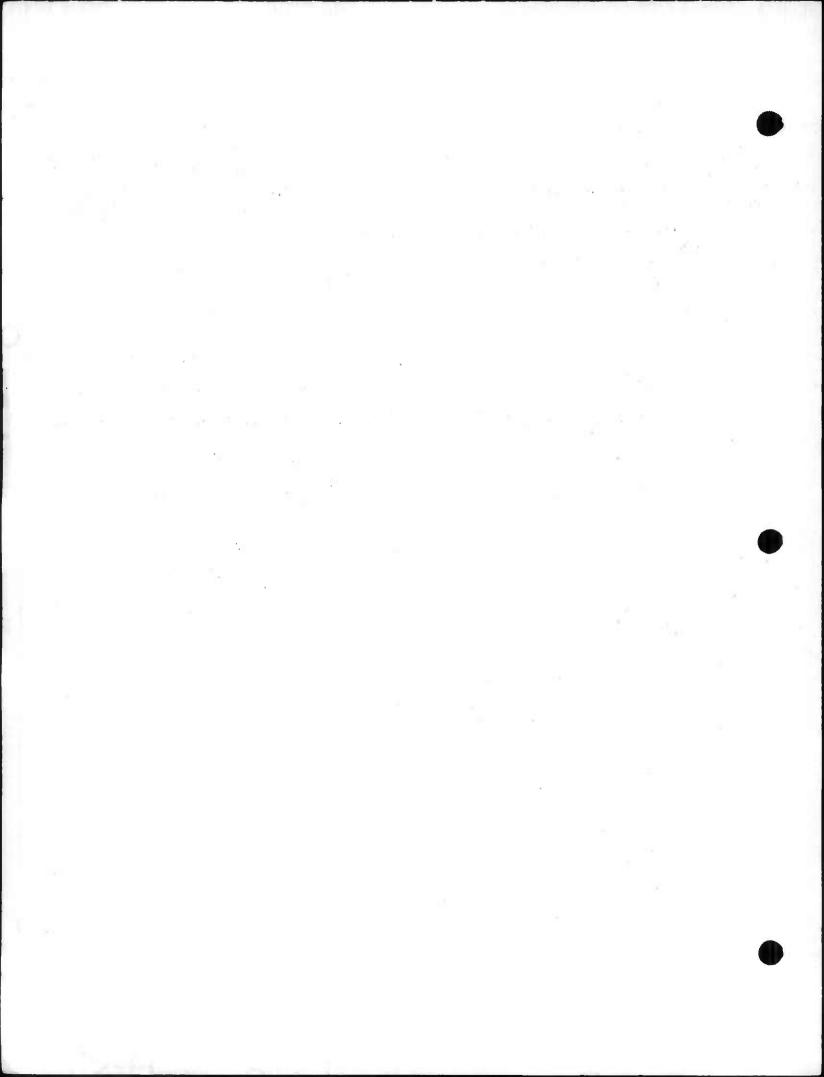
	(	1. 2.3 shuld	X
da		permit, free	
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	r the funeral director, page 5 should be detached for use as the burial-transif perm	as examiner much he notified at once

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Las			-111111	OATE	- 01	DLA	111		HEG. NO.				_
		*								ATE OF DEATH	٧	YEAR	3. TIME OF DEATH	
	FRANK STAN	<u>LEY BOWI</u>	<u> IAN</u>	R.					10	auch :	2 10	794	20127F	М. С
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DA	TE OF BIRTH	1	S. BIRTH	PLACE (State or Foreig	gn
	214-09-1536	1 M 2 - F	78	YRS.	MONTHS	DAYS	HOURS	MIN.		onth, Day, Year)	191	5 M	ÄRYLAND	
	9a. FACILITY NAME (If not institution, give		, 0		9h CITY	TOWN C	DR LOCATI	ON OF DE		OLI I/		NTY OF D		$\dashv$
(cc	WASHINGTON C	DHNTY HO	SPTTAL				RSTO						INGTON	
DIRECTOR	RESIDENCE OF DECEDENT	001111 110.	); IIVE		117	NUL	11310	N I V			VV	изп.	INGION	
/ <u>C</u>	10a. STATE 10b. COUN	ITY		10c, CIT	r, TOWN O	R LOCAT	ION						tod. INSIDE CITY	-
E	MARYLAND WAS	SHINGTON		Н	AGEI	RST	NM						LIMITS?	
	10e. STREET AND NUMBER	01121101011			MOLI								1 YES 2 NO	
¥.		ADIZLIAN					ZIP COD	_			_		HAT COUNTRY?	
FUNERAL	250 MEALEY P	ARKWAY					2174	+2				U.S	. A .	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. 1	WAS DEC	ENDENT (	OF HISPAN	VIC ORI	GIN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	R OR DATES					Specify		to Rican, etc.)				- 1
	3 Wildowed 4 Divorced	200.00			- 1		X						<sup>y</sup> :WHITE	- 1
	15. DECEDENT'S EC (Specify only highest gra	OUCATION	18a. DE	CEDENT'S	USUAL O	CUPATIO	ON			16b. KIND OF BUS	INESS/IND	DUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	His	Do NOT us	e retired.)	aunng mo	SE DE WORK	ng						. 1
릴	12			ANAG	FR					PETROL	FIIM	PRI	DUCTS	- 1
COMPLETED	t7. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (Fig	st, Middle, Malden S			300010	
	FRANK STAI	NLEY BO	DWMAN	SR			1	UDE		ESTELL		СТ	EWART	- 1
BE	19a. INFORMANT'S NAME (Type/Print)	VLET BU								umber, City or Town			EWARI	
2	EVELYN B. BO	IM A M	2	S MAJLING	E A I	i(Street a ⊏V I	nd Numbe D A D V	rorRumal F	Floute N	umber, City or Town AGERSTO	, State, Zip 11.1 M	M D	21740	
		MINAIN						WAI	_					
	20a. METHOD OF DISPOSITION  1X Burlai 2 Cremation 3 Ra	moval from Stata	cemetery, cre	matory or of	her place	ITION (Ne	me of		D	ATE 20c. LOC	CATION —	City or To	wn, Stata	
	4 Donation 5 Other (Specify)		ROSE	HIL	L C	EME.	TERY	<u>/ 03</u>	-0!	5-94 H	<u> AGER</u>	STO	WN, MD.	
	21. SIGNATURE OF FUNERAL SERVICE	_						SS OF FAC						
	+ thool-	Brady	-		Ą	NDEE	W.K.	COF	FMA	<u>Ņ</u> FUNER	AL H	OME,	INC. MD. 21740	
	23. PART I. Enter the diseases, or				41	U E.	ANI	TETA	MM S	ol., HAG	ERST	UWN,		-
	shock, or heart failure	. List only one caus	e on each ilna	atn. vo n	ot entar	tna mo	de or dy	ing, suci	h aa c	ardisc or reapir	atory an	raat,	Approximate interval Betw	
	IMMEDIATE CAUSE (Final		j	1	/	/	/	11		/	1		Onset and D	
	disease or condition reaulting in death)	· CA15	Troil	TTO	57	inz	./	6%	-1	ing, 7	tras	27	Lhile	· K
		DUE TO (	OR AS A CONSE	DUENCE OF	7).	1	-	1/6	CALL	1	1	/	- Jua	45
z		, () m	which	de	ari	tor	100	oni	119	Shalt	nen	who	23	
일	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSE	DUENCE OF	7:		V			1/104 16	11.51.1	27.0		
CERTIFICATION	cause. Enter UNDERLYING	c.												
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A CONSE	UENCE OF	):	_								
E	resulting in death) LAST	d												
2														
4	PART II. Other significant condition	ons contributing to	leath/but not r	eaulting i	n tha un	derlying	cause	given in	Part I.	. 24a. WAS AN A		24b,	WERE AUTOPSY FINDS	
EDICAL	re,	nal ta	Tork	/						1 TYES 2			COMPLETION OF CAUS	
	res	pire ter	1 6.	-hine									OF DEATH?	- 1
≥			16	,									1 YES 2 NO	- 1
A	25. WAS CASE REFERRED TO MEDICAL	agulap	GTI)			24 84	105.05.5	F 4711 (2)						
힐	EXAMINER?	HOSPITAL:	-/		OTHER		ACE OF D	EATH (Che	eck only	/ one)				$\rightarrow$
PHYSICIAN:	1 YES 2 US	1 Il Impatient 2						esidenca	6 🗆 0	ther (Specify)				
표	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE DF I (Month, Da	NJURY (, Year)	28b. TIMI	E OF URY	28c. INJ	URY AT RK?		28d. (	DESCRIBE HOW IN	JURY OC	CURED		
B	1 Accident 5 Pending Investigation				М	1 🗌 1	/ES 2 [	NO						
ED	3 Suicide 8 Could not be	28e. PLACE OF building, a	INJURY - At ho tc. (Specify)	me, farm, s	treet, facto	ory, offici			281. L	OCATION (Street as	nd Number	or Rural R	oute Number,	
	4 Homicide detarmined							1		,				
21	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of r	ny knowledge, de	ath occurre	d at the ti	me date	and place	and due	to the	Cause(s) and man	Dar an etel	lad		
COMPLET		NER: On the beals of axi											and manner as state	I
8	29b. SIGNATURE AND TITUE OF CERTIF													
BE	296. SHOWSHIDHE AND TITLE OF CENTUR		(				29c. LIC	ENSE NUM	MBER	177	29d. DAT	E SIGNED	(Month, Day, Year)	
2	X resh	111/	ter	K	177	10		1) 3	04	15	ن 🔻	1/3	177	
- 1	30. NAME AND ADDRESS OF PERSON X	HO COMPLETED CAUS	DEATH (ITE	1 27) (Type,	Print)	0	/	0		1	0	1	0	
	11110711	edural	Can	404	is,	The	2/.	16	em	to 100	X.	nge	stan	- 1
- 1				-			1	1						_//
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	'S SIGNATURE										1116	7



l		
	40	*

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

218-18-7769

Micha

31. DATE FILED (Month, Day, Year)

MAD 0 4 1994

1. DECEDENT'S NAME (First, Middle, Lest)

9e. FACILITY NAME (If not institution, give etreet and number)

SIDNEY

S. SEX

1X M 2 | F

JOSEPH

6. AGE (In yrs. last birthday)

69

1 -

71 1, 2, 3 should FUNERAL DIRECTOR 113 DELLA LANE **BOONSBORO** RESIDENCE OF DECEDEN 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND WASHINGTON **BOONSBORO** 10e. STREET AND NUMBER 10f. ZIP CODE 113 DELLA LANE 21713 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 X Married BY 3 Widowed 4 Divorced WORLD WAR II COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) OWNER-OPERATOR 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at SIDNEY J. BOUDREAUX SR. LELIA PERERA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARGUERITE E. BOUDREAUX 113 DELLA LANE, BOONSBORO, MD pe 20a. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must BOONSBORO CEMETERY 3/5/94 4 Donation 6 Other (Specify) medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Paul M. Dean BAST FUNERAL HOME and completely filled in by the burial, cremation, or removal. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final the disease or condition Metzitalia SQUEMOUS CEll Pancer resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, crem: other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 10 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL shows any PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) ltem. HOSPITAL: OTHER: 1 YES 2 NO 1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA ng Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 99 COMPLETED 6 Could not be 28 4 Homicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. FUNERAL I = 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner se stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: P 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE lou 0 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Closmack

32. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

JR.

9b. CITY, TOWN OR LOCATION OF DEATH

IF UNDER 24 HRS.

**BOUDREAUX** 

2. DATE OF DEATH

MARCH 1,

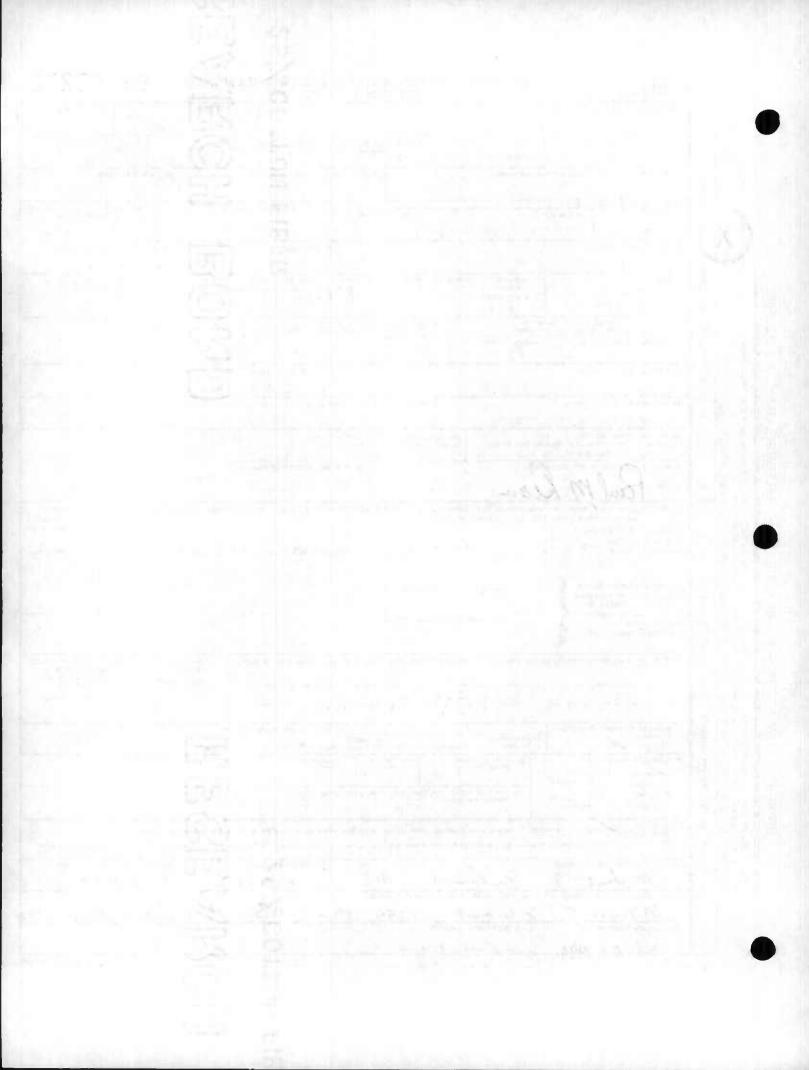
7. DATE OF BIRTH (Month, Day, Year

OCT. 18,

94 07273 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 3. TIME OF DEATH YFAR 1994 B. BIRTHPLACE (State or Foreign Country) 1924 LOUISIANA 9c. COUNTY OF DEATH WASHINGTON 10d. INSIDE CITY 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: WHITE 16b. KIND OF BUSINESS/INQUSTRY HEATING & AIR CONDITION CO. 20c. LOCATION - City or Town, State BOONSBORO, MD 21713 7606 Old National Pike Boonsboro, MD 21713 Approximata intervai Between **Onset and Death** 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 10 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCURED

DHMH-16 Rev 1/89

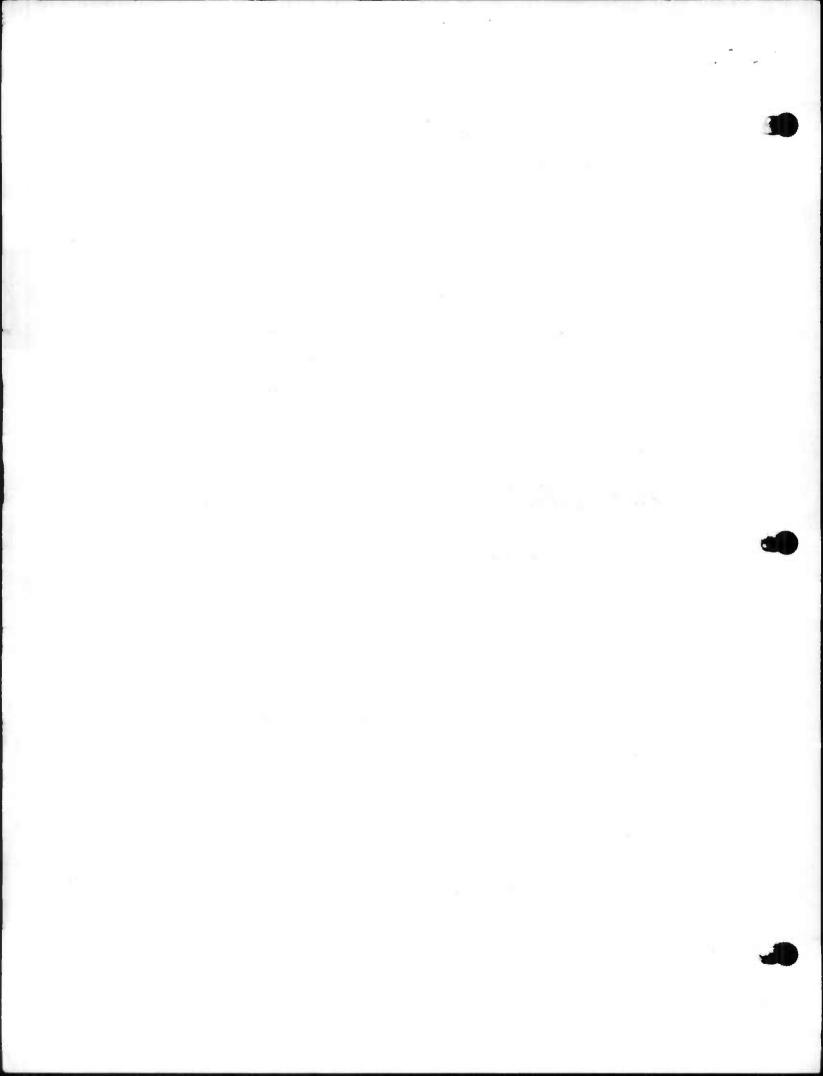
29d. DATE SIGNED (Month. Day, Year)



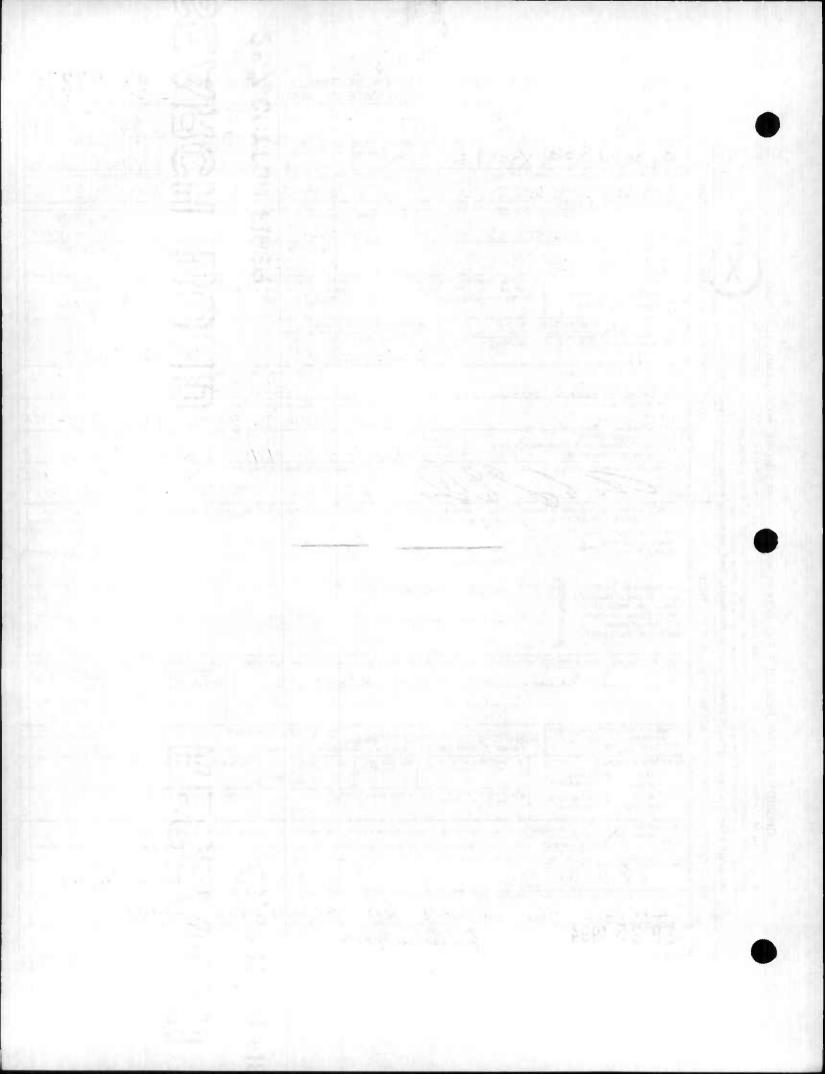
1994

	1	FOR STATE REGISTRAR	STATE OF MARYL			MENT OF H			YGIENE EG. NO.			
	i	1. DECEDENT'S NAME (First, Middle, Last)	···		9.			2. DATE OF D	EATH DAY		EAR 3	. TIME OF DEATH
		JOH	IN J. B	REN'	Т			FEB.	25,			0932 M
1		4, SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. le		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day,		8.	BIRTHPL Country)	ACE (State or Foreign
	L	216-01-3141	<b>X</b> M 2 □ F	88_	YRS.	IONTHS DAYS	HOURS MIN.		5-05	5		yland
	П	9a. FACILITY NAME (If not institution, give street	,		3	9b. CITY, TOWN O	R LOCATION OF DEA	ТH		9c. COUNTY	Y OF DEA	тн
DIRECTOR		10342 Keyser Po	oint Rd.			0cea	n City			Woi	rces	ster
1 2		10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCAT	ION				1	Od. INSIDE CITY
뜸		Md. Worce	ester			Ocean	City				1	LIMITS?
J₽		10e. STREET AND NUMBER				101.	ZIP CODE		- 2			AT COUNTRY?
FUNERAL		10342 Keyser Po	oint Rd.				21842			USA	A	
15	- 14	11, MARITAL STATUS 12 1 Never Married 2 Married	PORCES? 1 YES	IN U.S. AI	RMED MO		ENDENT OF HISPANI polity Cuban, Mexican			r No- 14		- American Indian, White, atc.
BY		3 Widowed 4 Divorced	IF YES, GIVE WAR OR				20 Specify:				Specify:	White
	H	15. DECEDENT'S EDUCATI	ION	16a, D	ECEDENT'S U	SUAL OCCUPATIO	ON .	16b. KINI	OF BUSIN	IESS/INOUS	STRY	
ᇤ	-	(Specify only highest grade com Elementary/Secondary (0-12)	College (1-4 or 5+)	- "	s. Do NOT use							
COMPLETED	L	12		Sta	ation	ary En	gineer	Sta	te G	over	nme	nt
		17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAM		, Maiden Su	imame)		
8 8	H	John F. Brent  19a. INFORMANT'S NAME (Type/Print)		- 1		ODDEOG (0)	OV K N ST.			O-1-7-0	- d-V	
		James F. Brent					r Point					ма с
90	H	20a, METHOO OF DISPOSITION	20	b. PLACE	OF OISPOSI		netery, crematory or	Ru.,		TION - CH		y, Md., 2
Tan E		1 Buriel 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	I from State	other p		sburv	Cremato	rv	Sa 1	lishı	ırv.	Md.
		21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE,				ID ADDRESS OF FAC		0. 1			110.
		> John A ////	riel			Ullr	ich Fun	eral	Home	e Be	erli	n.Md.
	1	23. PART J. Enter the diseases, or com										Approximata
		shock, or heart failure. Lief	t only one cause on	aach iin	a. 1							intarval Between Onset and Death
		disease or condition resulting in death)	Sepai		H	mole	ne					
		resulting in quality	DUM TO (OR AS	A CONSE	UENCE OF		. 1.	TORGE MESS				
N N		Sequantially list conditions, b.	DUE TO (OR AS	الد	~	~ les	m /	No to	n	ه سه	-	
CERTIFICATION		if any, leading to immediate cause. Enter UNDERLYING	1 0 0 A	A CONSI	V	ster	ten					
		CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSE	UENCE OF	:						
		resulting in death) LAST										
		PART II. Other aignificant conditions of		5				nai I.	. WAS AN AI		1	VERE AUTOPSY FINDINGS
- C		PART II. Other aigninicant conditions of	1, :	but not	resulting it	i the uncarrying	g cause given in i	PBFT 1. 248.	PERFORM	ED?	/	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC		Transit of	O Brans	0	Mis	0 -		_g 10	YES 2 [	NO	۹ ۱	OF DEATH?
N N	ŀ	despecte	I to be		0 1	DA	070	= 1			'	TES 2 NO
NA NA		25. WAS CASE REFERRED TO MEDICAL	- 00 he			26. PL	ACE OF DEATH (Che	ack only one)				
YSICIAN: MEDIC		EXAMINER?	OSPITAL:	tpatient	3 🗆 DOA	OTHER: 4   Nursing Hom	a 5 Mesidence	6 Other (Sp.	eclfy)			
PHYSICIAN:		27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	,	28b. TIME	OF 28c. INJ	URY AT	28d. DEŞCRIE	BE HOW IN	JURY OCCU	REO	
BY B		1 Natural 5 Pending 2 Accident Investigation		94		M 1 🗆						
	I	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Sp	ty — At h	ome, farm, at	reet, factory, offic		28f. LOCATION City or To		d Number or	Rural Ro	ute Number,
		- Sanda Lasara				пиреч п						
COMPLETED	I	29a. CERTIFIER (Check only one)										
		2 MEDICAL EXAMINER:	On the basis of axaminati	ion and/o	rinvestigation	, in my opinion, d	leath occured at the I	lima, data and	place, and	dua lo tha	cause(a)	and manner as stated.
BE COMPLE		29b. SIGNATURE AND TITLE OF CHITIFIER	200	1	-		29c. LICENSE NUM	BER /	2	29d. DATE :	SIGNED (	Month, Pay, Year)
<u>₹</u>	-	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETEO CAUSE OF D	EATH OT	ン EM 27) /June	Print)	IT.	, – (	1			-///
1		1001 COAST			w 62		EMW C	4	1	12	. 2	1847
	,lt	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		~ 0 -	1		-	, ,			7

184



	FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO. 2 - 2	94 07275 4-94 07275
	1. DECEDENT'S NAME (First, Middle, I HARVEY	Harvey Rudol	oh Butt, S	3R	2. DATE OF DEATH DAY	3. TIME OF DEATH  94 (35 P
	4. SOCIAL SECURITY NUMBER  09307435  9a. FACILITY NAME (If not institution,	6 1 × M 2 □ F 94	YRS. MONTH		7. DATE OF BIRTH (Morth, Day, Year) August 1 1899	
TOR	Anne Arundel M	edical Center	96. 0	Annapolis		nne Arundel
DIRECTO	10a. STATE 10b. CO  MD Ann			n on Location rapolis		10d, INSIDE CITY LIMITS? 1 TYES 2 THO
FUNERAL	100. STREET AND NUMBER 118 River Dri	ve		101. ZIP CODE 2 1 4 (		CITIZEN OF WHAT COUNTRY?  USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 XX40 Spec		- 14. RACE - American Indian, Black, Whita, atc. Specify: White
PLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed)  College (1-4 or 5+)	8a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired District	ne during most of working I.)	166. KIND OF BUSINESS  Radio Man	unoustry ine Industry
BE COMPL	17. FATHER'S NAME (First, Middle, Last Ernest Hunning			18. MOTHER'S N	AME (First, Middle, Meiden Surner	
TO B	19a. INFORMANT'S NAME (Type/Print) Vivian North		220 Sout	h Harrison S		yland 21601-2940
	20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 C  4 Donation 5 Other (Specify)	Removal from State 20b. Pi	LACE AND DATE OF DISP ery, cremetory or other place TEST LAWN.	Cometeru 3/	1/94 Nortol	I—City or Town, State Ck, Virginia Jlor Funeral Hom
	23. PART I. Enter the diseases, shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)	Dr complications that caused at ure. List only one cause on each ACUTE MYOCARDIA	he deeth. Do not ent h line. L INFARCTION			Annapolis, MD  arrest, Approximate interval Betwee Onset and Daal  30 mm
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b DUE TO (OR AS A CO				
: MEDICAL C	PART II. Other significent cond	itions contributing to death but	not resulting in the		n Part I. 24a. WAS AN AUTOP PERFORMED? 1 □ YES 2 🖔 NO	AMAILABLE PRIOR TO
SICIAN:	25. WAS CASE REFERRED TO MEDICA	HOSPITAL:	ОТН			
Y PHY	1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigat	1 Inpatient X ER/Outpati  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 ND	28d. DESCRIBE HOW INJURY	OCCURED
TED B	2 Accident investigat 3 Suicide 6 Could no 4 Nomicide detarmine	28a. PLACE OF INJURY — building, atc. (Specify,		actory, office	28f. LOCATION (Street and Nur City or Town, State)	nber or Rural Route Number,
COMPLE		NYSICIAN: To the best of my knowled				stated. to the cause(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERT	slery		29c. LICENSE NI		DATE SIGNED (Month, Day, Year) 2/24/94
1	30. NAME AND ADDRESS OF PERSON EW COLE	900 BESTGA	N (ITEM 27) (Type, Print) TE RD	ANNAP	- Md 214	f0/
	OT. DATE FILLED (Month, 14)	32. REGISTRARY SIGNAT	URE			

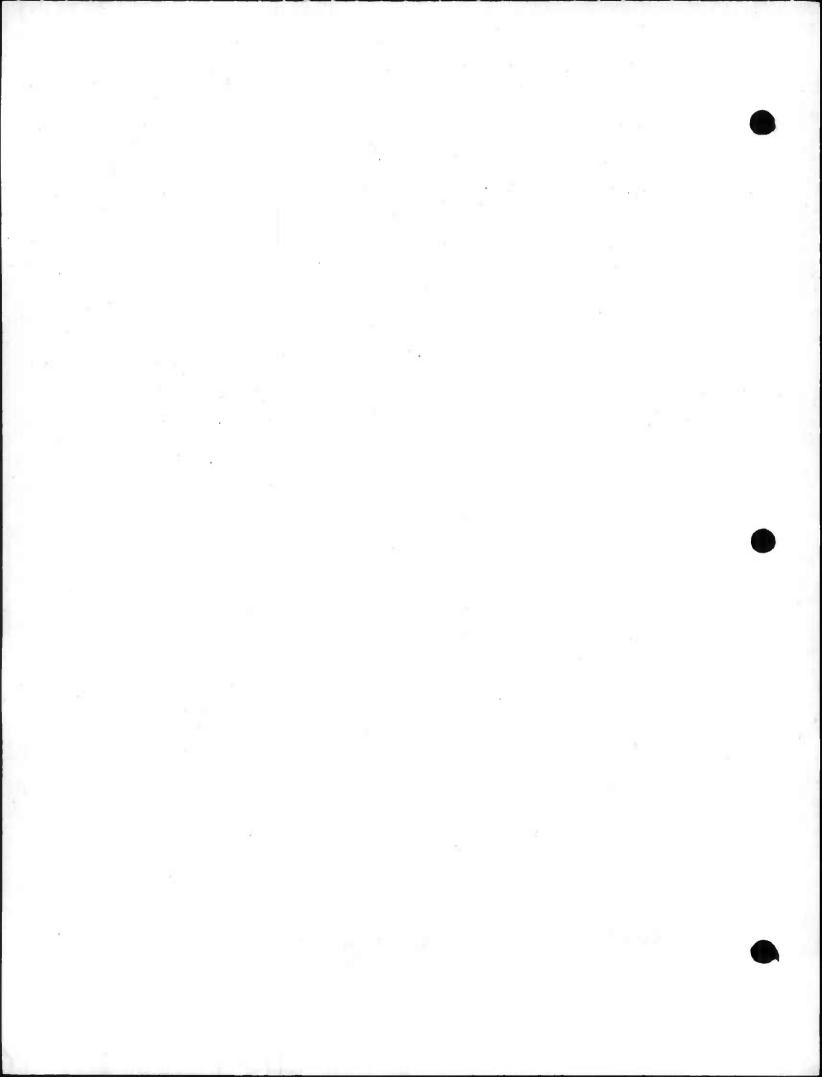


STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN LAURA BLAKE 3:20PM 02 94 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS HOURS 1 M 2XXF 214-30-6284 YRS. 8 9 1920 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGE HOSPITAL CHEVERLY PRINCE GEORGE RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE LANDOVER 1 YES 2 XXNO 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? post 1105 NALLEY ROAD 20785 U.S. FUN 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 retained by the hospital or attending physic 1XXNever Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES XX NO Specify: Spec#y: BLACK BY 3 Widowed 4 Divorced 8 12 EB 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY 887 (Specify only high funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th DUMESTIC HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Ħ BENSON J. BLAKE BE ESTELLA HOLT notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1105 NALLEY RD. LANDOVER, MD. 20785 JACQUELINE BLAKE ours after death. Page 6 may be pe 20a. METNOD OF DISPOSITION
1 Secretarian 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must ADAMS CHURCH CEMETERY 2/22/94 LOTHIAN, MD. 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
REESE & SONS MORTUARY, P.A. Lavy 821 WEST ST. ANNAPOLIS, MD. 21401 signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate shock, or heart failure. List pnly one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) ARDIO PULMONARY ARRESY event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): RHONIC RENAL FAILVRE ON DIALYSIS traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate law requires that the death certificate be cause. Enter UNDERLYING trial flyttay CAUSE (Disease or Injury other that initiated events resulting in death) LAST I. Buc 0 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 - YES 2 - HO OF DEATN? shows ? 1 TYES 2 NO pt. of H PHYSICIAN: certificate has be the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The 28. PLACE OF DEATN (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 - YES 2 NO Dinpatient 2 ER/Outpetient 3 DOA ng Nome 5 - Rasidence 8 - Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT this c with t 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked, 1 34 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the BY Accident 28a. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 60 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Homicide 29e. CERTIFIER (Check only Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 ho 2 MEDICAL EXAMINER: On the beels of exa end/or investigation, in my opinion, death occured at the time, date and place, end dua to the cause(s) end manner as stated. SUNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 18 lla Knidentin Midic 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Pri P.C. 32. REGISTRAR'S SIGNATURE Julia Taydon-Bindell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DNMH-18 Rev 1/89



FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

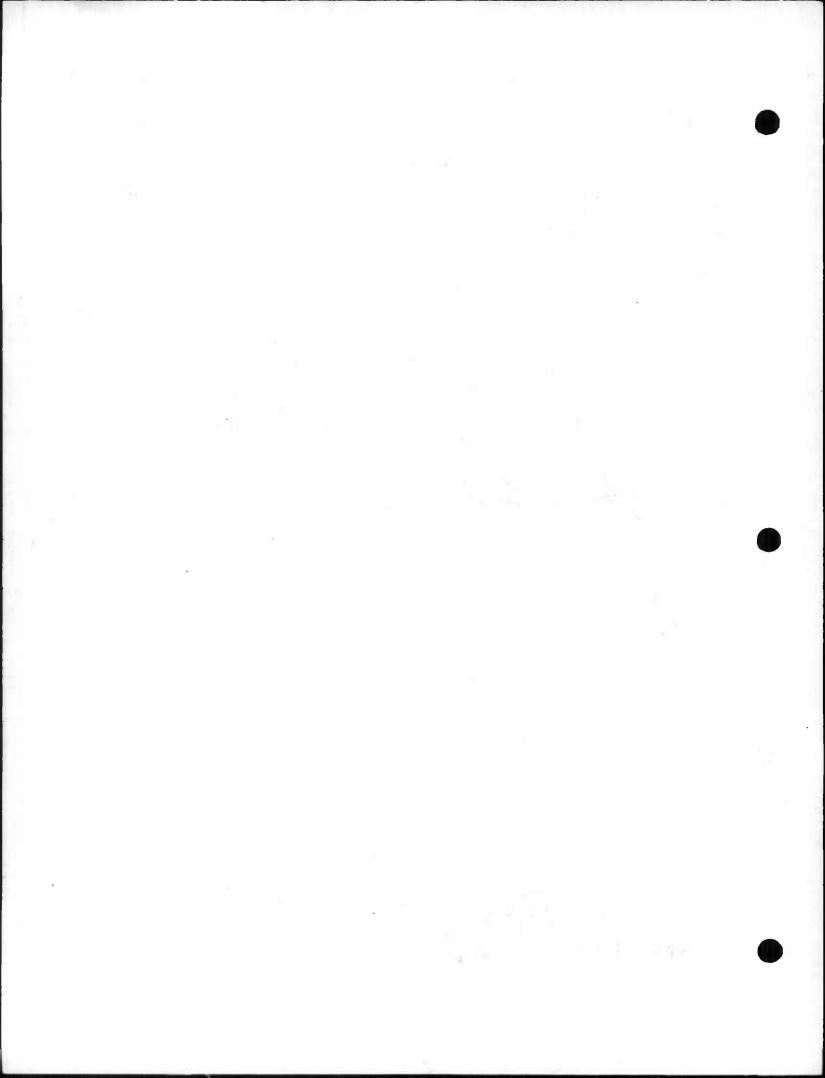
		REGISTRAN		CEH	TIFICA	IE O	F DEATH		REG. NO			
		1. DECEDENT'S NAME (First, Middle, La Herman	Henry	Вс	ick			2. DATE (	2/20/9		YEAR	3. TIME OF DEATH 12:55a M
		4. SOCIAL SECURITY NUMBER 215-05-5113	5. SEX 6. /	AGE (In yrs. last bir		DER 1 YEAR		7. DATE C			Country	PLACE (State or Foreign
plo plo	1	9a. FACILITY NAME (If not institution, gi	we etmet and number)	13	05.0	TTV TOWN	N OR LOCATION OF O		1/10			
1, 2, 3 should	108	506 Sunset Knol	1 Road			sade:		EATH		9c. COUNT		
10	1 2	RESIDENCE OF DECEDENT  10a, STATE  10b, COU			c. CITY, TOW	N OB LOC	ATION					
2	DIRECTOR	MD Ann	e Arundel		asade	na						10d. INSIDE CITY LIMITS? 1 YES 2 NO
(X	TEMAL	506 Sunset Knol	l Road				101. ZIP CODE 2112	2		U.S.	A.	HAT COUNTRY?
Page 6 may be retained by the hospital or attending physical director, page 5 should be detached for use as the purity oner must be notified at once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEOENT EV FORCES? 1 N IF YES, GIVE WAR O	YES 2 NO		If yes,	ECENDENT OF HISPAI specify Cuban, Maxica ES 2 NO Specif	an, Puarto R	(Specify Yes	or No-	4. RACE Black, Specify	— American Indian, White, atc.
The second		15. OECEDENT'S E	DUCATION	16a. DECEC	ENT'S USUAI	OCCUPA	TION	16b.	KIND OF BUS	SINESS/INDUS		
spital or led for us	PLET	(Specify only highest gi	College (1-4 or 5+)	IIIe. Do	NOT use retire	d.)	most of working	BG	&F			
he hos detach once.	O	17. FATHER'S NAME (First, Middle, Last)			P 0 1 0 0		16. MOTHER'S NA			Cumamal		
the part of	111	Maax W. Bock					Louise			Surremey		
5 should notified	BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDR	ESS (Stree	et and Number or Rural			n State Zin C	ode)	
e reta		Mrs. Theresa A.	Bock				oll Road		adena	, , , , , , , , , , , , , , , , , , , ,	MD	21122
ath. Page 6 may by ineral director, page		20s. METHOD OF DISPOSITION 1 Burlet 2 Differention 3 R	amoval from Stata	20b. PLACE AND	DATE OF DISI	POSITION /	Name of	DATE	20c. LO	CATION — CIT	ty or Tow	rn, Stata
age 6 ma director, 1		4 Donation 5 Other (Specify) 21. SIGNATURE OF EUNERAL SCHWICE		Metro L			2-2-3.	-94	Caton	sville	∍, M	D
funer.		* Polest-	DOENSEE	1			AND ADDRESS OF FA					MD 21146
ety fille		23. PART i. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Care	on Jach Ilna.	a					ratory arrea	nt,	Approximata interval Between Onset and Daath
th certificate be execuending physician and I Hygiene prior to but or other traumating	RTIFIC	Sequentially list conditions, if smy, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUE								
the d the d d Me	A P	PART ii. Other significant condit	ions contributing to dea	th but not resu	Iting in the	undariyi	ing causa given in	Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
that that bed b	l 얼 l								1 TES 2		1	COMPLETION OF CAUSE OF DEATH?
he law requires that has been signed to Dept. of Health a	ME ME										1	1 TES 2 NO
law re as ber Dept. c	ä											
N: The ficate has State D		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		PLACE OF DEATH (Ch	eck only one	)			
ICIAN: ertification the Si	YSI	1 TYES 2 NO	1  fnpetient 2 ER		DOA 4 🗆 I	Nursing Ho	ome 5 Rasidenca	6 🗆 Other	(Specify)	1		
PHYS this c with rked,	ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJU (Month, Day, Ye		b. TIME OF INJURY	٧	NJURY AT WORK? YES 2 NO	26d. DE\$0	CRIBE HOW II	NJURY OCCUI	RED	
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	TED	3 Suicide 6 Could not 4 Homicide determined		JURY — At home, (Specify)	farm, atreet,	lactory, of	fice	261. LOCA City o	TION (Street a r Yown, State)	and Number or	Rurel Ro	oute Number,
OR	1 3 1		YSICIAN: To the best of my I									and manner as stated
FUNE Withir	8								na piece, sir	a don to the t	ceuse(s)	and mariner as stated.
TO THE HOSPITAL TO THE FUNERAL I be fied within 72 h	TO BE	296. SIGNATURE AND TITLE OF CERTI	Forbat	- as.	-		29c. LICENSE NUI			29d. DATE S	SIGNED (	Month, Day, Year) 2 2/94
	-	30. NAME AND ADDRESS OF PERSON				202	01 5		Mars 1		1001	
		Mayer Gorbaty, N 31. OATE FILED (Month, Day, Year)	1. D. /95 AQI	SIGNATURE *	coad #	203	Glen Bur	mie,	Maryl	and 2	1061	
		FED O 4 40	32. REGISTRAR'S	gulia Day	dson-A	Maria						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hospital or attending physician.	s after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fransit per be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	by the funeral director, page 5 should be detached for use as the burial-fransit per emoval.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	lical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR
TIFICATION

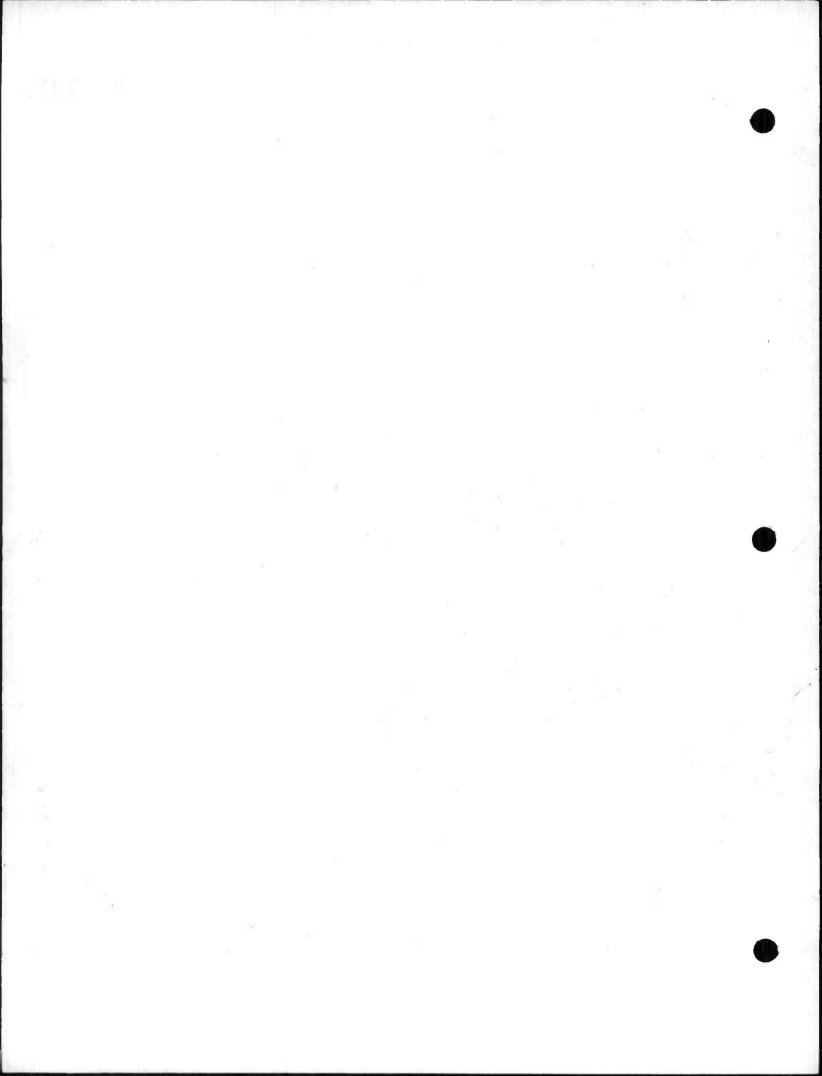
07278 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO		07278
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH	AY OY	3. TIME OF DEATH
	KATHERINE .			AUN		02 <sup>nth</sup> 21	94	D7:15 PM M
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
	214-46-1600 96. FACILITY NAME (If not institution, give str	Λ	91	Dh. CITY TOWN! O	R LOCATION OF DE	2-6-1897		Hungary
DIRECTOR	NORTH ARUNDEL HOS				BURNIE	EATH	A.	A. COUNTY
R	10e. STATE 10b. COUNTY			TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
	MD Ann	e Arundel	Cr	ofton				1 TYES 2 NO
FUNERAL				101.	ZIP COOE			OF WHAT COUNTRY?
SNE	Crofton Convale	SCENT UTT.  12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECI	NOFNT OF HISPAN	HC ORIGIN? (Specify Yes	USA	A RACE — American Indian.
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, spe		n, Puerto Rican, etc.)	107 NO - 14.	Black, White, etc.  Specify:
ВУ	3 Wildowed 4 Divorced		<u> </u>	1	X			White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e, DECEDENT'S US	rk done during mos	N I of working	16b. KIND OF BUS	SINESS/MOUS	
7.6	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use					
OMI	17. FATHER'S NAME (First, Middle, Last)		Homemak	er	18 MOTHER'S NA	ME (First, Middle, Melden	Home	
	UNKNOWN	Funk				CNOWN	Sumeme	
BE (	19e. INFORMANT'S NAME (Type/Print)	Tulk	19b. MAILING A	OORESS (Street or		Route Number, City or Tow	n. State. Zio Co	de)
10	Joseph Braun					na Park Ml		
	20e, METHOD OF DISPOSITION 1 Device 2 Cremation 3 Remo		PLACE AND DATE OF	DISPOSITION (Nat				or Town, State
	4 Donetion 5 Other (Specify)	Ce	edar Hill		ry	2/24 B1	rooklyn	n, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22. NAME AN	D AOORESS OF FA		05 Pi+	chie Hwy.
	and a	Same		Barran	co Funer			Park MD 21146
- 0	23. PART I. Enter the diseases, or co	omplications that caused list only one cause on ea	the deeth. Do no	enter the mod	le of dying, suc	h as cerdlec or respi	ratory arrest	Approximeta
	IMMEDIATE CAUSE (Final				_			
	resulting in death)	·	rotin	e He	17 to	a one		
		DUE TO (OR AS W	CONSEQUENCE OF):	for Co	6 - C	na rayon	. 1 Va.	. /
ō	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):		7764	25	10	
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	. Isci	reem'	c Cr	Ci tus	, .		
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	d	. we	e Culsi -	lus .	aly			
AL 0	PART II. Other eignificant conditions	contributing to deeth bu	t not reculting in	the underlying	ceuse given in	Part I. 24a. WAS AN	AUTOPSY/	24b. WERE AUTOPSY FINDINGS
		Sein	nic	Her	275	PERFOR	. /	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
MEDIC								1 YES 2 NO
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (Ch	eck only one)		
YS	1 TYES 2 NO	1 Ninpetient 2 - ER/Outpe	tient 3 DOA 4	☐ Nursing Home		6 Other (Specify)		-
	Natural 5 Pending	(Month, Day, Year)	26b. TIME	YY WOI	RK?	26d. DESCRIBE HOW II	NJURY OCCUR	ED
В	2 Accident Investigation 3 Suicide & Could and be	28e. PLACE OF INJURY -	- At home, ferm, str		ES 2 NO	261. LOCATION (Street a	and Number or	Pural Bouta Number
9	4 Homicide 6 Could not be	building, etc. (Specif	(y)	out, restory, strice		City or Town, Stete)	ING NOTION OF F	nural noute number,
E	290. CERTIFIER 11 CERTIFYING PHYSIC	IAN: To the best of my knowle	dae deeth occurred	of the time date	and place, and due	to the country and and		
COMPLET								euse(e) end manner ee stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIER		9		M. LICENSE NUM			IGNEO (Montp. Day, Yegr)
∞ ∥	0					136	▶ 2/	24/94
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OEA	TH (ITEM 27) (1900, P	rint)	-		TE MA	DVI AND 21061
	DALJIT S. SAWHNE			LGHWAY,S	w, #201,	APTEN ROKU	IE, MA	KILAND ZIUGI
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	wha Davidson	Wands 10				
- 1	FED 2 4 1994	1 5	THE PARTY OF THE P	and for the man				



permit rages 1, 2, 3 should

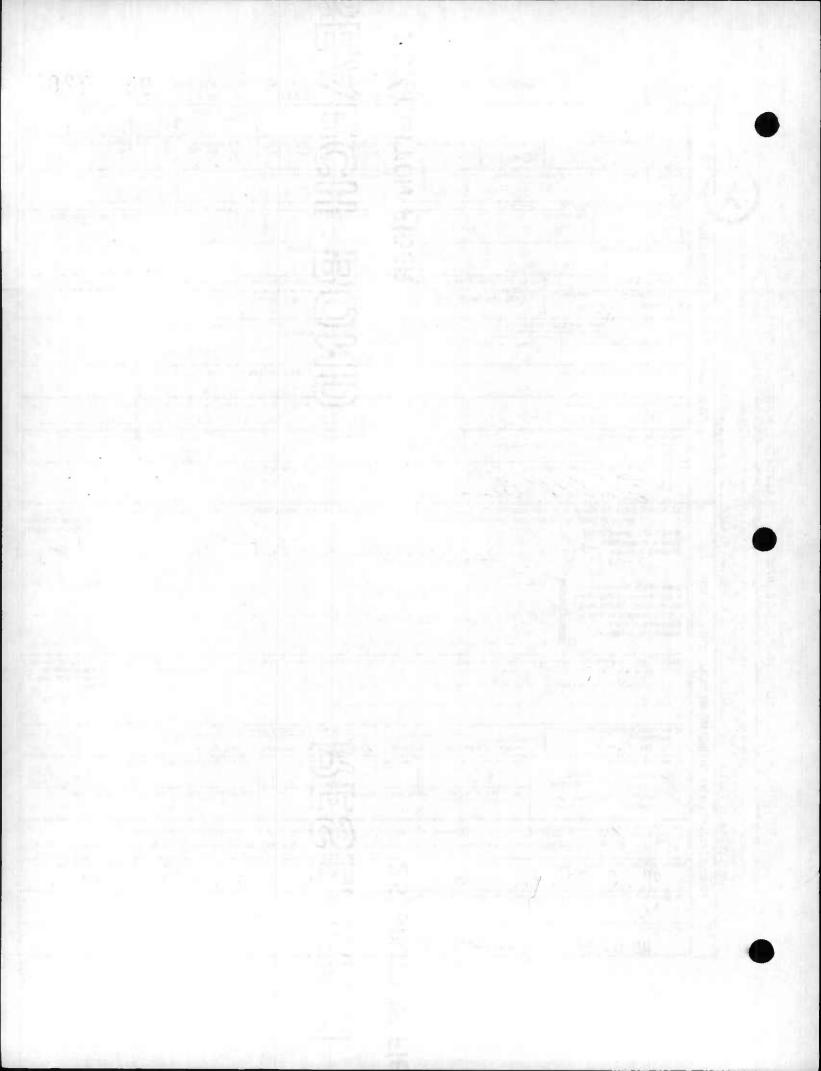
	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			IENTAL HYGIENE	94	07279	
	1. DECEDENT'S NAME (First, Middle, Last)	USD ROSE BOY	YD BEY			2. DATE OF DEATH MONTH DAY	YEAR 94	3. TIME OF DEATH	
Į.	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a, BIRT	HPLACE (State or Foreign	
	216-60-6244	1 □ M 2 🖟 40	YRS. MON	ITHS DAYS	HOURS MIN.	7 9 1953	MA.	RYLAND	
~	9a. FACILITY NAME (If not institution, give s		9b.	CITY, TOWN O	R LOCATION OF DEA	тн	9c. COUNTY OF	DEATH	
TO	LIBERTY MEDICAL	CENTER		BALT	IMORE				
DIRECTOR	10s. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCAT	ON			10d. INSIDE CITY LIMITS?	
	MARYLAND		BALT	CIMORE			_	1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER	A DE		10f.	ZIP CODE			WHAT COUNTRY?	
JNE	2206 ROSLYN AVE.	API. C	U.S. ARMED	13 WAS DECI	21215	C ORIGIN? (Specify Year	U.S.,	A . E — American Indian,	
BY FL	1 Never Married 2 Married 3 Widowed 4 X Worced	FORCES? 1 YES	2 XXO	If yes, spe	city Cuban, Maxican 2XXNO Specify:		Blac Spec	ck, White, atc.	
	15. DECEDENT'S EDU	CATION T	16a. DECEDENT'S USU	AL OCCUPATIO	A1	Total Kinds of Billion		ACK	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work in the Do NOT use reto	done during mos	n t of working	16b. KIND OF BUSI	NESS/INDUSTRY		
MPL			TEACHER P	TIDE					
	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden S	,		
BE	HERMAN MURRAY  19a. INFORMANT'S NAME (Type/Print)		19h MAII ING ADO	DESS (Street or		NE JOHNSON			
5	HER <b>N</b> AN MURRAY					AY ANNAPOL		21401	
	20a. METHOD OF DISPOSITION 1 1 Value   2   Cremation 3   Rem		PLACE AND DATE OF DI	SPOSITION (Nei	ne of		ATION - City or T		
	4 Donetion 5 Other (Specify)	PIN	NELAWN MEN				NAPOLIS	, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ZENSEE			& SONS M	ORTUARY, P	.A.		
	Harry 1	J. Lees	ا	821 WE	ST ST. A	NNAPOLIS,	MD. 214	01	
	23. PART I. Enter the diseases, or ahock, or heart failure.	List only one cause on acc	ch lina.					Approximate Intarval Between	
	IMMEDIATE CAUSE (Final disease or condition	Rogers	sus m	0100	1000	C2 [2102]	-000	Onset and Death	
1	rasulting in death)	Be currour me las later co lare las CA 7-8 were  DUE TO (OR AS A CONSEQUENCE OF): 5/p harling transfer Chemio Tx							
Z	Sequantially list conditions,	b		216 %	were in	or / Cham	0/8		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):							
E	CAUSE (Disease or Injury that initiated events	CDUE TO (OR AS A CONSEQUENCE OF):							
F	reauiting In death) LAST	d							
AL CI	PART II. Other aignificant condition	ns contributing to death bu	t not resulting in th	ne underlying	causa given in F	art I. 24s. WAS AN A	UTOPSY 240	b. WERE AUTOPSY FINDINGS	
CA	premea					PERFORM	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED	infaction	on 20 C	A		2 . /	3 .	, no	OF DEATH?	
Ż.	_ Obstru	Elus uri	pally	2/	loual for	Eleges			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL	ACE OF DEATH Chec	k only one)			
HYS	1 YES 2 NO	28a. DATE OF INJURY	tient 3 DOA 4 DOA 28b, TIME DF		5 Realdence 8	Other (Specify)  28d. DESCRIBE HOW IN	INDA OCCUBED		
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)	INJURY	M 1 Y	PK?		JOHN GOOGILE		
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, atc. (Specif)	- At home, form, street	t, lectory, office		281. LOCATION (Street an City or Town, State)	nd Number or Rural	Route Number,	
	4 Homicide determined					ony or rown, ordio,			
COMPLETED		ICIAN: To the best of my knowledge:  CR: On the basis of examination							
	29b. SIGNATURE AND TITLE OF CERTIFIES		ando investigation, in	my opinion, de					
) BE	121 -	WED. Hous	RE OFFI	ER	D CC	1505	DATE SIGNE	Monthgoay, Year)	
5	30. NAME AND ADDRESS OF PERSON WH	OFICIAN J	Tr	1 IRF	CTT 11	ED- CE	ENTEL		
	31. DATE FILED (Month, Day, Year)	32. REGISTRANG SIGNAL	TURE YO	1.00	IJ M	007	101	-	
- 1	LEEB 2.2.1994	1 Julian	laurason-Mono	A COL					



Or to a	-
020	- the minimum
<b>JALTIMORE, MARYLAND 21215-0020</b>	death Dags & may be retained by the bonnies or otherdies of allein
7	20
ND	honorital
A	4
7	1
MAR	paning
	2
R	E
0	u
M	Dane
ALI	danth
-	

SOCAL SECURITY NAMES   1			Last)						OF DEATH	DAY	YEAR	3. TIME OF DEATH
TO THE COLUMN TABLE (IT AN INTITUDE SERVICE AND ALL AN			La any La					-		28 1		11:00 a
THE STATE OF PROPERTY AND CONTROL OF PROPERTY OF A CONTROL OF PROPERTY					MONTH			(Month, Day, Year) Country)				ry)
No. STREET AND MOUNTED   100. COUNTY   100			A	76	THE ST	TY, TOWN C	OR LOCATION OF D		.8,1			
No. STATE   SECONDATO   Sec. CITY. TOWN ON ELECTRON   Sec. CITY. CHARGE SUM   Sec. STATE   Sec. CITY. CHARGE SUM   Sec. STATE   Sec. CITY. CHARGE SUM   Sec. CITY. CHARGE SU	HO			Home	Ri	sing	g Sun M	d.				
1881 Telegraph Rd.  17. MARIFICATION NUMBER  18. STREET AND NUMBER  19. STREET AND NUMBER	REC	10e, STATE 10b, CC	YTAUC									10d, INSIDE CITY
DEFORM THE BOUND OF PROPERTY SECUCION FOR AS A CONSEQUENCE OF:    TOTAL CALLES (Final diseases, of complications that caused the death Do not enter the mode of dying, such as cardiac or respiratory streat, power in death)		-	ecil		Risin					I son CITS	PEN OF Y	
DUDOUGH William D. Castelow  The Markey NAME (Park, Mode), Lest)  The MALLING ADDRESS (Sheed and Municipal Clay For Town, State Clay For For Town, State Clay For Town, For Town, State Clay For Town, State Clay For Town, State Clay For Town, For Town, State Clay	ERA	1881 Telegra	ph Rd.									
The December's EDUCATION   Support of the December's USUAL OCCUPATION   The Committee of the Control of the C		1 Never Married 2 Married	FORCES? 1	YES 2 NO	ED 1:	If yes, sp	ecity Cuban, Mexic	en, Puerto A		es or No	Black	k, White, etc.
William D. Castelow  The MALING ADDRESS (Street and Number or Pural Poole Number, Cry or Born, Johns, 20 Code)  Ellen Lucas  210 Ryan Drive Rissing Sun Maryland 21911  220 RETHOO OF OBSORTION 118 BURLS 2   Crementer or State 4   Docustion 5   The MALING ADDRESS (Street and Number or Pural Poole Number, Cry or Born, Johns, 20 Code)  210 Ryan Drive Rissing Sun Maryland 21911  220 RETHOO OF OBSORTION 118 BURLS 2   Crementer or State 4   Docustion 5   The Maling State 5   Elkton, Md. 21921  231. BROWNING OF FURNISH SERVICE LUCKHESE  222. MARE AN ADDRESS OF FACILITY 259 E. Main St. Elkton, Md. 21921  233. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of drying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  100 TO (OR AS A CONSEQUENCE OF):  25. PART II. Other algnificant conditions, if any, seeding to immediate devents resulting in death) LAST  26. DUE TO (OR AS A CONSEQUENCE OF):  27. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  26. DUE TO (OR AS A CONSEQUENCE OF):  27. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  28. PLACE OF DENTH (Check only only)  29. WAS CASE REFERRED TO MEDICAL Exhauster To Conditions and the part of Chase only only investigation in Part II.  29. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part II.  29. PLACE OF DENTH (Check only only)  21. WAS CASE REFERRED TO MEDICAL EXHAUST TO THE PART OF THE PROPERTY TO THE PROPERTY TO THE PART OF THE PART	TED	15. DECEDENT'S (Specify only highest	S EDUCATION grade completed)	(GIVe	kind of work don	e durina mo	ON ost of working	16b.	KIND OF BL	JSINESS/INC	_	
William D. Castelow  Beneficial Taylor  The MAILING ADDRESS (Street and Number or Paral Rock Number, City or Born, State, 20 dots)  210 Ryan Drive Rissing Sun Maryland 21911  220. PRACE AND DRESS (Street and Number or Paral Rock Number, City or Born, State, 20 dots)  210 Ryan Drive Rissing Sun Maryland 21911  220. PRACE AND DRESS (Street and Number or Paral Rock Number, City or Born, State, 210 dots)  221. BIOMATURE of Debation S   Removal from State  222. PRACE AND DRESS (Street and Number or Paral Rock Number, City or Born, State, 210 dots)  223. PRACE AND DRESS (Street and Number or Paral Rock Number, City or Born, State, 210 dots)  224. MAINEAN ADDRESS OF FACILITY  225. PRACE AND DRESS OF FACILITY  225. PRACE AND DRESS OF FACILITY  225. PRACE AND ADDRESS OF FACILITY  226. PRACE AND ADDRESS OF FACILITY  227. MAINEAN ADDRESS OF FACILITY  228. PRACE AND ADDRESS OF FACILITY  229. PRACE AND ADDRESS OF FACILITY  229. MAIN ADDRESS OF FACILITY  229. PRACE AND ADDRESS OF FACILITY  229. MAIN ADDRESS OF FACILITY  229. MAIN ADDRESS OF FACILITY  229. MAIN ADDRESS OF FACILITY  229. MAIN ADDRESS OF FACILITY  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  220. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  229. Main St.  Elkton, Md. 21921  220. Main St.  Elkton, Md. 21921  220. Main St.  Elkton, Md. 21921  220. Main St.  Elkton, Md. 21921  220. Main St.  Elkton, Md. 21921  220. Main St.  Elkton, Md. 21921  220. Main St.  Elkton, Md. 21921  220. Main St.  Elkton, Md. 21921  220. Main St.	PLE		College (1-4 or 5+)	Hite. E	Do NOT use retired	.)			Elkt	on F	ash:	ions
Sequentially list conditions, large under the death of the conditions and the case of injury that initiated events resulting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):    Sequentially list conditions, large under the disease, or complications that caused the death but not resulting in the underlying cause given in Part i.   Zee, WAS AN AUTOPSY PERFORMENT PERFORME	CO		*				18. MOTHER'S N.	AME (First, A	fiddle, Malder	n Surname)		
Ellen Lucas  210 Ryan Drive Rising Sun Maryland 21911  28. METRIOD of DEPOSITION 13 BURIA 2 Commended from State 4 Deposition 5 Other (Secoly)  21. SIGNATURE of FUNERAL SERVICE LICENSEE  Elkton Cemetery  22. MARKENDATE SERVICE LICENSEE  Elkton, Md. 21921  23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final model)  23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interval Between one can be death, or heart failure. List only one cause on each line.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  4. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  4. DUE TO (OR AS A CONSEQUENCE OF):  4. DUE TO (OR AS A CONSEQUENCE OF):  25. WAS CASE REFERENCE TO MEDICAL EXAMINERY (Processor) or HALLING AND AND AND AND AND AND AND AND AND AND	BE	William D.	Castelow	Lab	MAU INC ADDRE	00 (0)						
So. METHOD OF DISPOSITION   Size	2											nd 21911
22. NAME AND ADDRESS OF FACILITY Gee Funeral Home  23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interval Serve Onset and Description or cause on each line.  IMMEDIATE CAUSE (Final diseases or conditions, Interval Serve Onset and Description or cause)  Bequantially list conditions, If any, isading to immediate cause the death Due to (or as a conscouence or):  DUE TO (or as a conscou			Ramoval from State	20b. PLACE AN	D DATE OF DISP	OSITION /Na	ame of	_				
Comparison   Com		4 Donation 5 Other (Specify)		Elkto							_	
23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, alock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE	-	2///	min						10			
PART H. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    248. WAS AN AUTOPSY PINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH   1 YES 2 NO   1 Y		iMMEDIATE CAUSE (Final disease or condition	a.	on each line.	senta	er the mo	ready	ch as card				Approximata interval Between
27. MANNER OF DEATH    Netural   5   Pending Investigation   28e. DATE OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28c. INJURY AT WORK?   1   YES 2   NO   NO   NO   NO   NO   NO   NO	ITIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OI  b. DUE TO (OI  c.	R AS A CONSEQUER AS A CONSEQUER	JENCE OF):	er the mo	ode of dying, such	ch as card				Approximata intervai Between
27. MANNER OF DEATH    Netural   5   Pending   Investigation   28e. DATE OF INJURY   29b. TIME OF INJURY   29b. TIME OF INJURY   28d. DESCRIBE HOW INJURY OCCUREO    Netural   5   Pending   Investigation   28e. DATE OF INJURY   29b. TIME OF INJURY   29b. TIME OF INJURY   28d. DESCRIBE HOW INJURY OCCUREO    Netural   5   Pending   Investigation   28e. PLACE OF INJURY — At home, farm, street, factory, office   29f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)    29a. CERTIFFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29b. CICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29b. CICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29b. CICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29b. CICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)	MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OI  c. DUE TO (OI  d. ditiona contributing to de	R AS A CONSEOU R AS A CONSEOU R AS A CONSEOU Bath but not re-	JENCE OF): JENCE OF):	0	widn	<i>b</i>	lac or reap	N AUTOPSY	reat,	Approximata interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
Accident   Second not be determined   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.   29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   20d. DATE SIGNED (M	MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the conditions of th	a. DUE TO (OI  d. DUE TO (OI  d. HOSPITAL:	R AS A CONSEQUERAT AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS	JENCE OF): JENCE OF): JENCE OF): JENCE OF):	underlying 26. Pt	g cause given in	Part i.	24a. WAS AI PERFO	N AUTOPSY	reat,	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
3 Suicide 4 Homicide 5 Could not be determined  298. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Town, State)  298. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  298. CERTIFIER 298. CERTIFIER 298. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  298. SIGNATURE AND TITLE OF CERTIFIER 299. SIGNATURE AND TITLE OF CERTIFIER 290. DATE SIGNED (Month, Day, Year)	SICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the condition of the condition of the condition of the cause of the condition of the cause of	a. DUE TO (OI  b. DUE TO (OI  c. DUE TO (OI  d. HOSPITAL:  1   Inpetiant 2   E  280. DATE OF IN.	R AS A CONSEQUENT AS A CONSEQU	JENCE OF):  JENCE	26. Pt	g cause given in	Part i.	24a. WAS AI PERFO	N AUTOPSY PRIMED?	246	Approximata interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  298. DATE SIGNED (Month, Day, Year)	PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the condition of the cause of	a. DUE TO (OI  b. DUE TO (OI  d. DUE TO (OI  d. HOSPITAL: 1   Inpatiant 2   E  280. DATE OF IN. (Month, Day,	R AS A CONSEOU R AS A	JENCE OF):  JENCE	26. PL ER: ursing Hom 28c. INJ	g cause given in	Part i.	24a. WAS AI PERFO	N AUTOPSY PRIMED?	246	Approximate interval Betwee Onset and Dead onset an
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER	D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant concepts of the condition of t	a. DUE TO (OI  b. DUE TO (OI  c. DUE TO (OI  d. AL  HOSPITAL: 1   Inpitant: 2   E   280. DATE OF IN (Month, Day, thon building, ste	R AS A CONSEQUERA A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	JENCE OF):  JENCE	26. PL ER: ursing Hom 28c. INJ	g cause given in	Part i.  s Other  28d, DE\$	24a. WAS AI PERFO	N AUTOPSY RMED? 2 NO INJURY OC:	24b	Approximate interval Betwee Onset and Decorate and Decora
0 - 11115 D-11115 D-2-28-94	D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigated and conditions are suiting in death of the conditions are suiting investigated and conditio	a. DUE TO (OI  b. DUE TO (OI  c. DUE TO (OI  d. DUE	R AS A CONSEQUENT AS A CONSEQU	JENCE OF):  JENCE	26. PL ER: ursing Hom 1 28c. INJ sectory, office	g cause given in  LACE OF DEATH (C)  LOS OF DEAT	Part i.  S Other  28d. DES  28f. LOC: City of	24a. WAS AI PERFO 1 YES  24 YES  24 YES  25 YES  26 YES  26 YES  27 YES  28 YES	N AUTOPSY RIMED? 2 NO INJURY OC.	24b  CUREO  or Aural F	Approximate interval Betwee Onset and Dead Onset an
	E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and investigation of the condition o	B. DUE TO (OI  b. DUE TO (OI  c. DUE TO (OI  d. DUE	R AS A CONSEQUENT AS A CONSEQU	JENCE OF):  JENCE	26. PL ER: ursing Hom 1 28c. INJ sectory, office	g cause given in  _ACE OF DEATH (C  te 5  Residence URY AT  PRK? YES 2 NO  a  and place, and du  leath occured at the	Part I.  Beck only one  Chy of the cause to the cause time, date	24a. WAS AI PERFO 1 YES  24 YES  24 YES  25 YES  26 YES  26 YES  27 YES  28 YES	N AUTOPSY PRIMED? 2 NO INJURY OC. 2 and Number po	24b CUREO or Rural F	Approximate interval Betwee Onset and Des On

DHMH-16 Rev 1/89



020	s after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit
9	ding	the
-	ie.	8
2	at	use
7	0	P
S	hospit	ached
4	2	det
7	8	2
BALTIMORE, MARYLAND 21215-0020	retained I	5 should
Ē,	ay be	page
MOF	ш 9 аб	irector,
ALTI	leath. Pa	funeral c
8	ter c	the
	CO.	3

	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detache wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
isr death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) Christopher Henry 4. SOCIAL SECURITY NUMBER 577-05-1555 9a. FACILITY NAME (If not institution, give str		Nau		2. DATE OF DEATH	2	. TIME OF DEATH
577-05-1555 9a. FACILITY NAME (If not institution, give str	0.000	adu		February 20	), 1994	0831 a
9a. FACILITY NAME (If not institution, give str			UNDER 1 YEAR F UNDER 24 HRS	Million Devices	8. BIRTHPI Country)	ACE (State or Foreign
	1 Ø M 2 □ F	37 YRS.	NTHS DAYS HOURS MIN			ington, D
	eet and number)	96	CITY, TOWN OR LOCATION OF		9c. COUNTY OF DEA	
Calvert Memorial	Hospital		Prince Freder	rick	Calver	t
100. STATE 10b. COUNTY Maryland St	. Mary's		chanicsville			Od. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF WH	AT COUNTRY?
99 Waterview Drive			20659		U.S.A	
11. MARITAL STATUS 1 Never Merried 2 Number Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YES, GIVE WAR OR WW II	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mes 1 YES 2 NO Spe		14. RACE Black, Specify:	American Indian, White, etc.
15. DECEDENT'S EDUC. (Specify only highest grade of		18e. DECEDENT'S USU	JAL OCCUPATION	16b. KIND OF BUSIN	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	done during most of working tired.)			
8th Grade	220.35	Baker		Grocer	y Chain	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maiden Su	ımame)	
John	Brandau		Elizab	eth	Nisp	le
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DRESS (Street and Number or Ru	ral Route Number, City or Town,		
Lucy S. Brandau		99 Wate	rview Dr., Me	chanicsville	. Marvla	nd 20659
20a METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Remov	20	b. PLACE AND DATE OF D			ITION — City or Town	
1 ♣ Buriel 2 ☐ Cremation 3 ☐ Remo	val from State	metery, cremetory or other	Cemetery 2/2	3/1994 Bren	twood, Ma	
21. SIGNATURE OF FUNERAL SERVICE LICE		C. HIROTH	22. NAME AND ADDRESS OF	FACILITY		
F1: 1 0:	Ph 1	1.	Mattingley-C	Sardiner Fune	eral Home	, P.A.
1 uchaelx	France	ner		) Leonardtown		nd 20650
23. PART I. Enter the diseases, or co	emplications that cause	d the death. Do not	enter the mode of dying, a	uch ea cerdiac or reapira	tory arrest,	Approximate
IMMEDIATE CAUSE (Final	iat only blic cease bil	occii iiiio.				Onset and Dea
disease or condition resulting in death)	ura	SEASIS A CONSEQUENCE OF):				124/1.
	DUE TO (OR AS	A CONSEQUENCE OF):				
						- 1
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				
cause. Enter UNDERLYING						
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):				
resulting in death) LAST						
DART II Other steellings are distant						1
PART II. Other eignificent conditions	-41		1 0 11	DEGEOOM	ED? A	YERE AUTOPSY FINDING WAILABLE PRIOR TO
cardiomyop			heart fail	1 TES 2		OMPLETION OF CAUSE OF DEATH?
history atria	Prilla		anic obstru	ACB Ve	1	YES 2 NO
lune bliseas	e type	II diabete	smellitu			
25. WAS CASE REPERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	(Check only one)		
and the second second	HOSPITAL:  1 Ninpetient 2 - ER/Ou		THER:  Nursing Home 8  Resident	te 6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY	F 28c. INJURY AT	28d. DESCRIBE HOW INJ	TURY OCCURED		
1 Natural 5 Pending	(Month, Day, Year)	เหมบลง	M 1 YES 2 NO			
2 Cutetde	28e. PLACE OF INJUR	Y — At home, ferm, stree	rt, factory, office	281, LOCATION (Street and	d Number or Rural Ros	ite Number,
4 Homicide 9 Could not be	building, etc. (Sp	ecify)		City or Town, State)		
29a. CERTIFIER	and the second second		William I was a second			
(Check only			t the time, data and place, and o			
	On the basis of examinat	on and/or investigation, is	n my opinion, death occured at	the time, data and place, and	due to the cause(s) s	ind menner as stated
Z MEDICAL EXAMINER						

20678

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

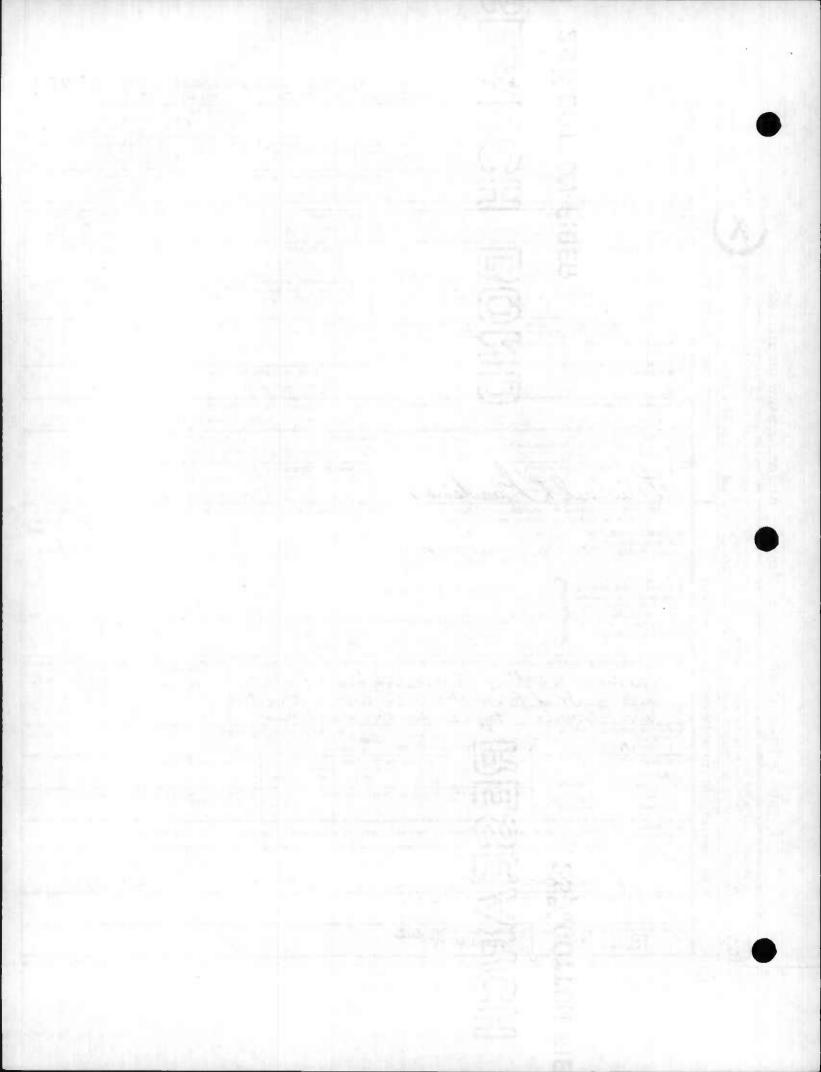
Dr Jonathan K Fears, MD Prince Frederick, MD

31. DATE FILED (Month, Day, Mar)

FEB 2 2 94 

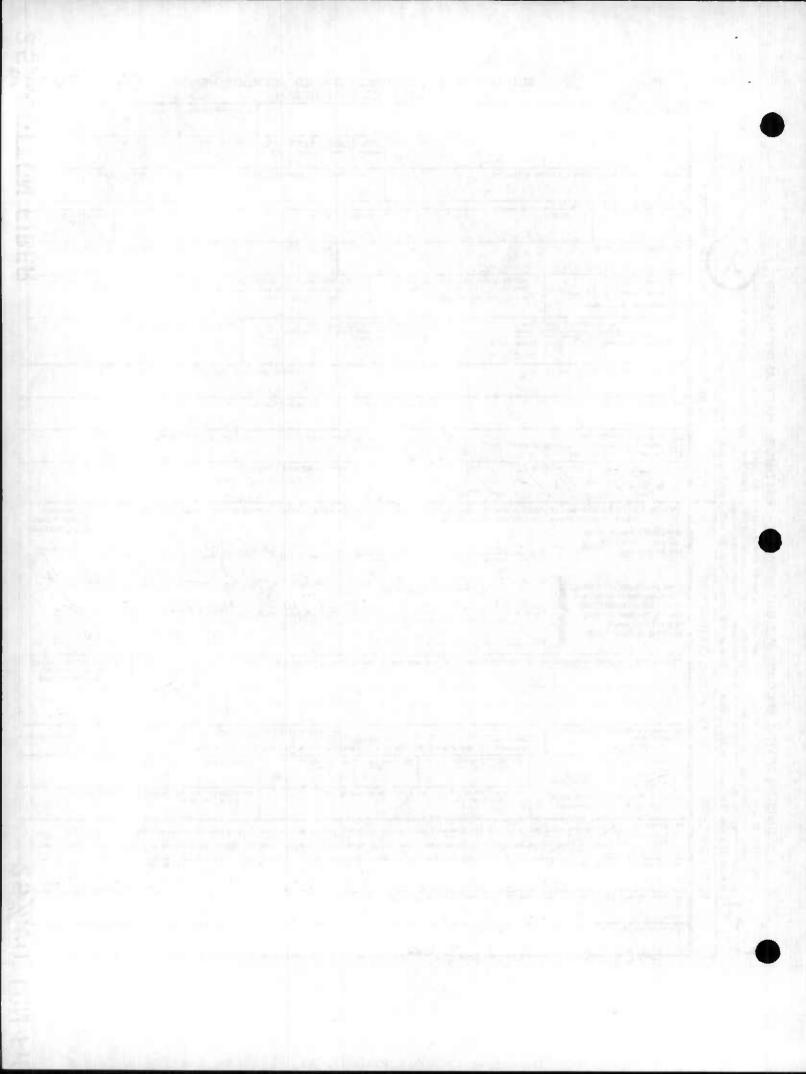
June Dandson—Mandall

June Dandson—Mandall



MATY Lloyd Bohanan February 28, 1994 3:10 a Social Becurry Numbers   S. SEX		1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	MENTAL HYGIEN REG. NO.	9	4 0728	
SOONAL BECOMPTY NUMBERS   S. DEX   S. ADEX   S		1. DECEDENT'S NAME (First, Middle, Last	*				MONTH DA			
THE PLANT HAME (FIRST INVIDED OF DESCRIPTION OF DEATH STATE AND CONTROL AND ADDRESS (FIRST MARKE FIRST		3 ===5 / 04								
BE SECURITY MANUEL For Institution, per service and numbers   Park Hall   St. Marry    PARK Hall   St. Marry    No. COUNTY   No. COUNTY    No. COUNTY   No. COUNTY    No. COUNTY   No. COUNTY    No. COUNTY   No. COUNTY    No. CO		212-54-4638					(Month, Day, Year)	C	ountry)	
190. BTRIET AND NUMBER P.O. BOX 294, Father Andrew White Road 1.1. MARTINIS STUB 1.1. WAS DECEDENT EVER IN U.S. AMARD P.O. BOX 294, Father Andrew White Road 1.1. MARTINIS STUB 1.1. WAS DECEDENT EVER IN U.S. AMARD P.O. BOX 294, Father Andrew Process 1.1. WAS DECEDENT EVER IN U.S. AMARD P.O. BOX 294, Father Andrew Process 1.1. WAS DECEDENT EVER IN U.S. AMARD P.O. BOX 295 NO. Seach 1.1. WAS DECEDENT SEDUCATION TO HIRPWIN CORNINTY Part River, Butter Report Cuben, Martines, Parts River, Butter River, Butte		Sa. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE				
190. BTRIET AND NUMBER P.O. BOX 294, Father Andrew White Road 1.1. MARTINIS STUB 1.1. WAS DECEDENT EVER IN U.S. AMARD P.O. BOX 294, Father Andrew White Road 1.1. MARTINIS STUB 1.1. WAS DECEDENT EVER IN U.S. AMARD P.O. BOX 294, Father Andrew Process 1.1. WAS DECEDENT EVER IN U.S. AMARD P.O. BOX 294, Father Andrew Process 1.1. WAS DECEDENT EVER IN U.S. AMARD P.O. BOX 295 NO. Seach 1.1. WAS DECEDENT SEDUCATION TO HIRPWIN CORNINTY Part River, Butter Report Cuben, Martines, Parts River, Butter River, Butte	TOR		Andrew White Ro	ad	Park Ha	11		St. Ma:	ry's	
DO. STREET AND NUMBER  10. STREET AND NUMBER  10. P.O. BOX 294, Father Andrew White Road  11. MARTINS STRUS  12. WAS DECEDENT EVER IN U.S. ANNED 13. WAS DECEDENT EVER IN U.S. ANNED 15. WAS DECEDENT EVER IN U.S. ANNED 15. WAS DECEDENT OF HERMAN CONCIDENT (Specify No or No. 1) 15. WAS DECEDENT SEQUENCIAN 15. W	JIREC					TION			LIMITS?	
NAMERIAN ENTRIES   NAME (First, Mindle, Last)   1. NAME DECEMBENT OF NAME (First, Mindle, Marketen Inside Beeck, White, see: Send)   1. NAME DECEMBENT OF NAME (First, Mindle, Marketen Inside Beeck, White, see: Send)   1. NAME DECEMBENT OF NAME (First, Mindle, Marketen Inside Beeck, White, see: Send)   1. NAME DECEMBENT OF NAME (First, Mindle, Marketen Inside Beeck, White, see: Send)   1. NAME DECEMBENT OF NAME (First, Mindle, Last)   1. NAME DECEMBENT OF NAME (First, Mindle, Last)   1. NAME DECEMBENT OF NAME (First, Mindle, Last)   1. NAME DECEMBENT OF NAME (First, Mindle, Marketen Summer)   1. NAME DECEMBENT OF NAME (First, Mindle, Last)   1. NAME DECEMBENT OF NAME (First, Mindle, Marketen Summer)   1. NAME DECEMBENT OF NAME (First, Mindle, Marketen Su	77		rary S	rair		H. ZIP CODE		10g. CITIZEN	- 10	
Noneth Marrised     Merrised	质	P.O. Box 294, Father	Andrew White Ro	ad		20667		United	States	
SEA PART II. Other significant conditions contributing to death but not resulting in she underlying couse given in Part I.  Sequentially list of conditions and considerations of the significant conditions contributing to death but not resulting in she underlying couse given in Part II.  Sequentially list to conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions to conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not resulting in the underlying couse given in Part II.  Sequentially list conditions contributing to death but not re	1000	1 Never Married 2 Married	FORCES? 1 TYES	2 🖾 NO	If yes, sp	pecify Cuban, Maxican	, Puerto Rican, etc.)		Black, White, etc. Specify:	
Elementary/Secondary (6-12)	Ш	15. DECEDENT'S ED	DUCATION TO CONTROL OF	16a. DECEDENT'S	USUAL OCCUPATI	ION	16b. KIND OF BUS			
Dr. Patrick Hamilton Bloyd  The MALING ADDRESS (Stowed and Number or Rural Rouse Number, City or Town, Stein, Zip Code)  John J., Bohanan, Sr.  206. PLACE AND DATE OF DISPOSITION 108 Burlat 2   Committed 3   Removed from State 2   Concation 0   Open Store   2   Concation 0   Open Store   2   Concation 0   Open Store   2   Concation 0   Open Store   2   Concation 0   Open Store   2   Concation 0   Open Store   2   Concation 0   Open Store   2   Store   2   Concation 0   Open Store   3   Open Store   3   Concept Store   3   Open St	E	Elementary/Secondary (0-12)		life. Do NOT use	e retired.)	osi or working				
Dr. Patrick Hamilton Bloyd  Tea. INFORMAT'S NAME (Pype/Print)  John L. Bohanan, Sr.  200. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION 100. METHOD OF DISPOSITION (Membed) 100. PLACE AND DATE OF DISPOSITION (Membed) 100. PLACE AND DATE OF DISPOSITION (Membed) 100. PLACE AND DATE OF DISPOSITION (Membed) 100. PLACE AND DATE OF DISPOSITION (Membed) 100. PLACE AND DATE OF DISPOSITION (Membed) 100. PLACE OF PACILITY 100. PLACE OF MALL PLACE OF DEATH (Disposition of Date of Death (Disposition of Death (Disp	MP			Homema	aker	1				
The BPORMANT'S NAME (PypuPrint)    198. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Yown, State, Zip Code)   John L. Bohanan, Sr.     20. METHOD OF DISPOSITION			llowd			1111		Surname)		
DOUBTINE   Continue	0		Hoya	19b. MAILING	ADDRESS (Street			n, State, Zip Code	9)	
20a. METHOD OF DISPOSITION 1 X BURID 2   Cremetion 3   Removes from State 4   Donation 6   Other (Specify) 21. SIGNATURE 15 Special, Service   Shirt 22. FART 1. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line.    MAMEDIATE CAUSE (Final diseases, or complication)   DUE TO (OR AS A CONSEQUENCE OF)	۲	John L. Bohanan, Sr.		P.O. Bo	ox 92, Par	rk Hall, Ma	ryland 20667			
A   Donaston 6   Other (Specify)		20e. METHOD OF DISPOSITION	movel from State	PLACE AND DATE O	F DISPOSITION (N	terne of		CATION — City of	or Town, State	
Brinsfield Funeral Home P.O. Box 279. Leonardrown, Maryland 20650-0279  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO IOR AS A CONSEQUENCE OF:  If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO IOR AS A CONSEQUENCE OF:  If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO IOR AS A CONSEQUENCE OF:  28. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 100  29. PLACE OF DEATH (Check only one)  21. MANNER OF DEATH 1 VES 2 100  21. MANNER OF DEATH 22. MANNER OF DEATH 23. MANNER OF DEATH 24. MANNER OF DEATH 25. MANNER OF DEATH 26. DESCRIBE HOW INJURY OCCURED 27. MANNER OF DEATH 28. DACE OF INJURY AT WORK? 1 VES 2 NO 28. PLACE OF INJURY AT WORK? 1 VES 2 NO 28. PLACE OF INJURY AT NORTH NUMBER (Month), etc. (Specify)  28. PLACE OF INJURY AT NORTH NUMBER (Month) and the moder of Rural Route Number of Rural Route Number (City or Rown, Stele)		4 Donation 6 Other (Specify)	17 VS	t Michael				ge, Mary	land	
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or conditions, resulting in death)  Due to (on as a consequence of conditions, interval Set)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of conditions)  Due to (on as a consequence of consequence		T + 1151 1- 111	Bull	/						
23. PART I. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one ceuse on each line.    Approximate shock, or heart failure. List only one ceuse on each line.		Edward N. Brins			P.O. 1	Box 279. Lee	onardtown. Ma	arvland 2	20650-0279	
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1 VES 2 NO  25b. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  26c. PLACE OF DEATH (Check only one)  27c. MANNER OF OEATH  1 VES 2 NO  27c. MANNER OF OEATH  1 Nurtural  28d. OATE OF INJURY  (Month, Day, Year)  28d. TIME OF  INJURY AT  WORK?  1 VES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. LOCATION (Street and Number or Pural Route Number, Site)	TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OME TO JOH ARA	COMBEQUENCE OF	Blue	ry tas taxley alirs Vi	lung	ing B	Onset and Car	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Natural  28. DLACE OF DEATH (Check only one)  28. DLACE OF DEATH (Check only one)  28. DLACE OF DEATH (Check only one)  28. DLACE OF DEATH (Check only one)  28. DLACE OF DEATH (Check only one)  28. DLACE OF INJURY  1 Inpatient 2 EN/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  1 Natural  28. DLACE OF INJURY  1 North, Disy, Year)  28. DLACE OF INJURY  28. D			ona contributing to death t	out not resulting in	n the underlyin	ng ceuse given in i	Part I. 24a. WAS AN		24b. WERE AUTOPSY FIN	
M 1 YES 2 NO  2 Accident   Investigation   M 1 YES 2 NO  3 Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   S Could not	MEDIC								COMPLETION OF CA	
M 1 YES 2 NO  2 Accident   Investigation   M 1 YES 2 NO  3 Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   S Could not	IAN				26. P	LACE OF DEATH (Che	ck only one)		11/11	
M 1 YES 2 NO  2 Accident   Investigation   M 1 YES 2 NO  3 Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   Suicide   S Could not be detarmined   S Could not	SIC			patient 3 🗆 DOA		ne 5 Residence	nce 6 🗆 Other (Specify)			
2 Accident investigation 3 Suicide 6 Could not be detarmined detarmined detarmined		1		28b. TIME INJU	URY WO	ORK?	26d. DESCRIBE HOW INJURY OCCURED			
		3 Suicide 6 Could not be	28a. PLACE OF INJURY	nd Number or Ru	iral Route Number,					
	PLETE	29a. CERTIFIER 1 CERTIFYING PHY								
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  (Check only one)  2  MEDICAL EXAMPLE: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.	OMPLETE	(Check only	MER: On the beats of examination	A					ise(s) and manner as sta	
29h SIGNATURE AND TITLE OF CENTURE	COMPLET	(Check only one) 2 MEDICAL EXAM		1	110	-	BER, 110			
296. SIGNATURE AND TITLE OF CENTIFIER  296. LICENSE NUMBER, 4 9 29d. DATE SIGNED (Month, Day, Spar)	BE COMPLET	(Check only one) 2 MEDICAL EXAM		NE	40	-	6419			
296. SIGNATURE AND TITLE OF CENTIFIER  296. LICENSE NUMBER.  296. LICENSE NUMBER.  297. Day, bar)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	BE COMPLET	(Check only 1 MEDICAL EXAMINATION)  29b. SIGNATURE AND TITLE OF CENTIF  30. NAME AND ADDRESS OF PERSON W	THO COMPLETEO CAUSE OF OR	ATH (ITEM 27) (Type,	AD Print)	29c. LICENSE NUM	6419			
296. SIGNATURE AND TITLE OF CENTURE  296. DATE SIGNED (Month, Day, Mar)  297. LICENSE NUMBER.  298. DATE SIGNED (Month, Day, Mar)	BE COMPLET	29b. SIGNATURE AND TITLE OF CENTURE  30. NAME AND AODRESS OF PERSON W  J. Patrick Jarpoe, 1	THO COMPLETEO CAUSE OF OR	Arts Bldg.	AD Print)	29c. LICENSE NUM	6419			

DHMH-16 Rev 1/89

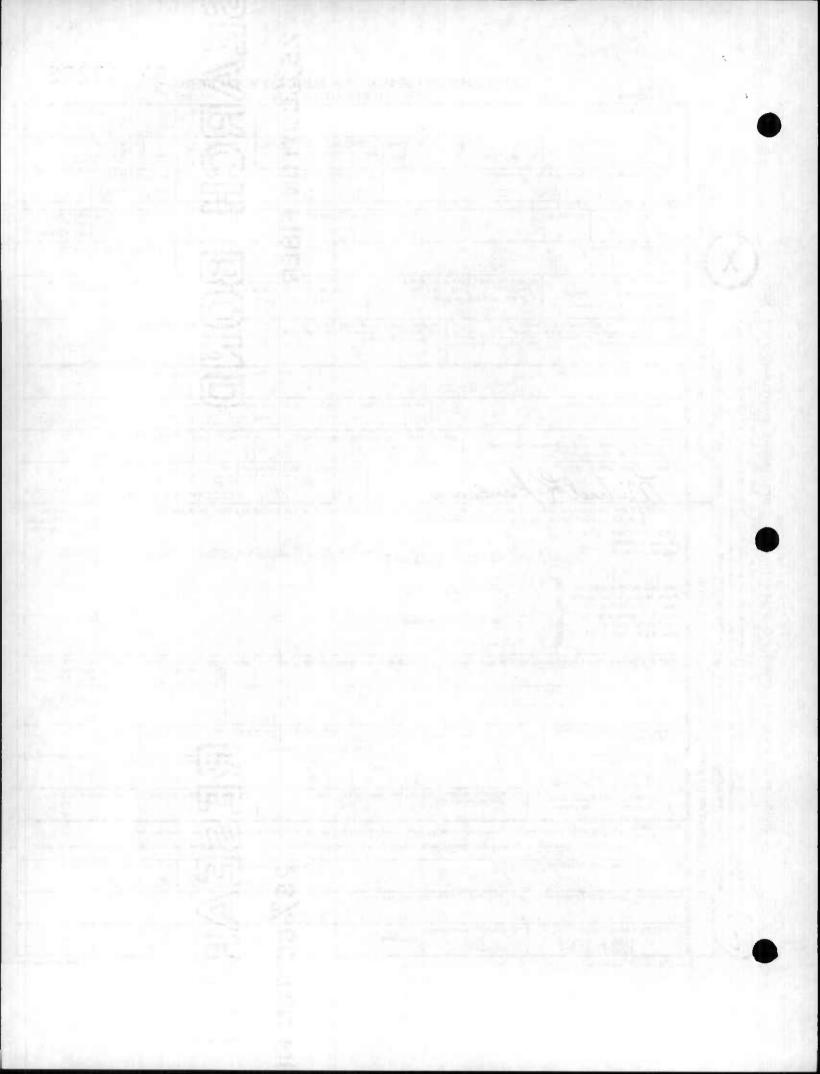


-	
Ć.	
$\approx$	
9	
0	
68760	
_	
0	
BOX	
ш	
P.0.	
0	
~	
0	
_	
10	
U	
$\Box$	
00	
-	
RECORDS	
15	
0	
ш	
00	
-	
_	
TAL	
-	
<b>—</b>	
>	
H	
0	
-	
VISION	
=	
U)	
_	
_	
_	

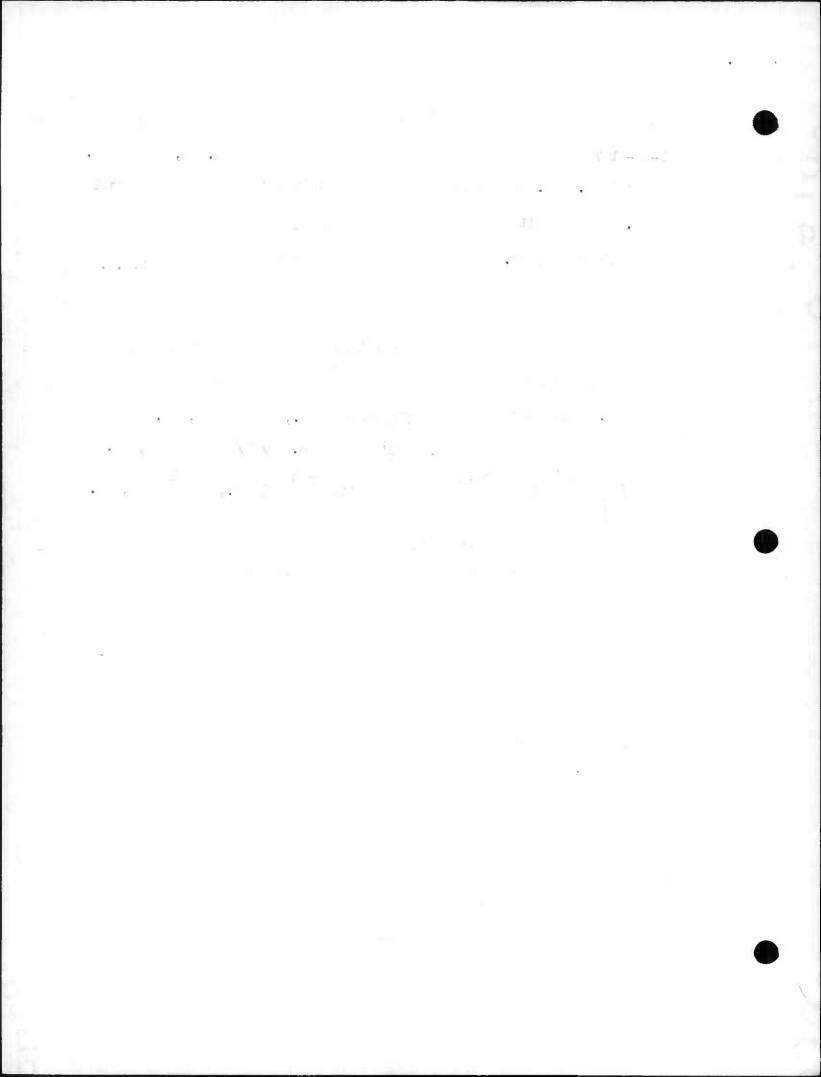
(X	
TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn through permit Pages 1, 2, 3 should be detached for use as the burn through permit pages 1, 2, 3 should be detached for use as the burn through the latter of the attractor and letter and letter permit pages 1, 2, 3 should be detached for use as the burn through the permit pages 1, 2, 3 should be detached for use as the burn through the permit the manual pages 1, 2, 3 should be detached for use as the burn through the permit the manual pages 1, 2, 3 should be detached for use as the burn through the permit the manual pages 1, 2, 3 should be detached for use as the burn through the permit the manual pages 1, 2, 3 should be detached for use as the burn through the permit the manual pages 1, 2, 3 should be detached for use as the burn through the permit the manual pages 1, 2, 3 should be detached for use as the burn through the permit the manual pages 1, 2, 3 should be detached for use as the burn through the permit the manual pages 1, 2, 3 should be detached for use as the burn through the permit the manual pages 1, 2, 3 should be detached for use as the burn through the permit	INTERNATION OF HIGH AS SHOWS ON THE PARTY OF THE PARTY OF THE PROPERTY OF THE PARTY

07283 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF M				F HEALTH AND	MENTA	L HYGIEN	_	U	128.	3
1. DECEDENT'S NAME (First, Middle, LI	ennette		Buckl	02		MONT	OF DEATH		YEAR	3. TIME OF DEA	ATH 7\ M
4. SOCIAL SECURITY NUMBER  214-68-7846-M  90. FACILITY NAME (If not institution, g	5. SEX 1 M 2 X F	6. AGE (In yrs. la		IF UNDER 1 Y	EAR IF UNDER 24 HRS AYB HOURS MIN.	June	OF BIRTH		Ma	ryland	Foreign
	Center				gton Park		all	St.			
	Mary's		1012	y, town on a arlott	e Hall					10d. INSIDE CIT LIMITS? 1 YES 2X	
P.O. Box 272	aks Road				101. ZIP CODE 20622	J.F	61		S.A.	HAT COUNTRY?	
10. STREET AND NUMBER P.O. BOX 272  11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 V		If ye	B DECENDENT OF HISI DE, specify Cuban, Mex YES 2 NO Specific	ilcen, Puerto		or No 1	Mhit		dian,
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 6th Grade 17. FATHER'S NAME (First, Middle, Last)	EDUCATION rade completed) College (1-4 or 5+	) (0		se retired.)	PATION ng most of working	161	Home	SINESS/INDU	STRY		
Otis		Cusic			18. MOTHER'S Effie		A.	Mo		mery	
Kelly Jo Buckle			100	Dana C		exingt	on Par	ck, Ma	ryla	and 206	53
20a, METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 T 4 Donation S Other (Specify) 21. SIGNATURE OF FUMERAL SERVICE		20b. PLACE cemetery, on St. M	and dated ematory or o larys	22. NAI	lic Ceme.  ME AND ADDRESS OF  tingley-G	FACILITY	994 Br		wn,	Maryla	nd
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due 10 (or as a consequence or):										
PART II. Other algnificant conditions of the con	tions contributing to	death but not	resulting	in the unde	riying cause given	in Part I.	24a. WAS AN PERFOR 1 VES 2	MED?		WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?	R TO CAUSE
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 1 YES 2 N.N.Q.	HOSPITAL:	PP GESSE		OTHER:	26. PLACE OF DEATH						
27. MANNER OF DEATH  1	1 Inpetient 2 Inpe	INJURY	28b. TIM	E OF 28	Home 5 Residence.  C. INJURY AT WORK?  YES 2 NO		er (Specify) \$CRIBE HOW I	NJURY OCCL	PRED		
	building,	F INJURY — At he atc. (Specify)	ome, farm,	street, factory,	office	281. LOI City	CATION (Street or Town, State)	end Number o	r Rural Ro	oute Number,	
	IYSICIAN: To the best of ex									end manner as	stated.
296. SIGNATURE AND TITLE OF CERT	1	E 05 B545		D.t.c	D/	991	7	29d, DATE	SIGNED (	Month, Day, Year	r)
James C. Boyd, 31. DATE FILED (Months Day, 1667)	M.D.	Leona	ardto	wn, Ma	aryland 20	0650	2)				
MAR 04 '94	200	R'S SIGNATURE	endate		52	116					



	_	_1	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIE REG. N		94	07284		
•			1. DECEDENT'S NAME (First, Middle, Lest)	igaret	Ber	their	nev	2. DATE OF DEATH MONTH Z	<sup>0AY</sup> 9	7 J.	215 P		
		Į.	4. SOCIAL SECURITY NUMBER 161-14-3147		(In yrs. lest birthday,	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	,1913	Penna Penna	CE (State or Foreign		
. 3 should	وا		9. FACILITY NAME (If not institution, give s  Carroll Co. Gen				or LOCATION OF DE		9c. COUNT	ry of DEATH Brroll			
85 1. 2,			RESIDENCE OF DECEDENT	,	10c, CI	TY, TOWN OR LOCA	TION			104	1. INSIDE CITY		
nit. Pages	2		Md. Carr	oll			hester				LIMITS?		
permit.	FRAI		3274 Charmi	1 Dr.		10	21102			N OF WHAT	COUNTRY?		
215-0020 attent presidents	N FINANCIA	i	11. MARITAL STATUS 1 Never Merried 2/ Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE— Black, W. Black,							
21 for 1	IDI ETEN	ill	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of	OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Sales Clerk			Variety Store				
YLA by the	ed at once.		17. FATHER'S NAME (First, Middle, Lest)  Lyman Zur	nbrum		n Surname)							
	E C		John S. Berkh	eimer				Route Number, City or To nchester,					
The second	must be		20a METHOD OF DISPOSITION  1 Disputation 3 Ram 4 Donalion 5 Other (Specify)	ovel from State 200	PLACE AND DATE	of disposition (No	Cem. 03/	02/94 Hai	ocation — ch nover,	Pa.	State		
BALTIMO hours after death. Page 6 ed in by the funeral directo or removal	examiner		21. SIGNATURE OF FAMELOT SERVICE LICENSET  Eckhardt Funeral Chapel 3296 Charmil Dr., Manchester, Md. 21102										
with pletely fifth cremation	event, the medical		23. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dnly one cause on e	each line.				piratory arres	it,	Approximate Interval Between Onset and Death		
octificate be execute nding physician and complete prior to burian or other traumatic	or other traumatic	ŭ											
RECORDS, P. w requires that the death of the signed by the attention of Health and Mental H.	hows any i		PART II. Other algolificant condition	a contributing to death b	put npt resulting	in the underlyin	g cause given in	Part I. 24a. WAS A PERFC	N AUTOPSY DRMED? 2 NO	AVA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
VITAL  NI: The law ficate has t	SICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPHAL:		28. PI	LACE OF DEATH (Ch	eck only one)					
PHYSICIA this cert	rked, o		1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	4 Nursing Hom ME OF 28c. INJ	IURY AT DRK? YES 2 NO		Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
OR ATTENDING DIRECTOR: After DOURS after death	28 is TED		2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spe	f — Al home, ferm.	, ferm, street, fectory, office  28f. LOCATION (Street end Number or Rural Route In City or Town, State)							
HOSPITAL OR A FUNERAL DIREC	= 3		and a	CIAN: To the best of my know R: On the basis of examination							d manner ee atated.		
TO THE H	P B		291 SIGNATURE AND TITLE OF CENTRIN	ckells			29c. LICENSE NUN	296	29d. DATE S	Q7	nth/ Day, Year)		
	2			O COMPLETED CAUSE OF DE	6 H	West	mins	tes m	D	2/1	57		
			31. DATE FILED (Month, Day, Year) FFR 2 8 '94	32. REGISTRAR'S SIGN	ATURE WILLOW								
				0									

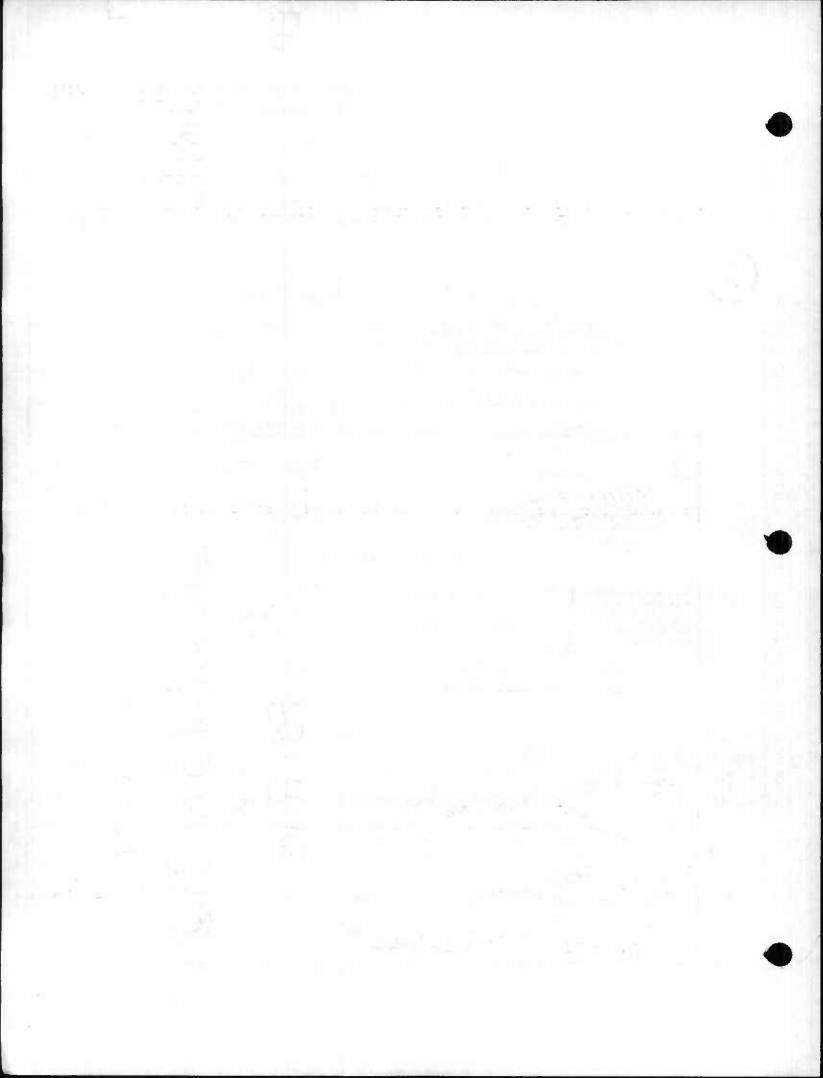


IMPORTANT: It Item 28 Is ma	COMPLETED	4 Homicide		building	etc. (Specify)  I my knowledge,	death occun	red at the tim	10, data	and place		City o	or Town, State)	ner as stated	ı.	
Is marked,	ВУ РНУ	1 Netural 5  2 Accident	2 Accident Investigation 28e. PLACE OF INJUST					1 🗆 1	RK? (ES 2 [	□ NO	28d. DESCRIBE HOW INJURY OCCURED  28f. LOCATION (Street and Number or Rural Route Number,				e Number.
or Item	IVSICI,	EXAMINER?													
m 23 shows any	AN: MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Personne 1 - YES 2								ack only one	PERFORMED?  1 YES 2 NO		OF	AVAILABLE PRIOR 1 COMPLETION DF CO OF GEATH? 1 YES 2 N	
Injury, or other											24b. WERE AUTOPSY FIN				
traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury													
event, the medical		23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure	a. Andle		ne.	tre		1	ring, such	aa card	lac or reapin	atory arres	st,	Approxima Interval Be Onset and
examiner must		206. PLACE AND DATE OF DISPOSITION OATE Comments of Co									ille, Pa.				
be notified	101	Dorothy M.	Cowdr	ick		14611	Edger	non	t Rd		ithsb	or, city or Town,	1. 21:	783	
d at once.	BE CON	17. FATHER'S NAME (First, Middle, Level) Wilfred D. Cowdrick						4		Kath	viyn	liddle, Meiden s Stamm			
Lil, wage	COMPLETED BY FUN	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  College (1-4 or 5+)  Fruit Grower						Orchid							
		11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		YES 2 MAR OR DATES	Яио	1 (	yes, spe	elfy Cubi 2 □XNO	OF HISPAN an, Maxicar Specify	n, Puerto R			Specify: Whi		
-	4	14611 Edgen	ont R							21783			l	I.S.A	
X	JO-T	Md.	ashingtor	ı		Sm	-	sburg			10g. CITIZEN OF WH			LIMITS?	
_	RECTOR	RESIDENCE OF DEC	Υ	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY					
		14611 Edgen							rsbu	ION OF DE	ATH		9c. COUNT	ton	
		215-14-7294 90. FACILITY NAME (IF not in		1 M 2 D F	92	YRS.		DAYS	HOURS	MIN.		29,190			io
		4. SOCIAL SECURITY NUME	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER t			R 24 HRS.	7. DATE O				7:40 / NCE (State or Fi	
		1. DECEDENT'S NAME (First, Robert El			iah						2. DATE			YEAR 3.	TIME OF DEA

32. REGISTRAR'S SIGNATURE Divisor Rudal cmit. Pages 1, 2, 3 should

	REGISTRAR  1. DECEDENT'S NAME (First,	Middle, Last)	Sadie	Corkra		ICATI	E OF I	JEA	Н	2. DATE O	1	DAY	YEAR 94	TIME OF DEATH 3:00a	
-	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	02 7. DATE 0	F BIRTH	25	6 BIRTHPI	ACE (State or Foreign	
	412-24-0	853	1 🗆 M 2 🔀 F	□ M 2 🔀 F 79		MONTHS	DAYS	HOURS	MIN.	11/30/		914	Ma Ma	ryland	
	9a. FACILITY NAME (If not in	stitution, give a	treet and number)			96. CITY	, TOWN OR	LOCATI	ON OF DE				JNTY OF DEA		
O. L											Dorch	ester			
53 F	RESIDENCE OF DEC	10b. COUNTY	Y		10c. CIT	Y. TOWN	OR LOCATIO	ON .			10d. INSIDE				
DIRECTOR	Maryland	Do	rcheste	All and the second seco									1	LIMITS?	
	10e. STREET AND NUMBER	20	Lenebee	-			_	ZIP COD					WHAT COUNTRY?		
NERA	407 Cemecery Avenue									U.S	. A .				
By ₹	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1	DECEDENT EVER IN U.S. ARMED ES? 1 YES 2 NO B, GIVE WAR OR DATES  13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi 1 YES 2 NO Specific Cuben, Maxi 1 YES 2 NO Specific Cuben, Maxi 1 NO Specific Cub				n, Mexica	n, Puerto Ri		Specify:	RACE — American Indian, Black, White, atc. Specify: White			
9	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	(G	ive kind of	work done	CCUPATION during most		ng	16b,	CIND OF BU	JSINESS/IN	IDUSTRY		
	Elementary/Secondary (0 7 t h	1-12)	College (1-4 or 5	+)	Sear							Cloi	thing		
COMPL	17. FATHER'S NAME (First, M	liddin Last)			Dear	IID C L		15: MOT	HER'S NA	ME (First, M	rida Maida				
_	Shriver		nder Mo	Glaugh	lin					y El			d		
# F	19a. INFORMANT'S NAME (7			190	b. MAILING					Route Numbe					
2	Joseph H		551	l Ma	llar	d I	Lane	e, Cambridge, MD. 216							
	1 Comparing 2 Commation 3 Removal from State							OATE			CATION — City or Town, State				
11-	4 Donation 5 Other (Specify) Greenlawn Cemetery 2-27 Cambridge, MD										e, MD.				
	Curran-Bromwell Funeral Home, P.A. 308 High St., Cambridge, MD. 21613														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  List only one ceuse on each line.  Interval Betwo Onset and De 1 year  List only one ceuse on each line.  Interval Betwo Onset and De 1 year  List only one ceuse on each line.  Interval Betwo Onset and De 1 year  List only one ceuse on each line.  Interval Betwo Onset and De 1 year  List only one ceuse on each line.  Interval Betwo Onset and De 1 year														
MEDICAL	Congestive heart failure  Congestive heart failure  Congestive heart failure  Performed?  1 □ YES 2 NO										VERE AUTOPSY FINDINALLABLE PRIOR TO COMPLETION OF CAUSE F DEATH?				
SICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		CE OF D	DEATH (Ch	eck only one	)				
YSI	1 TYES NO		1 D Inpatient 2	☐ ER/Outpatient 3	_	4 🗆 Nu	rsing Home		esidence	6 🗆 Other					
<u>a</u>	27. MANNER OF DEATH  1 Natural 5	Pending		28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?				∃ NC	28d. DEŞ	28d. DEŞCRIBE HOW INJURY OCCURED					
TED BY	2 Accident 3 Suicide 6 4 Homicide	OF INJURY — At he, etc. (Specify)	M 1 YES 2 NO URY — At home, farm, street, factory, office					28t, LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	CONSTRUCTION OF THE PARTY OF TH		ER: On the basis of a											and manner as state	
9 8	29b. SIGNATURE AND TITLE  30. NAME AND ADDRESS O		Mahmoo	d Shari		2			ENSE NUI 1515(			29d. DA	TE SIGNED (A	Month, Day, Year)	
			Shariff	, 105 A	Auro	ra	St.,	Ca	mbr:	idge	, MD	. 2	1613		
	31. DATE FILED (Morith, Day, FEB 2		32. REGISTR	an's signature	Band	.00									

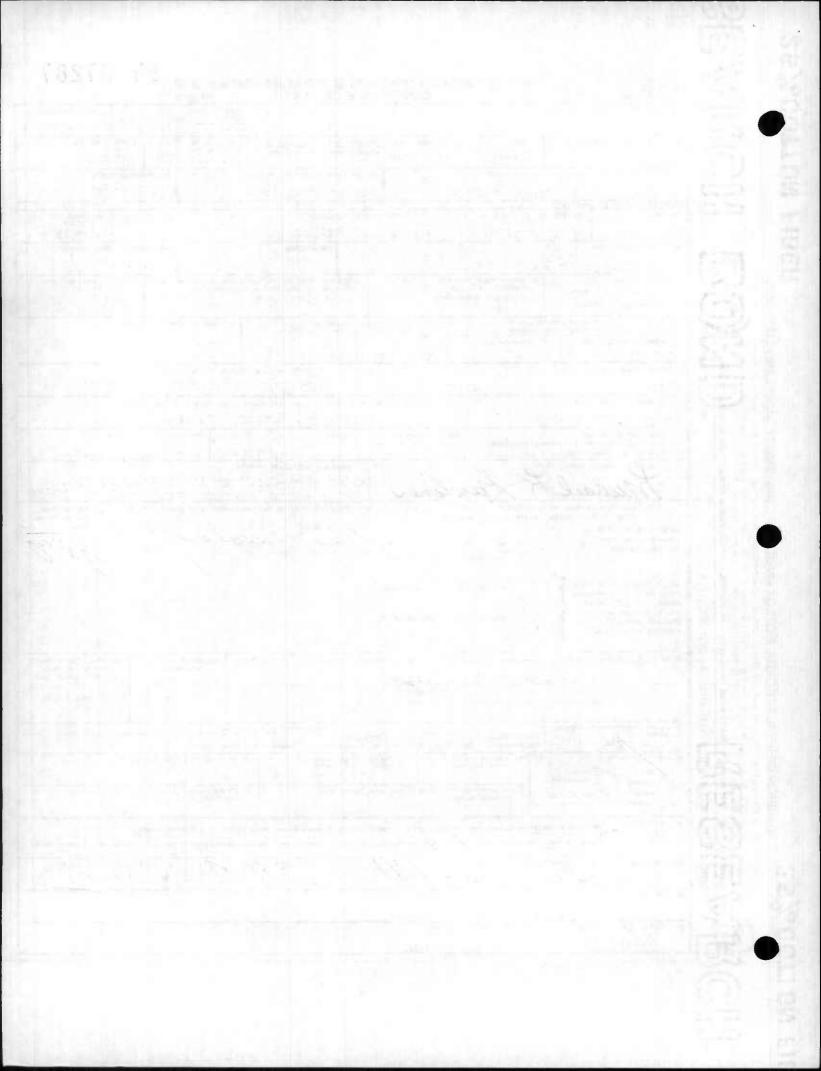
DHMH-16 Rev 1/89



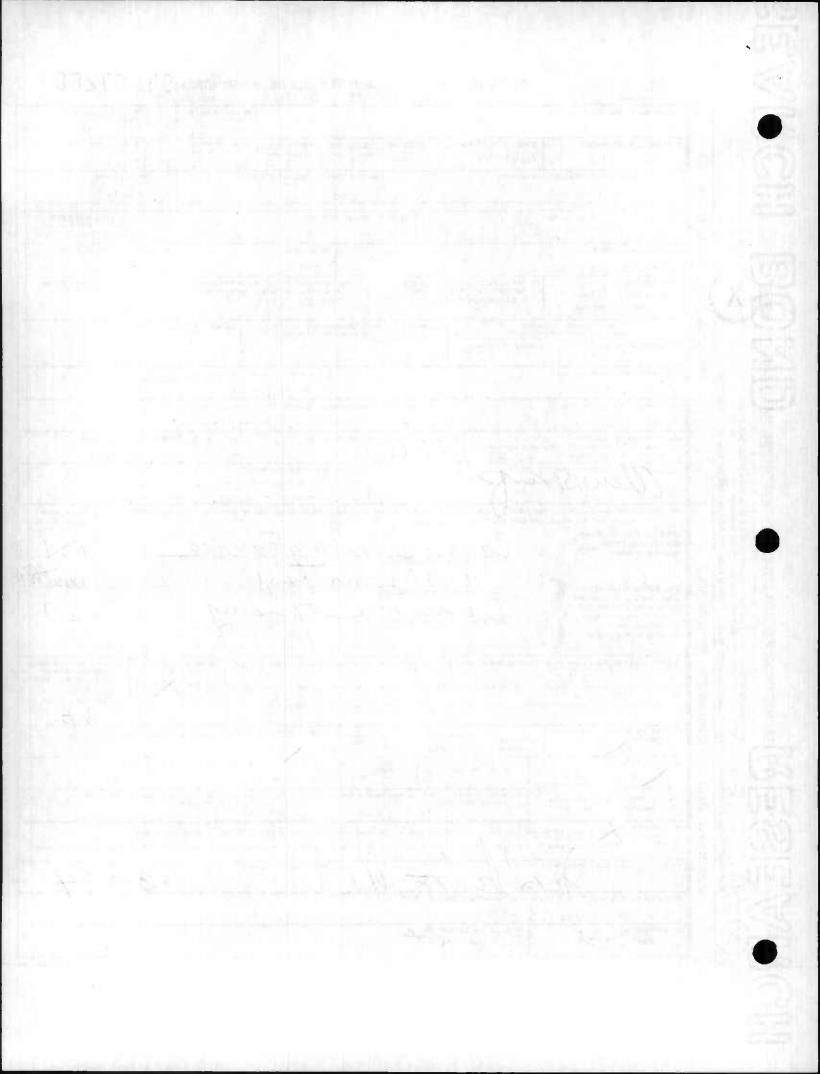
DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last)			Can	017		2. DAT	of DEATH	77 10	3.	TIME OF DEATH	
4	Elizabeth	Benton 5. SEX	AGE (In see 1 see	Case		I w maren a const	_				3:30	
			B. AGE (In yrs. last	980	F UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	7. DATE	th, Day, Year)	010	Country)	NCE (State or For	
	578-03-9548 1 M 2 🕅 F 84 YAS. WAS.							. 9, 1	910	Geor	gıa	
-	Sa. FACILITY NAME (If not institution, give	street and number)				OR LOCATION OF		9c. COUNTY OF DEATN				
DIRECTOR	At Home, 69 Golde	en Beach R	load	ı	Mechan	icsville	9		St. M	lary's	3	
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	TY		10a CITY T	TOWN OR LOC	ATION				1 40	A INDIDE OF	
E	4		W-1-1-1		anicsv						d. INSIDE CITY LIMITS?	
	Maryland St.	Mary's		Mecha							YES 2 X	
ERAL		1.4				Of. ZIP CODE			1000		T COUNTRY?	
NE	69 Golden Beach					20659			U.S			
15	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT	EVER IN U.S. ARM			CENDENT OF NISE			s or No- 1	4. RACE — Black, W	American India hite, atc.	
1	3 Wildowed 4 Divorced	IF YES, GIVE WAS	R OR DATES		1 🗆 YE	S 2 X NO Spe	elfy:			Specify:		
A	15. DECEDENT'S ED	HICATION	tes DEC	SEASTING HAD	1	2004	L			White	9	
4	(Specify only highest grad		(Giv	re kind of work Do NOT use re	WAL OCCUPAT k done during n	nost of working	16	b. KIND OF BU	SINESS/INDU	STRY		
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)						TT C	C			
COMP	12th Grade		Pri	nting	Engra	7			Govern	ment		
	17. FATNER'S NAME (First, Middle, Last)	0				16. MOTNER'S				M.,	22.2	
BE	Clark	Gr	rier			Gorge		Bento		Murra	zy	
TO B	19e. INFORMANT'S NAME (Type/Print)					and Number or Rur						
2 2	Grier G. Smokovi	okovich 4205 Everett St. Kensington, Mc							d. 20895			
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☒ Cremetion 3 ☐ Res	20b. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetory or other place)								State		
E I	4 Donation 5 Other (Specify)	THE STATE OF THE S					3/1/9	94 (	linto	n. Ma	rvlan	
e u	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
examiner	Mattingley-Gardiner Funeral Home, P.A.											
medicai e	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approxim											
벌	disease or condition reaulting in death)		zono	10	The	9/1	sio	20	low	leon		
other traumatic event,	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (O	OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSE	WENCE OF):	My	y We	000	1	lou	les		
or other traumatic event, ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (O	OR AS A CONSECU	WENCE OF):	Poly	in the	sio	1	lou	leon		
jury, or other traumatic event,	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (0  c. DUE TO (0  d.	OR AS A CONSECU-	UENCE OF): UENCE OF):	Arley Street Str	DO CAUSE Observ	in Part I	1	low	les	Onset and	
5 0	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (0  c. DUE TO (0  d.	OR AS A CONSECU-	UENCE OF): UENCE OF):	the underlyi	ng cause given	in Part I.	24a. WAS AN PERFO		AM	Onset and	
DICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (0  c. DUE TO (0  d.	OR AS A CONSECU-	UENCE OF): UENCE OF):	tha undariyi	ng cause given	in Part I.		RMED?	AMI	Onset and	
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (0  c. DUE TO (0  d.	OR AS A CONSECU-	UENCE OF): UENCE OF):	tha undarlyi	ng cause given	in Part I.	PERFO	RMED?	CO OF	RE AUTOPSY FILLABLE PRIOR MPLETION OF G	
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (0  c. DUE TO (0  d.	OR AS A CONSECU-	UENCE OF): UENCE OF):	tha undarlyli	ng cause given	in Part I.	PERFO	RMED?	CO OF	RE AUTOPSY FI	
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (0	OR AS A CONSECU-	UENCE OF): UENCE OF): Descriting in t	26. 1	ng cause given		PERFO	RMED?	CO OF	RE AUTOPSY FI RILABLE PRIOR MPLETION OF C DEATH?	
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II Other algnificant conditions to the condition of the condition	b. DUE TO (0  c. DUE TO (0  d.	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OF THE CO	UENCE OF): UENCE OF): UENCE OF):	26. I		Check only o	PERFO	RMED?	CO OF	INTERVAL BE ONSET AND A STATE OF COMPLETION OF CODEATH?	
1YSICIAN: MEDICAL C	PART IL Other algnificant condition  25. WAS CASE REFERRED TO MEOICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN	DUE TO (0  DUE TO (0	OR AS A CONSEQUENCE OF AS	UENCE OF): UENCE OF): UENCE OF):	26, I	PLACE OF DEATH (	Check only o	PERFO	RMED?	AM CO OF	RE AUTOPSY FI RILABLE PRIOR MPLETION OF C DEATH?	
PHYSICIAN: MEDICAL C	PART IJ Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural  5 Pending	DUE TO (0  DUE TO (0	OR AS A CONSEQUENCE OF AS	UENCE OF): UENCE OF):  DOA 4  26b, TIME O	26. I	PLACE OF DEATH	Check only o	PERFO	RMED?	AM CO OF	RE AUTOPSY FI	
BY PHYSICIAN: MEDICAL C	PART IJ Other algnificant conditions reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART IJ Other algnificant conditions are also in the conditions of t	DUE TO (0  DUE TO (0	OR AS A CONSEQUENCE OF AS	UENCE OF): UENCE OF): UENCE OF):  DOA 4  26b. TIME O	28, I DTHER:  Nursing No DF 28c, IF Y M 1	PLACE OF DEATH ( wme 5 X Residence NJURY AT YES 2 NO	Check only of the 6 Oth 28d. DE 28t. LO	PERFO  1 VES :  one)  or (Specify)  SCRIBE NOW	RMED?  2 NO  INJURY OCCU	AW CO OF 1 [	RE AUTOPSY FI	
BY PHYSICIAN: MEDICAL C	PART II Other algoriticant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation	DUE TO (0  DUE TO (0	OR AS A CONSEQUENCE OF AS	UENCE OF): UENCE OF): UENCE OF):  DOA 4  26b. TIME O	28, I DTHER:  Nursing No DF 28c, IF Y M 1	PLACE OF DEATH ( wme 5 X Residence NJURY AT YES 2 NO	Check only of the 6 Oth 28d. DE 28t. LO	PERFO	RMED?  2 NO  INJURY OCCU	AW CO OF 1 [	RE AUTOPSY FI	
BY PHYSICIAN: MEDICAL C	PART II Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Natural 2 Accident 3 Suicide 4 Nomicide  Negative Death  Partive Could not be defarmined	DUE TO (0  DUE TO (0	DR AS A CONSEQUENCE OF AS	DOA 4  26b. TIME O INJURY	28. In DTHER: Nursing No DF 28c. If NY M 1	PLACE OF DEATH ( wine 5 X Residence 1 JURY AT VORK?  YES 2 NO	Check only of God, Die 6 Oth 28d, Die 2	PERFO  1 VES :  1 VES	INJURY OCCU	AWCOOF	RE AUTOPSY FI	
I NEM 28 IS MARKED, OF NEM 23 SHOWS ANY INJURY, IPLETED BY PHYSICIAN: MEDICAL C	PART II Other algnificant conditions reaulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation and Suicide 6 Could not be defarmined to the condition of	DUE TO (0  DUE TO (0	DR AS A CONSECUTOR AS A CONSEC	DOA 4  26b. TIME O INJURY	28, In the stime, de	PLACE OF DEATH ( wine 5 X Residence 1 JURY AT VORK?  YES 2 NO lica  te and place, and c	Check only of a Check only of	PERFO  1 VES :  1 VES	INJURY OCCU	AWED OF 1 [	Onset and RE AUTOPSY FI RIABLE PRIOR MPLETION OF C DEATH? YES 2	
I ITEM 28 IS MARKED, OF ITEM 23 SHOWS ANY INJURY, IPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II Other algnificant conditions are successful to the conditions of	DUE TO (0  DUE TO (0	DR AS A CONSECUTOR AS A CONSEC	DOA 4  26b. TIME O INJURY	28, In the stime, de	PLACE OF DEATH ( wine 5 X Residence 1 JURY AT VORK?  YES 2 NO lica  te and place, and c	Check only of a Check only of	PERFO  1 VES :  1 VES	INJURY OCCU	AWED OF 1 [	Onset and RE AUTOPSY FI RIABLE PRIOR MPLETION OF C DEATH? YES 2	
I NEM 28 IS MARKED, OF NEM 23 SHOWS ANY INJURY, IPLETED BY PHYSICIAN: MEDICAL C	PART II Other algnificant conditions reaulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation and Suicide 6 Could not be defarmined to the condition of	DUE TO (0  DUE TO (0	DR AS A CONSECUTOR AS A CONSEC	DOA 4  26b. TIME O INJURY	28, In the stime, de	PLACE OF DEATH ( wine 5 X Residence 1 JURY AT VORK?  YES 2 NO lica  te and place, and c	Check only of the Section of the Check only only only only only only only only	PERFO  1 VES :  1 VES	INJURY OCCU	AMED  OF  1 [  RED  RED   cause(a) an	Onset and RE AUTOPSY PI RILABLE PRIOR MPLETION OF C DEATH?  YES 2 P	
IPURIANI: II 100M 28 IS MARKED, OF 110M 2.5 SHOWS 3HY INJURY, BE COMPLETED BY PHYSICIAN: MEDICAL C	PART II Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 2 Accident 3 Suicide 4 Nomicide  29a. CERTIFFIER (Check on) 20 MEDICAL EXAMIN	DUE TO (0  DUE TO (0	DR AS A CONSEQUENCE OF AS	UENCE OF)  UENCE OF)  UENCE OF)  DOA 4  28b. TIME O INJURY  The, farm, street	28. In Muraing No DF 28c. If W 1 cet, factory, off at the time, detin my opinion,	PLACE OF DEATH   wme 5 (X Residence NJURY AT YORK?   YES 2  NO lice te and place, and of death occured at i	Check only of the Section of the Check only only only only only only only only	PERFO  1 VES :  1 VES	INJURY OCCU	AMED  OF  1 [  RED  RED   cause(a) an	Onset and Onset	
IANT: If them 28 is marked, or them 23 shows any injury, COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II Other algnificant conditions are successful to the conditions of	DUE TO (0  DUE TO (0	DR AS A CONSEQUENCE OF AS	UENCE OF)  UENCE OF)  UENCE OF)  DOA 4  28b. TIME O INJURY  The, farm, street	28. In Muraing No DF 28c. If W 1 cet, factory, off at the time, detin my opinion,	PLACE OF DEATH   wme 5 (X Residence NJURY AT YORK?   YES 2  NO lice te and place, and of death occured at i	Check only of the Section of the Check only only only only only only only only	PERFO  1 VES :  1 VES	INJURY OCCU	AMED  OF  1 [  RED  RED   cause(a) an	Onset and Onset	
IPURIANI: II 100M 28 IS MARKED, OF 110M 2.5 SHOWS 3HY INJURY, BE COMPLETED BY PHYSICIAN: MEDICAL C	PART II Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 2 Accident Investigation 3 Suicide 6 Could not be defarmined  29a. CERTIFFIER Check only  29b. SIGNATURE AND TITLE OF CENTIFI  29b. SIGNATURE AND TITLE OF CENTIFI  1 CANAL CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Noticide 6 Could not be defarmined	DUE TO (0  DUE TO (0	DR AS A CONSEQUENCE OF AS	DOA 4  26b. TIME O INJURY  The occurred a present o	28, in Nursing No Difference (1997) M 1	PLACE OF DEATH ( wme 5 X Residence NJURY AT YES 2 NO lice te and place, and death occured at it	28d. Do	PERFO  1 VES :  1 VES	INJURY OCCU	AMED  OF  1 [  RED  RED   cause(a) an	Onset and Onset	
IPURIANI: II 100M 28 IS MARKED, OF 110M 2.5 SHOWS 3HY INJURY, BE COMPLETED BY PHYSICIAN: MEDICAL C	PART IL Other algnificant conditions  Examiner?  1 Yes 2 NO  27. MANNER OF DEATN  1 Natural Suicide 6 Could not be defarmined  29a. CERTIFIER (Check only only only only only only only only	DUE TO (0  DUE TO (0	DR AS A CONSEQUENCE OF DEATH (ITEM PEOPLET CONTROL OF DEATH (I	DOA 4  26b. TIME O INJURY  The occurred a present o	28, in Nursing No Difference (1997) M 1	PLACE OF DEATH ( wme 5 X Residence NJURY AT YES 2 NO lice te and place, and death occured at it	28d. Do	PERFO  1 VES :  1 VES	INJURY OCCU	AMED  1 [  RED  RED   cause(a) and	Onset and Onset	

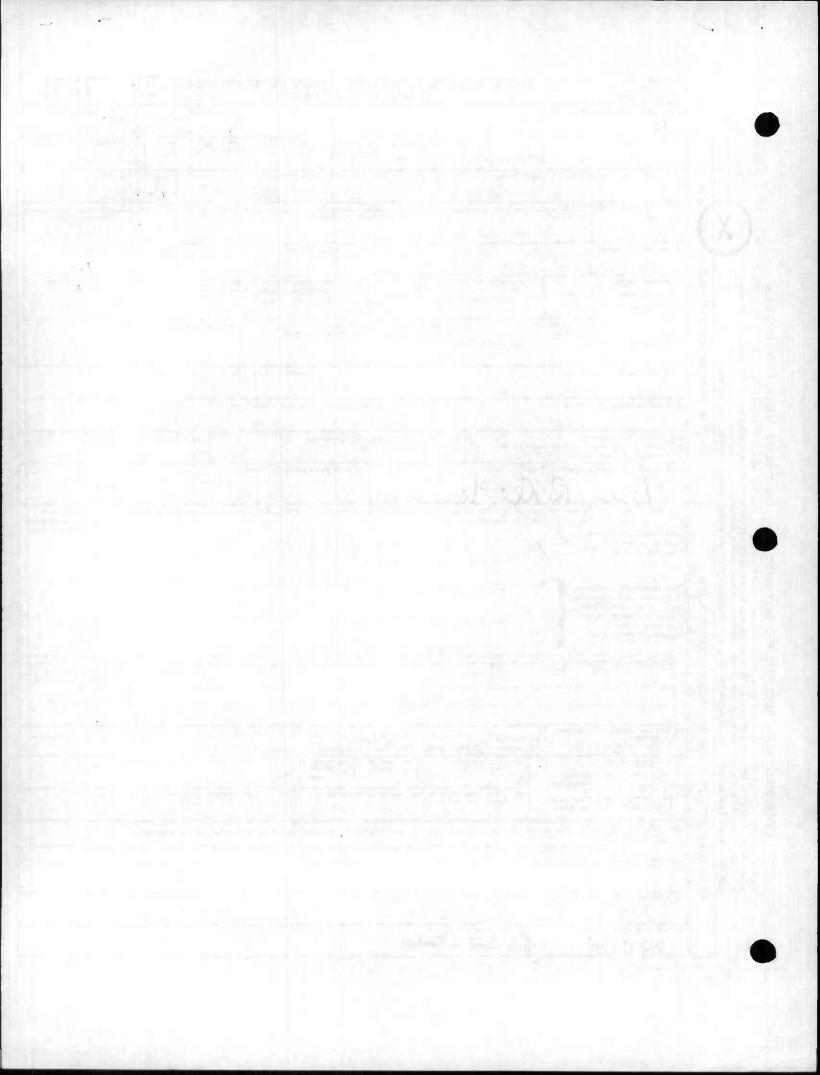


	- 3	1. DECEDENT'S NAME (First, Middle, La	st)	CI					2. DATE OF C	DEATH		3. 1	TIME OF D
		Regina Freda Co						1	March		994	YEAR	9:45
		4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les		IF UNDER 1 Y	YEAR IF UNDER S	24 HRS.	7. DATE OF B (Month, Day			Country)	CE (State o
		200-24-5031  9a. FACILITY NAME (If not institution, git	1 M 2 F	73	YRS.				January			Pennsyl	
	œ	84-C Trossbach Roa					OWN OR LOCATIO	N OF DEA	TH			Y OF DEATH	
	2	RESIDENCE OF DECEDENT	<u>u</u>			Dame	eron			13	St. Ma	ary's	
	DIRECTOR	10a. STATE 10b. COU			10c. CITY	Y, TOWN OR I	LOCATION			n e,		10d	. INSIDE C
		Maryland St.	Mary's		Deam	eron							YES 2
	RA	84-C Trossbach Ro	nd				10f. ZIP CODE					N OF WHAT	
1	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	RMED	13, WAS	20628 S DECENDENT OF	F HISPANIC	ORIGIN? (Se			State	mericen I
		1 Never Married 2 Married	FORCES? 1 [	YES 2 TH	NO	II ye	es, specify Cuban					Black, Wh Specify:	ita, atc.
1	D BY	3 X Widowed 4 Divorced										White	
1	ETE	16. DECEDENT'S E (Specify only highest gr	ade completed)	(G	ECEDENT'S I Blve kind of w	VSUAL OCCL	JPATION ing most of working	7	16b. KIN	O OF BUSIN	ESS/INDUS	STRY	
Augmin		Elementary/Secondary (8-12)	College (1-4 or 5+)		memake	The state of							
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		1101	IICHEALOC.		18. MOTH	ER'S NAM	E (First, Middle	s, Maiden Sur	mame)		
H	ш	David F. Price					Freda	a Reut	her				
-	TO B	19a. INFORMANT'S NAME (Type/Print)					treet and Number of						
		Linda Appicello					ch Road,	Damer	on, Mai				
		20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☑ Cremation 3 ☐ R	emoval from State	cametery, cre	ematory or oti	of DISPOSITION (her place)	ON (Name of		OATE	20c. LOCAT	TION CI	ly or Town, S	Stata
		4 Donation 5 Other (Specify) 21. SIGNATOR OF FUHERAL SERVICE	TICENBEE	Huntt	Crema		ME AND ADDRES		3/94 I	Waldo	rf. M	arylan	d
examiner		Michael K Bill	rkenship				sfield Fu						
the medical		23. PART i. Enter the diseases, of shock, or heart feilur iMMEDIATE CAUSE (Final disease or condition	or complications that re. List only one cause	ceused the de	eath. Do n	59 N	. Washing	gton S	treet.	Leonar or respiret	ory arres	Marv	Approx interval Onset
or other traumatic event, the me	ERTIFICATION	shock, or heart fellul iMMEDIATE CAUSE (Final	a. List only one cause our p (	ceused the de se on each line on as a conseil on as a conseil on as a conseil on as a conseil on as a conseil on as a conseil on as a conseil on as a conseil on as a conseil on as a conseil on as a conseil on as a conseil	OMENCE OF	59 N ot enter the	. Washing	gton S	treet.	Leonar or respiret	dt own	Marv	Approx
23 shows any injury, or other traumatic event, the me	AN: MEDICAL CERTIFICATION	shock, or heart fellur iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit	a. Dur to (	OH AS A CONSE	QUENCE OF	59 N ot enter the	Nashins o mode of dyir	Fa	etreet.  as cardiac  lu  1124a  115	Leonar or respired	TOPSY	24s. WERE AMALON OF C	Approx
23 shows any injury, or other traumatic event, the me	MEDICAL C	shock, or heart feiture immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  28. WAS CASE REPERRED TO MEDICAL EXAMINER?	b. OUR TO (	on each fine on as a conse	DUBLICE OF	59 Not enter the	e mode of dyir	Far hven in R	an cardiac	WAS AN AU PERFORME	TOPSY	24s. WERE AMALON OF C	Approximental ones of the control of
or item 23 shows any injury, or other traumatic event, the me	SICIAN: MEDICAL C	shock, or heart feiture immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significant conditions.	B. DUE TO IT  B.	OH AS A CONSEI  OH AS A CONSEI  OH AS A CONSEI  ERVOutpatient 1  INJURY	DUENCE OF CONTROL OF C	ot enter the	Mashins o mode of dyir mode of dyir mode of dyir mode of dyir mode of dyir mode of decision of the mode of decision of the mode of the mod	byen in R	an cardiac	WAS AN AU PERFORME	TOPSY	24b. WER COM	Approximental ones of the control of
ked, or item 23 shows any injury, or other traumatic event, the me	PHYSICIAN: MEDICAL C	shock, or heart feiture immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are caused in the conditions of	B. DUE TO IT  B. DUE TO IT  C. DUE TO IT  B. DUE TO IT  C.	OH AS A CONSEI  OH AS A CONSEI  OH AS A CONSEI  ERVOutpatient 1  INJURY	DUBLICE OF	other:	e mode of dyir	Farm Sang, such	an cardiac  Lu  anti 24a  1 [ Other (Sp	WAS AN AU PERFORME	TOPSY	24b. WER COM	Approximental ones of the control of
marked, or item 23 shows any injury, or other traumatic event, the me	BY PHYSICIAN: MEDICAL C	shock, or heart feiture immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions of the conditi	b. OUE TO IT  a. OUE TO IT  b. OUE TO IT  c. OUE TO IT  d.	OH AS A CONSEI  OH AS A CONSEI  OH AS A CONSEI  ERVOutpatient 1  INJURY	DUENCE OF COURTS OF THE PROPERTY OF THE PROPER	other:	e mode of dyir	Presidence S	an cardiac  Lu  anti 24a  1 [ Other (Sp	WAS AN AN PERFORME YES 2	TOPSY DO	24b. WERN COO OF C	Approximence on the control of the c
f Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the me	BY PHYSICIAN: MEDICAL C	shock, or heart feiture immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions of the conditi	b. OUE TO IT  a. OUE TO IT  b. OUE TO IT  c. OUE TO IT  d.	DON AS A CONSEINAMENT SINJURY AS NO CONSEINAMENT SINJURY — At he fate. (Specify)	DOA 285. TIME	OTHER:	e mode of dyir  NAME of the mode of dyir  NAME of the mode of dyir  PLACE OF DE  RESIDENT AT WORKS  INJURY AT WORKS  OF THE OF THE OF THE MODE OF THE	hven in R	an cardiac  Lucario  and Description  on the cause(a)	WAS AN AU PERFORME  YES 2  ON Street and manner and man	TOPSY DO	24b. WER MAA. CON OF 1	Approximental on the control of the
f Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the me	COMPLETED BY PHYSICIAN: MEDICAL C	shock, or heart feiture immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions of the conditi	B. DUE TO IT  B.	DON AS A CONSEINAMENT SINJURY AS NO CONSEINAMENT SINJURY — At he fate. (Specify)	DOA 285. TIME	OTHER:	The Mashins of Mashins	hven in R	as cerdisc  Location  A poly one)  Other (Spies, Location City or its  othe cause(s) me, data and	WAS AN AU PERFORME 1 YES 2 YES	TOPSY DT ALITED TO THE STATE OF	24b. WER MAA. CON OF 1	Approximence and Approx
Item 28 is marked, or item 23 shows any injury, or other traumatic event, the me	BY PHYSICIAN: MEDICAL C	shock, or heart feiture immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the initiated events resulting in death) LAST  PART II. Other significant conditions in the initiated events resulting in death) LAST  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural S Predding Investigation Statements of Could not a death of the initiate of the i	DUE TO IT  B. DU	OR AS A CONSEINANT OF AS A CONSE	DUENCE OF COUNTY OF THE PROPER	n the under  OTHER: 4 Number  Add at the time n, in my opin	The Mashins of Mashins	bven in and due to the dist the the	as cerdisc  Location  A poly one)  Other (Spies, Location City or its  othe cause(s) me, data and	WAS AN AU PERFORME 1 YES 2 YES	TOPEY DO	24b. WERE ANALOGO OF 1 CO	Approximence and Approx



BALTIMORE, MARYLAND 21215-002(	AN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physical	tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit e State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	
BALTIMORE, N	nours after death. Page 6 may be r	filled in by the funeral director, page 5 on, or removal.	
68760,	ecuted within	nd completely burial, crematic	
O. BOX (	certificate be exe	fing physician ar lygiene prior to I	
VITAL RECORDS, P.O. BOX 68760,	uires that the death	tificate has been signed by the attending physician and completely filled in by the fit e State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
VITAL RE	AN: The law req	tificate has been e State Dept. of	4 -

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	0		ICATE OF	DEATH	REG. NO	). 	0 7 2 8 9
	Margaret B.	Didom-	enico			3 2	94	1037
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	HRTHPLACE (State or Forei country)
	166-07-9680 Sa. FACILITY NAME (If not institution, give s		77 YRS.	9b. CITY, TOWN	OR LOCATION OF D	EATH	Pe. COUNTY	nnsylvania
TOR	Harford Memoria				e de Gra		Harf	
1	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		10c, CIT	Y, TOWN OR LOCA				10d, INSIDE CITY
19	Maryland Harf	ord	A	berdeen				LIMITS?
NA.	10e. STREET AND NUMBER				H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
INER	206 Baltimore	Street 12. WAS DECEDENT EVER	IN II S ADMED	12 WAS DE	21001	NIC ORIGIN? (Specify Ye	USA	RACE — American Indian
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	3 2 NO	If yes, s		an, Puerto Rican, etc.)		Bleck, White, etc.  Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of a	vork done during m		16b. KIND OF BU	JSINESS/INDUST	RY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	iiie. Do NOT us	emaker		_	n home	
NO.	17. FATHER'S NAME (First, Middle, Last)		TION	ellaker	18. MOTHER'S NA	AME (First, Middle, Maider		
ш	Philip Damiani					Maechian		
TO B	196, INFORMANT'S NAME (Type/Print)  Mr. Donald V. DiD	omonico				Route Number, City or To		
	20a. METHOD OF DISPOSITION	20	Db. PLACEAND DATE			Aberdeen,	MD Z I U U	
	1 Surial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State Co	metery, cremetory or or Pemp) Gar	ther place)				Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME A	ND ADORESS OF F	ACILITY		
	Harry K.	MiTic	ram	Abe	rdeen, Ma	go Funeral aryland 21	001-339	9 .A.
	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on Vout	A CONSEQUENCE OF	- fil		2	matory entest,	Approximation interval Bet Onset and
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF					
AL C	PART II. Other algnificant condition	a contributing to death	but not resulting	In the underlyin	ng ceuse given in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINE
MEDIC						1 TYES		AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	heck only one)		
IYSI	1 TYES 2 NO 27. MANNER OF DEATH	1   Inpatient 2   ER/Ou		4 - Nursing Hor		6 Other (Specify)		
BY PHY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)  28a. PLACE OF INJURY	INJ	M 1 🗆	JURY AT ORK? YES 2 NO	284. DESCRIBE HOW		
TED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp	ecity)			28f. LOCATION (Street City or Town, State	))	war rouse Number,
COMPLET	one)	CIAN: To the best of my kno						use(a) and manner as sta
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	im /			29c. LICENSE NU	MBER 7-364	29d. DATE 810	NEO (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH		DEATH (ITEM 27) (Type,	Print) A (	1	115		47
2			1101	/1	0 11		100	
F	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	Wenne	-1 AV	slidel	n, MD	2100	

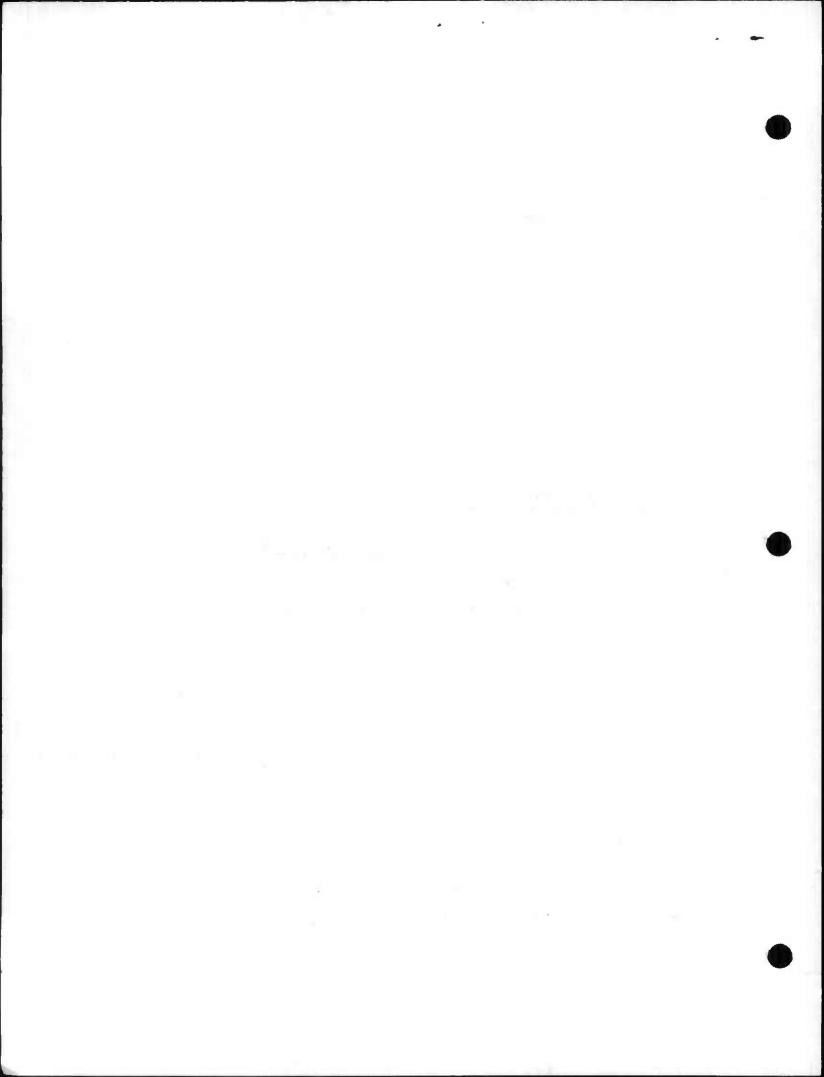


K 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	matic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF MARY			ENT OF H		MENT	AL HYGIEN				
1. DECEDENT'S NAME (First,	Middle, Last)						2. DA	TE OF DEATH		3.	TIME OF DEA	ATH
Olive Grat	fton Dr	aper					MO	rch 1.	AY 1.0.0.21	YEAR		Λ Μ
4. SOCIAL SECURITY NUMB			E (In yrs. last birth	iday) IF U	INDER 1 YEAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTH	1994		10:30 ACE (State or I	Foreign
579 22 001	17 1	□ M 2 GF 97	Y	RS. MONT	THS DAYS	HOURS MIN.		onth, Day, Year)	1896	Country)		
9a. FACILITY NAME (If not in:	stitution, give stree			9b.	CITY, TOWN O	R LOCATION OF E		91 22,		Y OF DEAT	гн	
Gull Creel	k Retire	ement Com	munity	B€	erlin				Worc	ester	•	
RESIDENCE OF DEC	10b. COUNTY		104	CITY TO	WN OR LOCAT	ON					d. INSIDE CIT	
Md	Worce	ester		Berli						1	LIMITS?	
10e. STREET AND NUMBER	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.5.01		Del III		ZIP CODE			10a, CITIZI		T COUNTRY?	NO
4604 Ocean	n Pines				21	811			USA			
11. MARITAL STATUS		2. WAS DECEDENT EVER	IN U.S. ARMED		13. WAS DECI	NDENT OF HISPA	NIC ORI	GIN7 (Specify Ye		4. RACE -	American Ind	llen,
1 Never Married 2 3 Widowed 4 Divo		FORCES? 1 YE	DATES			cify Cuben, Mexic 2 or NO Spec		to Rican, etc.)		Black, Vi Specify:	Vhits, atc.	
	- 1										white	
(Specify only	EDENT'S EDUCAT highest grade cor	npleted)	(Give kir	NT'S USUA of of work d OT use retin	L OCCUPATIO	N It of working	1	16b. KIND OF BU	SINESS/INDU	STRY		
Elementary/Secondary (0-	-12)	Coffege (1-4 or 5 +)										
17. FATHER'S NAME (First, MI	Iddle I ast)	4	<u>I</u> nous	ewite	e/moth			home				
Homer Iss		ton				18. MOTHER'S N			Surname)			
19a. INFORMANT'S NAME (Ty		ton	19h MA	II ING ADDI	BESS (Street or	Hattie	Saur	nders	- Cont. The C	and a l		
Priscilla D	ean Fle	ster			ean Pi					.000)		
20s. METHOD OF DISPOSITION	ON	2	OH PLACE AND D	ATEOEDIS	POSITION (No.	ne of	-		21811 CATION — CI	ty or Town	State	
1 Surial 2 Cremation 4 Donation 5 Other	n 3 🗌 Remova (Specify)	I from State	emetery, cremator	y or other of	emete	ry 3/4	/94		hingt		D. C.	
21. SIGNATURE ON FUNERAL	L SERVICE LICEN	SEE			22. NAME AN	D ADDRESS OF F	ACILITY					_
V 1/2	7.1	Su 1 = 1			Burba	ge Fun	eral	Home,	108	∦illia	ms St	
23. PART I. Entar the of	X1616 1-1	what	ad the death	20.000	Berlin	, Md.	218	11				
snock, or ne	Part Tallura. Lis	t only one cause on	aach iina.	Do not at	ntar tha mod	ia of dying, su	ch as c	ardiac or resp	ratory arra	st,	Approxim	
immediate cause (Findisease or condition	ai	Caroli	- 2.1			Lon-	4				Onset an	4
resulting in death)	<b>→</b> a.,	OUE TO (OR AS	ACONSECUEN	noka	The	fres					Jun	الاحلاء
	_	Dehoo	tractic	521	•						Ì	
Sequantially list condition if any, leading to immediate		OUE TO OR AS	A CONSEQUEN	CE OF):	. /	1					<del> </del>	
cause. Enter UNDERLYII	NG	tleet	olyte	- U	uba	lence					1	
CAUSE (Disease or Injur that initiated events		DUE TO (OR AS	A CONSEQUEN	CE OF):								
resulting in death) LAST	d											
PART II. Other significar	nt conditions o	ontributing to death	but not result	ing in the	underlylog	cause given in	Dart I	24a. WAS AN	ALITYOREV	T	TOP AUTODON S	
		3 10 0000	Wat not rasun	ing in the	onderlying	cause given ii	i Fait I.	PERFOR		AW	RE AUTOPSY F	or s
								1 TYES 2	NO		MPLETION OF DEATH?	CAUSE
										1 [	YES 2	NO
25. WAS CASE REFERRED TO	MEDICAL				20.00	OF OF OCATU (O						
EXAMINER?	Н	OSPITAL:			HER:	ACE OF DEATH (C		Λ			H	4 0
27. MANNER OF DEATH		28a. DATE OF INJURY		TIME OF	Nursing Home	5 Rasidence	<del>-</del>	her (Specify) (	ALLEN OCCU	BED	No	we
	Pending	(Month, Day, Year)		INJURY	WOF		100.0	EQUINDE NOW !		NED		
2 Calabda	nvestigation Could not be	28s. PLACE OF INJUI	TY — At home, to	ırm, street,			261. LC	OCATION (Street )	and Number of	Rural Routi	e Number.	
	letarmined	building, etc. (Sp	ecffy)				C	ty or Town, State)				
29a, CERTIFIER 1 CERTI	FYINO PHYSICIA	N: To the best of my kno	wiedge, death or	curred at t	he ilme date i	and place, and du	to the	auga(a) and mar				
		on the basis of examinat									d manner sa s	stated.
29b. SIGNATURE AND TITLE						29c. LICENSE NU						
11/180	reels	lani	$\supset$ .			028	76	9	▶ 3	((19	orith, Day, Year) L	1
30. NAME AND ADDRESS OF		OMPLETED CAUSE OF E	N. R	(Type, Print)	lealin	M.D	-	#11	Испо	low	5¥.	
31. DATE FILED (Month, Day, Y	(ber)	34. REGISTRAR'S SIG	NATURE		mila	, , , , ,	•	Der 11	n, ll	rd:	218	4
MAR 02	1994	Frei Binden	- Mandal	•								



trift. Pages 1, 2, 3 should

Pa	0		ě
death.	e funera	_;	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
afte	8	TOVA	ca
SULS	5	If rei	ned
24 IN	filled	on, o	he n
hin	tely	mati	t, ti
Will	Прe	Cre	Ven
onted	00 0	urial,	ic e
900	and	to b	mat
e pe	Sicial	rior	trau
ificat	É	ne p	her
Cert	ding	4ygir	10
eath	atte	ntal	7, 0
he d	the	Me	a
hat t	5	and	my I
res t	igne	ealth	50
equi	en s	of H	how
WE	s be	ept.	23
He	le ha	te D	E
AN:	ifical	Sta	=
SICI	cert	the co	1,0
돐	this	With	rke
ING	After	leath	E
END	98.	ter c	8 15
ATT	ECT	ITS at	m 2
L OR	H	200	ites
PITA	ERAL	n 72	苦日
FOS	FUN	with	TAN
뿔	THE	Fled	POR
2	2	e e	3
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pag	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pag TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pag TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTA	MENT OF H	EALTH AND	MENTAL HYGIEN	-	94 07291
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
9	Irene	Elizabeth	Drury			February"	19 19	MEAN
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	218-28-9738	1 - M 2VVF 93	YRS. MO	NTHS DAYS	HOURS MIN.	July 30 1	- 1	Country)
	9e. FACILITY NAME (If not institution, give street		94	CITY TOWN C	R LOCATION OF D			Maryland Y OF DEATH
DIRECTOR	Chesapeake Manor I				nold	EAIR	27 1125	nne Arundel
<b>H</b>	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
ā	MD Anne	Arundel		Arno.	ld			1 VES 2XXNO
¥	10e. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	305 College Park	kwau			21012			USA
5		12. WAS DECEDENT EVER IN U.		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No — 1	4. RACE — American Indian
	1 Never Married 2 Merried	FORCES? 1 YES 2	2 XXNO S	If yes, spi	cify Cuban, Mexica 2 XXVO Specif	in, Puerto Rican, etc.)		Black, White, etc.
B	XX Widowed 4 □ Divorced			1	- Allo opec	y.		Specify: White
입	15. DECEDENT'S EDUCAT (Specify only highest grade co.		a. DECEDENT'S US	UAL OCCUPATIO	IN .	16b. KIND OF BUS	SINESS/INDU	
<u> </u>		College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working			
릴	none		Laundry	Presse	۲.	Cleani	nalla	undru
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden		arta ag
	unknown					nknown		
H	19a. INFORMANT'S NAME (Type/Print)		195 MAILING AD	DRESS (Street e		Route Number, City or Tow	e Stein 7/n C	(market)
일	Edith M. Adams							
	20e. METHOD OF DISPOSITION	201.01				napolis, M		
	1 ( Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify	al from State cempter	ACE AND DATE OF D ry, crematory or other LCTEST C	place)	meol . alazi	DATE 20c. LO		100000000000000000000000000000000000000
	21. SIGNATURE OF FURNISHAL SERVICE LICEN	nu	ecresi C	emeteri	7 2/23/	94 An	napol	is, Maryland
	, NR (X)	0		22. NAME AN	D ADDRESS OF FA	ohn M.	laylo)	r Funeral Home
	_ DADAR XX	m		147 V	uke of G	loucester	St. A	mapolis, MD
	23. PART I. Enter the diseases, or con	inplications that coused th	a death. Do not	anter the mo	da of dylng, auc	h as cerdiac or reapi	ratory erres	st, Approximate
	shock, or heart fallure. Lis	at only one cause on each	i lina.			/		Interval Batween Onset and Death
	disease or condition	Herete	Mus	Df and	1 .1	1.00	rel-	
	resulting in death) a	DUE TO (OR AS/A) CO	INSECUENCE OF	Coro	way	lufe	1000	~
_	_ /	attano del	P- 9-0	Ver	el. Nas	100	)mea.	m
0	Sequentielly list conditions,	DUE TO (OR AS A CO	INSEQUENCE OF:		0011 070		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
HTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING		,					
윤	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A CO	INSEQUENCE OF):					
	resulting in death) LAST							
8	d							
ا ہے	PART If Other significent conditions of		not resulting in ti	he underlying	ceuse given in			24b. WERE AUTOPSY FINDINGS
EDIC	Parylerol Va	seulor	Owen			1   YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE
						_   '		OF DEATH?
						_		1 YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL			20 PI	ACE OF DEATH (Ch	est astrone		
Š		IOSPITAL:	9					
HYSICIAN: M	27. MANNER OF DEATH	□ Inpatient 2 □ ER/Outpatie  28e. DATE OF INJURY				8 Other (Specify)		
١ -	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF	WO	RK?	28d. DESCRIBE HOW II	NJURY OCCU	RED
E A	2 Accident Investigation				ES 2 NO			
3	3 Suicide B Could not be determined	28e. PLACE OF INJURY — i building, etc. (Specify)	At home, farm, atree	t, factory, office		281. LOCATION (Street e City or Town, State)	nd Number or	Rural Route Number,
			<u> </u>					
COMPLEI	29e. CERTIFIER (Check only	N: To the best of my knowledg	e, death occurred at	the time, date	end place, and due	to the ceuse(e) end men	ner ee stated	
5		On the beele of examination en						
- 11	296. SIGNATURE AND TITLE OF CERTIFIER	^			29c. LICENSE NUM			
# E	who	Attend	enp I	Irla !	1) 21	6810		HIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	w .	_		001	007	- LAK	ruary 23, 1994
					Rubinia	Wanibar -		
	Dr. Cyriac, M.D.  31. DATE FILED (Month, Day, Year)	1600 Crain	nzyrway	ocen t	owine,	wurykana		
	FEB 25 1994	4. REGISTHAR'S SIGNATU	de l'	Naindre	Mandelle			
	1 L U & U 1334	Ÿ.	June	A SAMPLE FARTING				

.

	_	FOR 1 - STATE REGISTRAR	STATE OF I					EALTH DEAT	Н	ENTAL HYGIEN REG. NO	IL.		7292	
		1. DECEDENT'S NAME (First, Middle, Last) Leonard	Paul	Г	e Fo	ontes	;		l a	*. DATE OF DEATH ************************************	21	YEAR	3. TIME OF DEATH 10:10a	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER		IF UNDER 2	24 HRS. 7	. DATE OF BIRTH		a, BIRTHP	LACE (State or Foreign	
P		215-01-3308	1 M 2 - F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	2708705		M Country)		
3 should	oc.	Se. FACILITY NAME (If not institution, give						R LOCATIO	N OF DEAT	н	9c. COUN			
(2)	V E	North Arundel Ho	spital			Gler	ו שם:	rnie			Anne	AFU		
1	<b>1</b>	MD 106. COUNT Anne	Arundel		Seve	y, town o							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
n agsit pem	FUNERAL	275 West Capote	Court				101	ZIP CODE	1146		100 Crtu2	EN OF WI	HAT COUNTRY?	
21215-0020 al or attending physician for use as the burial-tra	₽	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1	TEVER IN U.S. ARM	IED O		f yes, sp	ENDENT OF ecify Cuban 2 NO	HISPANIC Maxican, I Specify:	ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No—	Black,	American Indien, White, etc.	
D 21215 pital or attend of for use as	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+) (Gh	e kind of Do NOT u	se retired.)	CCUPATIO	ON st of working	7	Baltimo				
AND 21 he hospital or detached for	once.	17. FATHER'S NAME (First, Middle, Last)		LII	iiice.	nter			ER'S NAME	(First, Middle, Melden			22	
2 2 3	<b>8</b>	Unknown De Fonte	S							Jnknown	,			
E, MAR ay be retained page 5 should	be notified TO BE	19a. INFORMANT'S NAME (Type/Print)  Ms. Mary Ann Sny	der					nd Number o		to Number, City or Tow Severna		Code) MD	21146	
IMORE, Page 6 may be al director, page	must b	20a, METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Rem	oval from State	20b. PLACE AI cemetery, created HOLY							CATION C			
ALTIMOR leath. Page 6 m funeral director,		4 Donellon 5 Other (Specify)	CENSEE	- Iuotà u	recei	22.	NAME AN	D ADDRESS	S OF FACIL	¥ Balti ₩ 495 Ri	tchie.	Ншу		
BALTIMORE hours after death. Page 6 may ed in by the funeral director, pa	ai examiner	1 Solut	$\geq$			Barı	anc	o Fun	eral	Home Sev	erna	Park	MD 21146	
within	event, the m	23. PART I. Enter the diseees, or shock, or heert fellure.  IMMEDIATE CAUSE (Final diseese or condition resulting in deeth)	e. Due to	OR AS A CONSECU	UENCE O			de of dyin		sa cerdiec or resp	iratory erre	ent,	Approximate interval Between Onset and Daath	
P.O. BOX  ith certificate be tending physician all Hydiene prior to	or other traur	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that infiletad events resulting in death) LAST	с.	(OR AS A CONSEO										
KECORDS  v requires that the been signed by the	hows any inju MEDICAL	PART II. Other significent condition	contributing to	deeth but not re	euiting	In the un	derlylng	g ceuee gi	iven In Pa	24s. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  I YES 2 NO	
I TAL N: The lan Scate has	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Check	only one)				
ICIAN:	or it	1 VES 2 NO		ER/Outpatient 3		4 🗆 Nun	ing Hom			Other (Specify)				
PHY C		1 Natural 5 Pending	(Month, E	Pay, Year)	26b. TIN	JURY M	28c. INJ WO	RK?		6d. DESCRIBE HOW	INJURY OCC	URED		
ONISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his nours after death with the State D	28 is TED	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE Obuilding,	F INJURY — At hon atc. (Specify)	ne, ferm,	streel, fact	ory, office		21	8t. LOCATION (Street City or Town, State		or Rural Ro	ute Number,	
AL OR	AP L	29a. CERTIFIER 1 CERTIFYING PHYS											and menner as stated.	
TO THE HOSPITAL TO THE FUNERAL TO THE WITHIN 72	MPORTANT	29b. SIGNATURE INDITIALE OF SERTIFIE	R					29c. LICEN	SE NUMBE	ER .	29d. DATE	SIGNED (	Month, Day, Year)	
	5	30. NAME AND ADDRESS OF PERSON WITH		SE OF DEATH (ITEM	27) (Type	Print)	08 80	My	faire	air No.	a A	1	(7)	
		31. DATE FILED (Month, Day, Vear) FFB 2, 4 1994	32. REGISTRA	AR'S SIGNATURE	1/2	ids-	Band	le 12	\		× ×	-		

6:45AM

Approximata

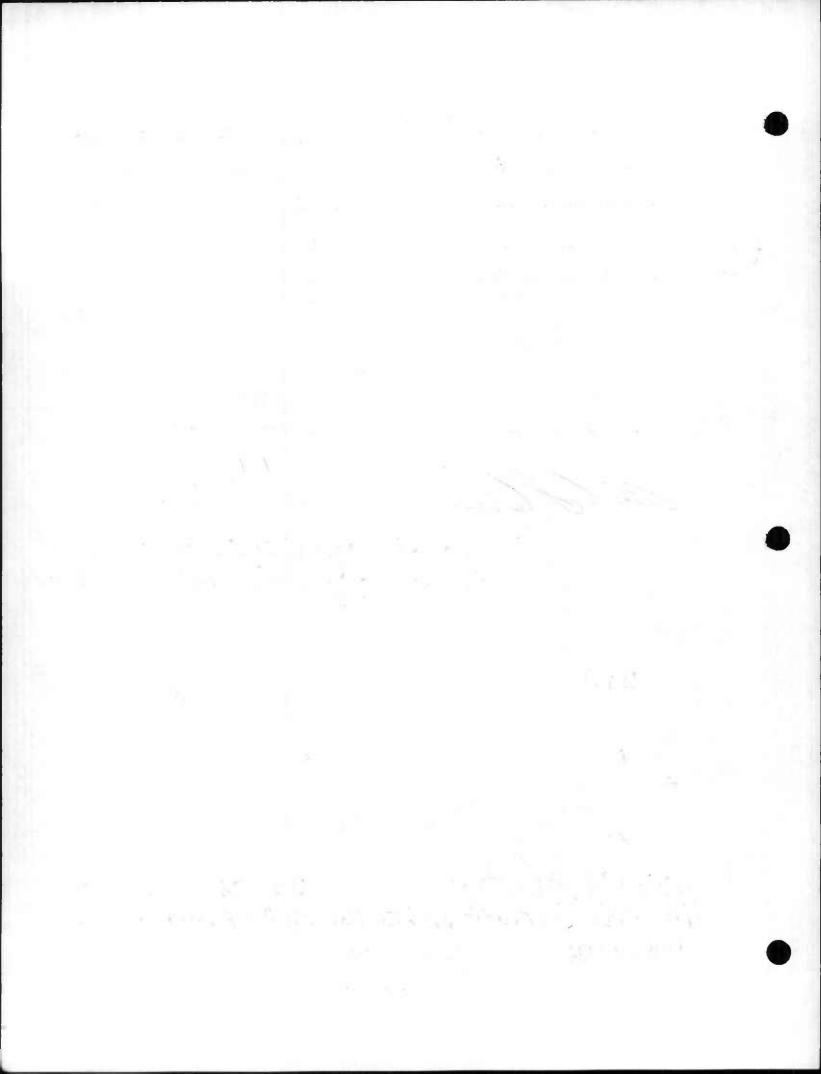
Interval Between

Onset and Death

Tenta.

Julia Tavidson Andelle

DHMH-16 Rev 1/89



permit, Pages, 1, 2, 3 should

hos	ache	93
the state	e det	6
d by	D D	-01
taine	shou	une
96 78	S S	9
nay !	pag	t b
9 6	ector	Ë
Page	di di	100
ath.	nner	ani me
ter de	the f	al ex
S a	remy	dic
2	led i	Ē
1 Z4	ation	=
with	plete	rent
betra	rial Con	6 9
page	and o	Bat
8	rician	Irau
ficat	phys	101
Certi	ding	2
eath	atten Ital	y, 0
the d	Me The	in ici
that	d by	July 1
ires	Signe	2
requ	neen	sho
aw i	Dept Dept	23
Ĕ	tate	tem
CIAN	the S	6
HYS	his c	ted,
NG P	ter th	шал
ION	R: All	
ATT	S ath	1 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL	ME Z	=
HOSE	FUNE	AMI
4	WP	E
E	E 's	8

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Las		DATE			2. DATE OF DEATH	nav.	3. TIME OF DEATH
RICHARI		DAVIS			PEB 2-1	17 198	1994 11:15 hrs
4. SOCIAL SECURITY NUMBER 212-26-8451	5. SEX	6. AGE (In yrs. last birthday	/	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1929	8. BIRTHPLACE (State or Foreign Country)
So. FACILITY NAME (II not institution, give ANNE ARUNDEL MED		ER		NNAPOLIS	DEATH		NE ARUNDEL
10e. STATE 10b. COUNT ANN	E ARUNDEL	10c. C	TY, TOWH OR L				10d. INSIDE CITY LIMITS?  1) YES 2 NO
100. STREET AND NUMBER 26 LAFAYETTE A	VE			101, ZIP CODE 21401		10g. CITI	U.S.A.
Never Married 2 Married  Midowed 4 Divorced	FORCES? 30	TEVER IN U.S. ARMED  XXYES 2 NO WAR OR DATES  KORE	A 1 □	ye, specify Cuban, Mexi	ANIC ORIGIN? (Specify Worsen, Puerto Ricen, etc.)	os or No—	14. RACE — American Indian, Black, White, atc.  AFRO AMERICAN
15. DECEDENT'S ET (Specify only highest gre Elementary/Secondary (0-12)		16a. DECEDENT (Give kind o life. Do NOT	's usual occu I work done durin use retired.) ESSENGE	PATION NO INC. INC. INC. INC. INC. INC. INC. INC.	TE ****		USTRY
17. FATHER'S NAME (First, Middle, Last) FREDERICK DA	VIS SR.				ROWN DAVIS	n Surneme)	
100. INFORMANT'S NAME (Type/Print) HELEN HUTTON		19b. MAILIN			I Route Number, City or To	wn, State, Zip	Code)
		-					
20a. METHOD OF DISPOSITION  DESCRIPTION   DISPOSITION   DI	ICENSEE	20b. PLACE AND DAT	E OF DISPOSITIO	ON (Name of EMETERY FE	B, 22-94	CROWN:	OLIS MD. 2140
Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	cks 11  r complications the List only one cer a. Pnc DUE TO b. A CGV DUE TO	at coded the desth. Do	HOU not enter the right off:	EMETERY FE ME AND ADDRESS OF I JSE OF HICE Me mods of dying, se  Lowar 1	B <sub>2</sub> 22-94  ACILITY  KS F <sub>3</sub> SERV  ch as cardiac or resp	CROWN; ANNAPO ICE 1º	SVILLE A.A.CO. OLIS MD. 2140 922 FOREST DR
Sequentially list conditions, if any, isading to immediate cause. Enter Unions, if any, isading to immediate cause. Enter Unions, in the immediate cause. Enter Unions and income immediate cause. Enter Unions in the immediate cause in the immediate cause. Enter Unions in the immediate cause in the immediate cause cause in the immediate cause in the immediate cause in the immediate cause in the immediate caus	CKS 11  r complications the List only one cet  a. Phe Due to Due	20b. PLACE AND DAT  It coused this death. Do  José on each line.  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	eof disposition in the under the und	EMETERY FE ME AND ADDRESS OF HICE MODES OF H	B, 22-94  PACILITY  KS F SERV  TO BE SERV	CROWN, ANNAP ICE 1' Poiratory services of the	SVILLE A.A.CO. OLIS MD. 2140 922 FOREST DR. Approximate interval Between

29d. DATE SIGNED (Month, Day, Year)

warres! N	Mar (VID		1000	728	F	2017,	17
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)					
Charles W. K	inzer, MD,	1833A	Forest	Drive,	Anna	polis, A	1D.
FEB 2 2 1994	32. REGISTRAR'S SIGNATURE	Lavidson-A			,		

DHMH-18 Rev 1/89

EUR.

2

9

31. DATE FILED Month, Day, Year

8 '94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

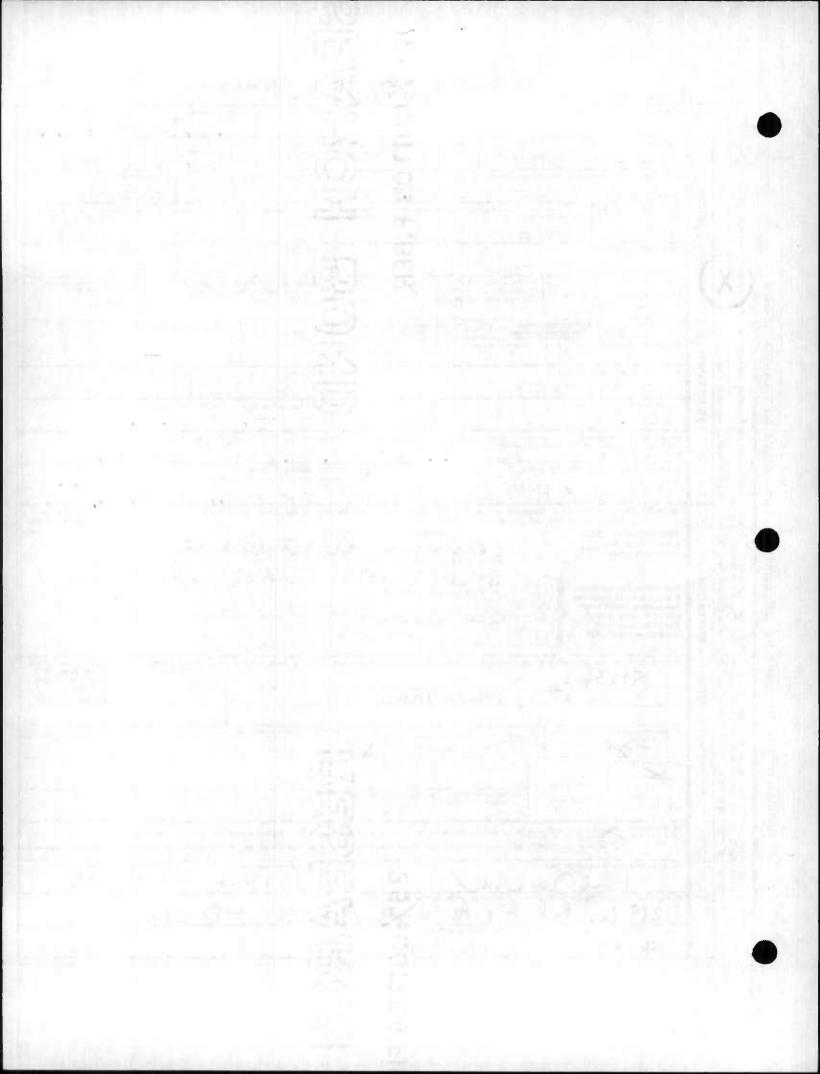
32. REGISTRAR'S SIGNATURE

Fandall.

whia Davidson

07295 94 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR EMMA EVANGELINE DOWNS Feb. 26, 1994 6:05a,m. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign April 1,1896 West Virginia 97 DAYE 1 M 2 X F 232-96-8096 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Lorien Riverside Nursing and Rehab. Belcamp Harford RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Abingdon 1 TES 2 1 NO mit. UNERA 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3113 Holly Berry Court 21009 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 ☐ YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced B white hospital or attending other and COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig þ ndary (0-12) College (1-4 or 8+) Homemaker detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Page 6 may be retained by the Jacob (nmn) Berger 2 Ħ Hannah (nmn) Sickendollar BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Lois E. Hagy 3113 Holly Berry Court, Abingdon, Md. 21009 9 20e. METHOD OF DISPOSITION
1 □ Buriel 2 ☒ Cremation 3 □ Red 20b. PLACE AND DATE OF DISPOSITION (Nama of OATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Sfecily) Ferris & Co. Inc. 3-1-94 West Chester, PA examiner 21. BIGNATURE OF FUNERAL BERVICE/LICEN 22. NAME AND ADDRESS OF FACILITY nours after death. Howard K McComas III Funeral Home P.A. 1317 Cokesbury Rd., Abingdon, Md n and completely filled in by the to burial, cremation, or removal. medical 23. PARTJ. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximata ahock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition edul executed within event, resulting in death) DUE TO (OR AS A CONSEDUENCE OF): levo traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to death certificate be CAUSE (Disease or Injury other DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 10 injury, PART ii. Other aignificant conditions contributing to death but not resulting in the undarlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? requires that the 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AMAILABLE PRIOR TO COMPLETION OF CAUSE эпу 1 YES 2 NO OF DEATH? meumor 1 YES 2 NO has been s PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF GEATH (Check only one) EXAMINER? this certificate h Item HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA sing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF GEATN 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED marked, 1 Sletural 5 Pending 1 YES 2 ND BY After t 2 Accident 28s. PLACE DF INJURY — At home, larm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 6 Could not be DIRECTOR: / COMPLETED 4 Nomicide 28 Item 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(a) and menner as stated. FUNERAL C within 72 h TANT: If It HOSPITAL TO THE HOSPITA
TO THE FUNERA
Be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Morph, Day, Year) LICENSE NUMBER BE

4



1	-	FOR STATE REGISTRA
1	. D	ECEDENT'S

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit IMPORTANT. If Itam 29 is marked as the marked to the completely of the comp

DIVISION OF VITAL RECORDS, P.O. BOX 68769

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR		STATE OF M	MARYLAND /				ALTH A DEATH					J = 1	0,000
1. DECEDENT'S NAME (First	, Middle, Last)		- 01		OAIL	OI I	DEATT		2. DATE OF D	G. NO.	-		3. TIME OF DEATN
Harold Ric		EDED COLE							MONTH	DAY	4	YAAA	J. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	hirthdad	IF UNDER 1	VEAD T	IF UNDER 24		DATE OF BU		2	771	0430 M
		1 2 M 2   F		YRS.	MONTHS		- 7	MIN.	(Month, Day,	Year)		Country	
220-05-6386			77	Tha.					Sept.1	.2,19			vland
9s. FACILITY NAME (If not in	netitution, give a	treet and number)			9b. CITY,	TOWN OF	LOCATION	OF DEAT	'n		9c. COUI	NTY OF DE	EATH
Washington RESIDENCE OF DEC	County	Hospita	1.		H	ager	stown	l			Was	shing	ton
10a. STATE	10b. COUNTY			10c CITY	TOWN OF	R LOCATIO	NA.				_		10d, INSIDE CITY
Maryland		ngton			gers								LIMITS?
15 Snyder A						10f.	2174	0	l B		10g. CITI	USA	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AR YES 2 NAR OR DATES .W.II		14	yes, spec	NDENT OF I	Mexican, F	ORIGIN? (Spo Puerto Rican,	etc.)	or No—	14. RACE Black, Specifi Whi	
	EDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OC	CUPATION			16b. KIND	OF BUS	INESS/IND		
Elementary/Secondary (I	ly highest grade	completed) College (1-4 or 5	Eller .	ve kind of w Do NOT use	ork done do retired.)	uring most	of working						
8	-,2,	- Conege (1-4 or 5	"	own	er				p1	umbi	ing a	ind h	eating
17. FATHER'S NAME (First, M	fiddle, Last)						16 MOTHER	S'S NAME	(First, Middle,	Maklan S	Sumamal		
Cristian S.	Ebers	ole					Min	nie	Ε.	mercon c	Jornamay		
19a. INFORMANT'S NAME (									ite Number, Cit				
Helen L. Eb	ersole			.5 Sn	yder	Ave	., Ha	gers	stown,	Mar	ylan	d 21	740
20s. METNOD OF DISPOSIT	on 3 🗆 Reme	oval from State	20b. PLACE A	matory or oth	her place)							City or Tov	
4 Donation 5 Other  21. SIGNATURE OF FUNERA		ENGEE	Rest	Have							erst	own,	Maryland
120	17	Mi	nnu	R					THOME		rerst	OWI).	Md. 21740
23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fellure.	n.	t ceused the de	eret		1	e of dying			or reapin	atory arr	oat,	Approximate Interval Between Onset and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or Inju- that Initiated events resulting in death) LAS	diate ING Iry	2.	(OR AS A CONSEC										
PART II. Other algnifice	ent condition	a contributing to	death but not n	eaulting is	the und	leriying	cause give	en In Pa	rt J. 24a.	WAS AN A	WTOPSY	24b.	WERE AUTOPSY FINDINGS
	seles									PERFORM			AMILABLE PRIOR TO COMPLETION OF CAUSE
10100									_   1 🗆	YES 2	□ NO		OF DEATH?
									- 1				1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER	_	CE OF DEAT	TH (Check	only one)				
1 TES 2 NO		1 Impatient 2	ER/Outpatient 3	□ DOA			5 🗆 Resid	lence 6	Other (Spec	offy)			
	Pending	28s. DATE OF (Month, D		28b. TIME INJU		28c. INJUI WOR			8d. OEŞCRIBI	E HOW IN	JURY OCC	CURED	
	investigation	28a PLACE O	F INJURY — At ho	no form of	mad dands		.3 2	-		-			
	Could not be determined	building,	etc. (Specify)	ive, terrii, si	reet, facto	ry, ornce		20	8f. LOCATION City or Tow		nd Number	or Rural Ro	oute Number,
		CIAN: To the best of											and menner as stated,
29b. SIGNATURE AND TITLE				_									
ABOUL	- WA	ttero n	40				1)2/	4 5	iri		29d, DATE	SIGNED	(Month, Day, Year)
30, NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITER	1 27) (Type,	Print)		1 -		,			1	
31. DATE FILED (Month, Day,	AKIT	11 /V2.	HAGE R'S SIGNATURE	RST	SWN	. 1	MO.	217	142				
MAR	0 7 199	· Co	Senden-	Randal	e.								
						L-n					_		DNMN-16 Rev 1/89

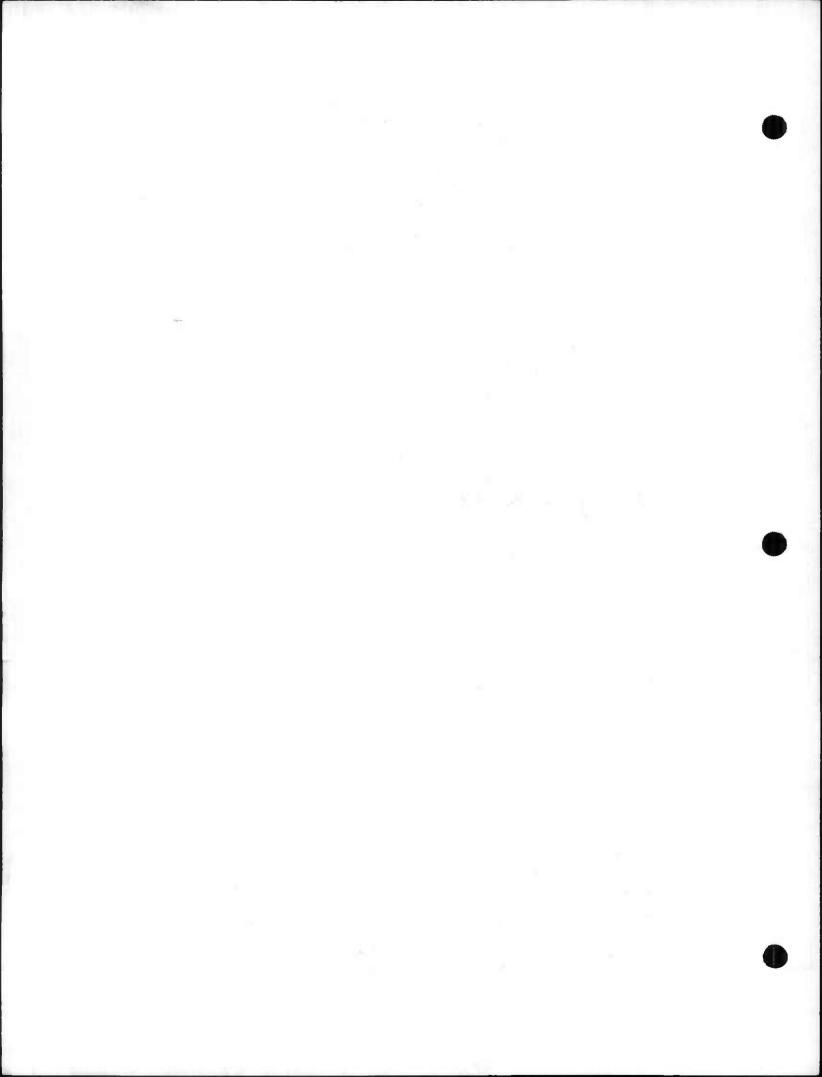




FOR 1 - STATE REGISTRAR

			1. DECEDENT'S NAME (First, Middle, Last)		U	ELDRIDGE,	JR.	2. DATE OF MONTH	DEATH DAY	9 YEAR	3. TIME OF DEATH
28			4. SOCIAL SECURITY NUMBER 215-32-8912	1 X M 2 D F 5	(In yrs, les	YRS. MONTHS DAY		7. DATE OF (Month, I		Count	HPLACE (State or Foreign ry)
( 2.3 shot		DIRECTOR	98. FACILITY NAME (If not institution, give still 1329 Defined in the state of the	ens'e	try		n or location of 1		94	c. COUNTY OF E	
Pages		IREC	10e. STATE 10b. COUNTY			10c. CITY, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
1	. I	A L	MARYLAND ANN  100. STREET AND NUMBER	E ARUNDEL		GAI	IBRTILLS 101. ZIP CODE		10	g. CITIZEN OF	1 YES 2 NHO
Ĭ.	X	1	1329 DEFENSE HIG	HWAY			21054				. A.
find physics the burn	-	BY FU	11. MARITAL STATUS  1XX Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XX	O If yes,	ECENDENT OF HISP/ specify Cuban, Mexic ES 2 XXO Spec	en, Puerto Rici	Specify Yes or I in, etc.)	No — 14. RACI Blec Spec	E — American Indian, k, White, etc.
215		8	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DE	CEDENT'S USUAL OCCUPA	TION	16b. Ki	ND OF BUSINE		ACK
ID 21		4PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	100	e kind of work done during Do NOT use retired.) HEAVY EQUII		RATOR			
YLAND  I by the hospit d be detached	d at once	E COMPL	17. FATHER'S NAME (First, Middle, Last)	WILLIE EI	DRID	GE, SR.	18. MOTHER'S N	AME (First, Mick		iame)	
MAR retained 5 should	notified	TO B	19a. INFORMANT'S NAME (Type/Print) HARRIETT LEE	<del></del>		MAILING ADDRESS (Street					
y be	ě	*	20s. METHOD OF DISPOSITION	20		701 GLENWOO		F. 606		OLIS, M	
Page 6 ma director, p	must		1 ASuriel 2 Cremation 3 Ramo 4 Donetion 5 Other (Specify)	val from State Ce		ON CEMETERY		DATE		BRILLS,	
hours after death. Par ed in by the funeral d	examiner		21. SIGNATURE OF FUNERAL SERVICE LICE	T. Lees	0	REE	AND ADDRESS OF F SE & SON: WEST ST	S MORTI			4.03
, P.O. BOX 68760, eath certificate be executed within 24 hours at attending physician and completely filled in by that Houlese Afor to burial cremation or semi-	or other traumatic event, the	ERTIFICATION	23. PART i. Enter the disesses, or coahock, or heart feilure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEC	UENCE OF):	node of dying, su	ch aa cardled	c or respirato	ry arreat,	Approximate interval Batweet Onset and Deat
w requires that the devote been signed by the at	hows any injur	MEDICAL C	PART II, Other aignificant conditions	Contributing to death	but not re	sulting in the underly	ing cause given in		e. WAS AN AUT PERFORMED	07	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N: The law icate has bu	ш 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C	heck only one)			
SICIAN: The land certificate has	or item	YSIC		HOSPITAL: 1   Inpetient 2   ER/Out	patient 3	DOA 4 Nursing H	ome 5 Residence	8 Other (S	pecify)		
D F is	-36	ВУ РН	27. MÄNNER OF DEATH  Netural 5 Pending  Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		INJURY	NJURY AT WORK? YES 2 NO	28d, DESCR	IBE HOW INJUI	RY OCCURED	
OR ATTENDING I	99		3 Suicide 6 Could not be determined	28s. PLACE OF INJUR building, stc. (Spi	Y — At hor	ne, farm, street, factory, of	fice	281. LOCATION OF 1	ON (Street and Nown, State)	lumber or Rural F	loute Number,
THE HOSPITAL OR A THE FUNERAL DIREC	INT: If Item	COMPLET		IAN: To the best of my know							e) and manner so stated.
THE H	POR	BE	296/SIGNATURE AND TITLE OF CERT	mo	1	Deputy	29c. LICENSE NU	1605	4 290	DATE SIGNED	(Month, gay, Year) 4/94
		2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM	D (Type, Print)	95 F	Ime	rick	+ 2	1035
			31. FEB "2" 2" 1994.	32. REGISTRAR'S SIGN	NATURE 2014001	- Jandelle					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



ages 1, 2, 3 should

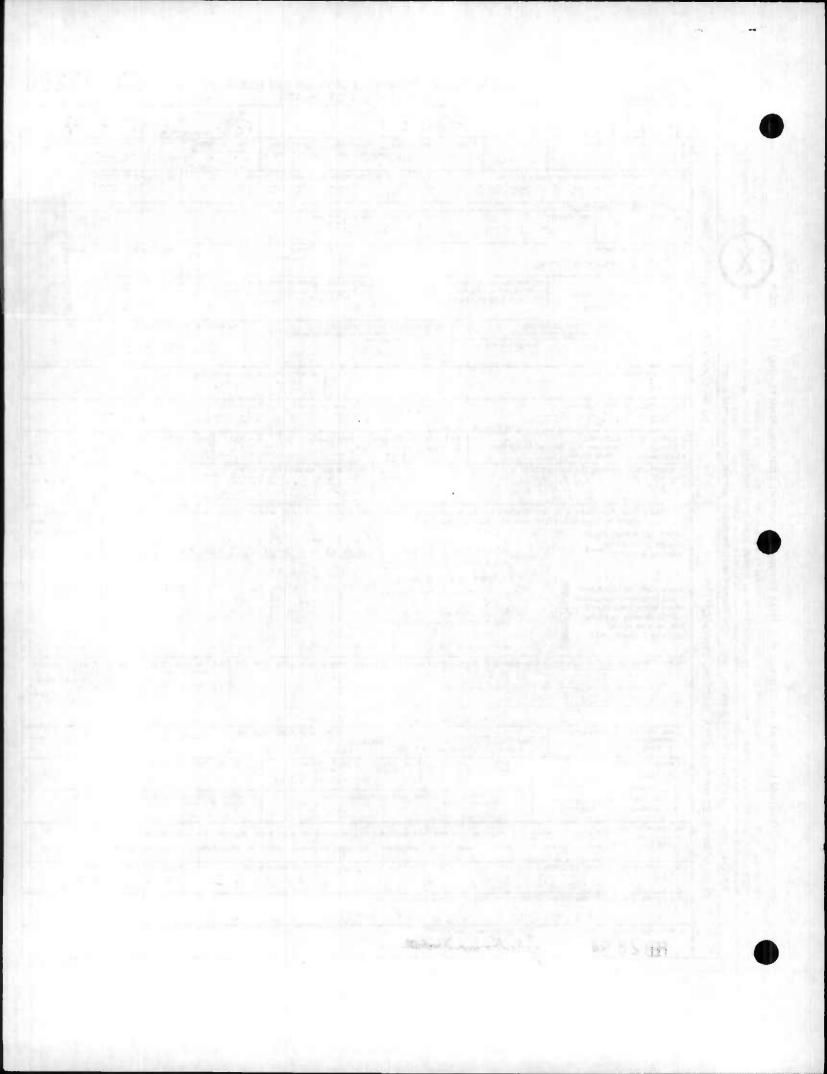
afte	Se		
tal or	for		
osbi	ched		ej.
the h	deta		one
3	9		To
ined	houk		ffed
reta	5 5		not
ay be	page		2
E 9	ctor,		nust
age	direc		10
. F	Meral		E
dea	e fu	-i	exa
after	by th	MOV	Icai
OUIS	E II	or re	med
	filler	ion,	i i
a a	etely	emat	11,1
M M	ompl	II, cm	eve
ecut	nd c	buria	atic
9 90	ian a	or ro	E
ate t	)ySic	prio	1
artific	ng pa	glene	othe
4	tendi	H H	6
dea	e at	Aenti	ury,
at the	by th	pur	三
s the	Den	E E	am
quire	n Sig	f He	0
W re	pee	0.0	3 84
he la	has	000	1 Z
F.N	Scate	State	ie
SICIA	certif	幸	. 0
PHYS	this	With	ked
NG F	fler	eath	E
ENDI	R: A	ter d	100
ATT	ECT	rs aft	n 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	ERAL	J 72	T.H
HOS	FUN	with	TAN
里	표	filed	POR
2	2	2	Ξ

whice Davidson

31. DATE FILED (Month, Day, Year)
FEB 28 '94

	FOR STATE REGISTRAR	STATE OF MARYLAN			T OF HEALTI			GIENE .	94 07298
	1. DECEDENT'S NAME (First, Middle, Last)	Anna Rose		Felt			2. DATE OF DEA		YEAR 2 TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-28-0048	5. SEX 6. AGE (in y	vs. last birthday) YRS.	IF UNDE	DAYS HOURS	ER 24 HRS. MIN.	7. DATE OF BIRT (Month, Day, N July 3(	IN a	BIRTHPLACE (State or Foreign Country) Maryland
OR	9a. FACILITY NAME (If not institution, give si Harford Memorial	· ·			Havre de		EATN	9c. COUNT	y of DEATH arford
DIRECTOR	10a. STATE 10b. COUNTY Maryland B	altimore	10c. CIT	iv, town	OR LOCATION Ville				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 11107 TOWOOD ROS	ad			10f. ZIP CO	DE 087			EN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	12. WAS DECEOENT EVER IN U. FORCES? 1 YES :	2X NO	13.		oan, Mexica	NIC ORIGIN? (Specian, Puerto Rican, el		4. RACE — American Indien, Black, White, etc. Specify: White
COMPLETED	15. OECEDENT'S EQUI (Specify only highest grade Elementary/Secondery (0-12)	completed)	Give kind of life. Do NOT U	work done ise retired.)	during most of worl	king		of Business/INDU	STRY
BE CON	17. FATHER'S NAME (First, Middle, Last) LOUIS — K	reipl			18. MO	THER'S NA	AME (First, Middle, N	feiden Sumame) Joha:	nnis
TO B	19a. INFORMANT'S NAME (Type/Print)  Joann F. Koppelm	an	196. MAJLING 1110	G ADDRES	S (Street and Numb WOOD RO	ad,	Route Number, City Kingsvi	or Rown, State, Zip Colle, Md.	21087
	20e. METNOD OF DISPOSITION 1 Surial 2 Cremation 3 Flam 4 Donation D Other (Specify)	even from State comete Ball	timore	other place Nat 22. H	NAME AND ADDR LOWARD K	. McC	Comas III	I Funera Abingdo	Baltimore, Md. 1 Home, P.A. n, Md. 21009
	23. PART I. Enter the diseases, or cannot be seen a second to the second	a. Conglet	wel.	Re	ant	1	ilu		st, Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	DISEQUENCE C	OF):		0			
: MEDICAL C	PART II. Other significant condition	s contributing to death but	not resulting	In the v	nderlying cause	given in	PE	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	26. PLACE OF	DEATN (Ch	neck only one)		
	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 ER/Outpetie 28s. DATE OF INJURY (Month, Day, Year)	28b. Tif	_	28c. INJURY AT WORK?		6 Other (Specification 28d. DESCRIBE I	HOW INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm,	atreet, fac			261. LOCATION (S City or Town,	Street and Number or State)	r Rural Route Number,
COMPLETED	onel	CIAN: To the best of my knowledger.  R: On the bests of examination ar							
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE OF DEATH	7	18	1N 29c. LI	CENSE NUI	190	29d. DATE :	SIGNED (Month, Day, Year)

DHMH-18 Rev 1/89

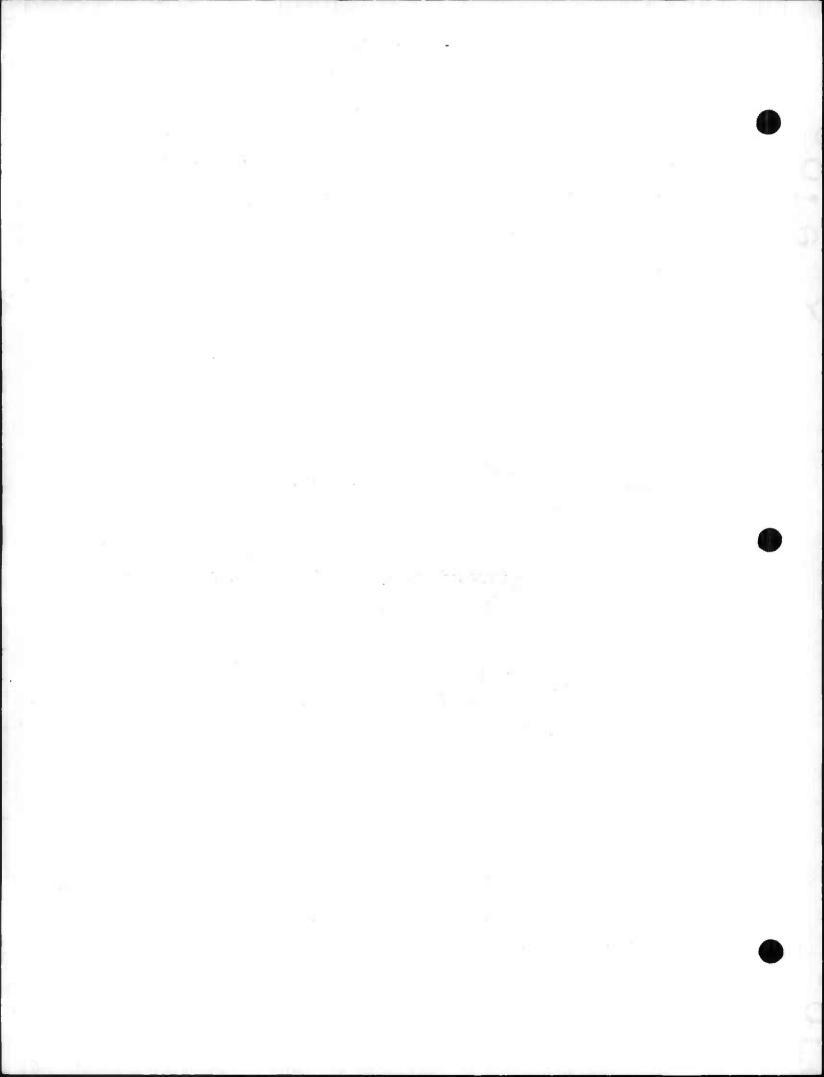


•	ě	es	
hysicia	urial-tr		
ding p	theilb	1,010	- September
aften	ISE as		
ital or	d for 1		
psou a	tache		Jee.
by the	be de		at 0
ained	hould		Med
be ret	ge 5 s		0 10
тау	or, pa		ust b
age 6	direct		er m
ath. F	uneral		amin
fter de	the f	oval.	al ex
ours a	d in b	or rem	nedic
17	y filled	rtion,	the
withir	pletel	crema	rent,
cuted	по р	unial.	tic e
be exe	ian an	or to t	auma
hcate	physic	ne pric	or tr
certil	nding	Hygiel	or oth
death	e afte	<b>lemal</b>	ury,
nat the	by th	and N	y in
ires th	signed	<b>Health</b>	WS 31
w requ	рееп	JU . Of 1	s sho
The lan	le has	ite Deg	эт 2
JAN:	rtifical	he Sta	Or 10
HYSIC	his ce	with t	ked,
SING F	After 1	death	mar
TEN	10R	after	28 18
OR A	DIREC	hours	Item
SPITAL	ERAL	in 72	=
E HO	E FUN	d with	BITA
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-nours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundal-transmit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

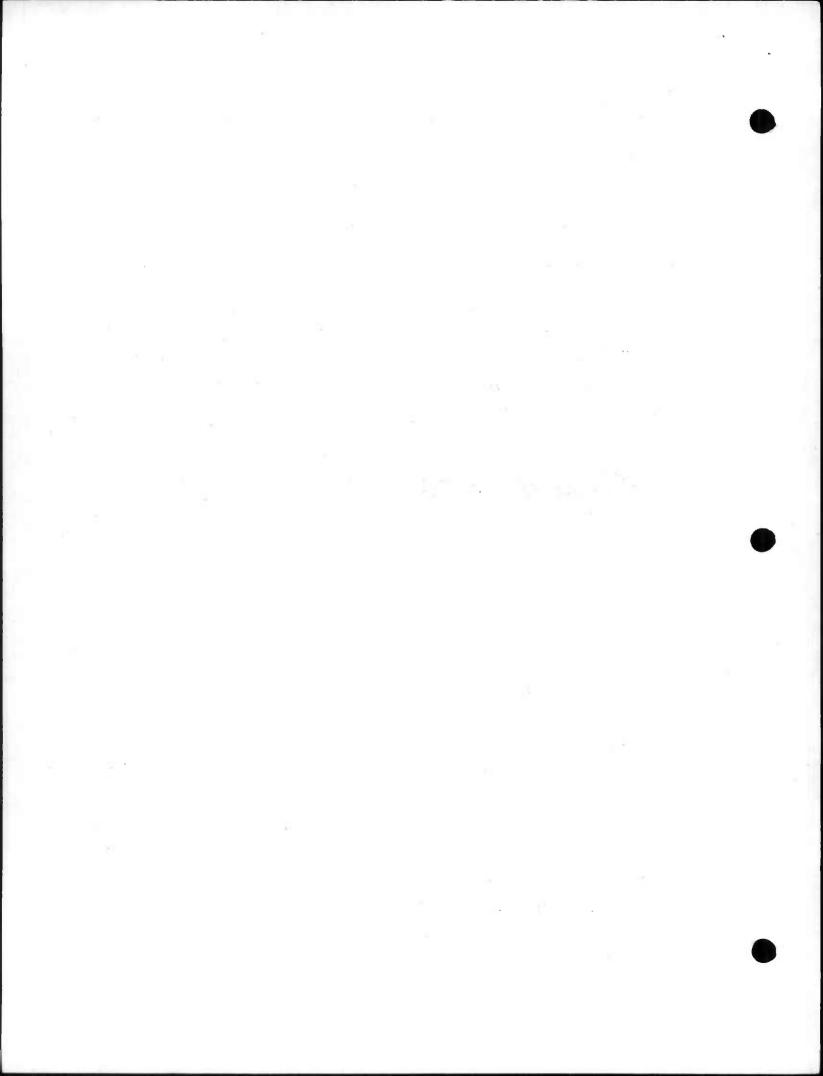
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	t. DECEDENT'S NAME (First	Middle Lest				-					2. DATE OF	EG. 140.	_			
,			ET ANTAGANT								MONTH	DA		YEAR	3. TIME OF DEATH	
	MARGARET  4. SOCIAL SECURITY NUMBER		FLANAGAN	4.4					_		Februa		3, 1		1915 рм	
			5. SEX	6. AGE (In y			IF UNDE	DAYS	IF UNDE	R 24 HRS.	7. DATE OF I (Month, De	BIRTH ly, Year)		Count	HPLACE (State or Foreign try)	
	166-16-071		1 M 2 X F		91	YRS.					Aug.	28,	1902	Phi.	la., PA	
	9a. FACILITY NAME (If not in	stitution, give si	treet and number)				9b. CIT	Y, TOWN	OR LOCAT	ION OF DE	ATH		9c. COUNTY OF DEATH			
8	Union Hosp:	ital					E1	ktor	1				Cec	i1		
DIRECTOR	RESIDENCE OF DEC								-							
	10a. STATE	10b. COUNTY			1	10c. CITY	, TOWH	OR LOCA	NOIT						10d. INSIDE CITY LIMITS?	
	Delaware	New (	Castle			Nev	vark								1 X YES 2 NO	
ا لا	10e. STREET AND NUMBER							10	of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	827 Elkton	Road						- [ ;	19711				US	Λ		
Š	11. MARITAL STATUS	noud	12. WAS DECEDEN	T EVER IN U.	S. ABME	D	13.				IIC ORIGIN? (S	necify Yea			E — American Indian,	
	1 Never Married 2	Married	FORCES? 1 IF YES, GIVE W	YES 2	MO			Il yes, s	pecity Cubi	en, Maxica	n, Puerto Rica	1, etc.)	01110-	Blac	ck, White, etc.	
BX	3 🔀 Widowed 4 🗌 Dive	orced	ir ies, dive w	AN ON DAIE	3			( [] YE	S 2 X NO	Specin	y:			Spec	White	
ED	t5. DEC	EDENT'S EDUC	CATION	16	a. DECE	DENT'S	USUAL C	CCUPAT	ION		16b. KIN	D OF BUS	INESS/INI	DUSTRY		
	(Specify on) Elementery/Secondary (6	y highest grade			(Give	kind of w	ork done e retired.)	during m	iost of worki	ing	12,34,770					
2	8	F12)	College (1-4 or 5+	' I	Но	mema	lear				Пот	^				
COMPLET	17. FATHER'S NAME (First, M	liddle Lest)			1101	meme	IKEL		1 40 1407		Hom				·	
	The second second										ME (First, Midd		Sumame)			
	Daniel Cra						-			ice	Unkn					
0	19a. INFORMANT'S NAME (7				1						Route Number, (					
-	William H.				82	7 E]	lkto	n Ro	oad,	Newa	rk, De	1awa	re l	9711		
	20a, METHOD OF DISPOSIT 1 Burial 2 Cremetic	ION on 3 - Reme	oval Irom State				F DISPO		leme of		DATE	20c. LO	CATION —	City or To	own, Stata	
	4 Donation 5 Donat			St.	Jo	hn's	Ce	mete	ery		2-26	New	ark,	De1	aware	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	EHSEK						ND ADDRE							
- 1	Region /	1	//								nes an					
-	23. PART i. Enter the d	isesses or c	Amplications the	anunad th	a dans	D	-11	122	W. M	ain	St., N	ewar	k, D	E 19		
	shock, or h	eert fellure	Liat only one cau	se on each	ilne.	0			oud 0, 0,	1	55 COIGIOC		atory or	-	Approximete interval Between	
ı	IMMEDIATE CAUSE (Fir disease or condition	181	( )	- 17	- 1	( /		(5		/(0		11	(0	10	Onset and Death	
H	resulting in death)	7	e. Our ro	OR AS A CO	MESON A	aure ne		X	w	100	sper.	Ven	T	ne	24	
			1111	1.75		7	110	1	3			9_	(1)	`		
HILFICATION	Sequentially list condit		DUBITO	OH AS A CO	NEEDLIE	ENCE OF	4	0	dy	0 1	-> au	2	VIN	las		
<b>a</b> I	if any, leading to imme- cause. Enter UNDERLY		Co.H	- X 00		THE OF	77		0	1	0		)		0	
일	CAUSE (Disesse or inju		DUE TO	OR AS A CO	WOE OUT	LO OF	رعر		ord	0/0	مركب و	7/1	ye	ast		
3	thet initiated events resulting in death) LAS	т		INTERNATION	THURL WOL	DACE OF	Pr.								1	
			4.												1	
	PART II. Other significa	int condition	s contributing to,	death but r	not resi	ulting h	n the u	nderfyin	ng cause	given in	Part I.   244	. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS	
EDICAL		140.	1 . 1							7		PERFOR	HERE	64/0	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
		-	500	1 - +	_						- 1	YES 2	SC NO		OF DEATH?	
Σ		-	all o	2		_	_	1	-/	9-	7				1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO		~~	Va	-	w	1/	1	- E	200						
<u> </u>	EXAMINER?	O MEDICAL	HOSPITAL:				OTHE		LACE OF T	DEATH (Ch	ack ofty one)		_	_		
2	1 TYES 2X NO		1 25 Inpatient 2	-		-	4 🗆 Mur		me 5 🗆 R	esidence	6 🗆 Other (Sp	ecity)				
5	27. MANNER OF DEATH		28s DATE OF (Month, D	INJURY (s. Mur)	3	INJI			JURY AT		28d. DESCRI	HE HOW I	LIURY OC	CURED		
2		Panding Investigation					M		YES 2	NO						
- 11		Could not be	28e. PLACE Of building.	HUJURY /	At home.	, farm, si	treat, fac	tary, offic	ce		281. LOCATIO	N (Stront a	nt Nonte	or Runs	Route Mumber;	
4	4 Nomicide	determined		-							Sep 30 No	( urani)				
COMPLETED	29a. CERTIFIER 1K CERT	IFYING PHYSI	CIAN: To Ihe best	my knowled-	o dade	000	d at the	Ilma de	n and state		to the control	1		4		
E															a) and manner se stated,	
3		-	11		MACON IIIW	- arigarioi	n, in my	ориноп,	CHRITI OCCU	eff fa Den	time, date end	place, en	due to ti	na ceuse(	a) and manner ee stated,	
u II	29b. SIGNATURE AND TITLE	OF CERTIFIER				e.				ENSE NUM			29d. DAT	E SIGNED	D (Month, Day, Year)	
		My		teu	>	-			DC	618	1		F	eb.	24, 1994	
-	30. NAME AND ADDRESS OF	10									-					
	Joseph G. I	anzi -	721 Bri	dge S	t.,	E1k	ton	, MD	219	21						
J	21. DATE FILED (Month, Day.	Year)	32. REGISTRA	R'S SIGNATU	RE	4				-						
	FFB 2 4	194	Frence	Davidsor	- Aa	ndale	6									



THE COMMENT SHAME (THE ALL SHAMES)  LOCAL SECRETAL SHAMES (THE ALL SHAMES)  LOCAL SECRETAL SHAMES (THE ALL SHAMES)  LOCAL SECRETAL SHAMES (THE ALL SHAMES)  LOCAL SECRETAL SHAMES (THE ALL SHAMES)  LOCAL SECRETAL SHAMES (THE ALL SHAMES)  LOCAL SECRETAL SHAMES (THE ALL SHAMES)  LOCAL SECRETAL SHAMES (THE ALL SHAMES)  LOCAL SECRETAL SHAMES (THE ALL SHAMES)  LOCAL SHAMES (TH		FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIE		07300	
213 22 0937 - 19 W 2 P 68 V 20 P 68 V 20 P 68 V 20 P 68 V 20 P 68 V 20 P 68 V 20 P 68 V 20 P 68 V 20 P 68 V 20 P 68 V 20 P 68 V 20 P 68 V 20 P 78			NOR	MAN	GRO	SS	2. DATE OF DEATH FEBRUARY 2	2, 1994	3. TIME OF DEATH 3:55 P	,
THE CHIEF STP RAD (RESIDENCE)  BUT THE CHIEF STREET AND NUMBERS  WE STREET AND NUMBERS  WE STREET AND NUMBERS  ROUTE   Box 430 A   10.0000   10.00000   10.000000   10.0000000000		213 22 0937	1 № M 2 🗆 F 68	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 03/01/	25 N	Maryland	ign
Weight   December   Weight   December   Weight   December   Dece	TOR	OLIVER SHOP ROAD (RE					EATH			
ROUTE 1 Box 430 A  1 MARTIAL STRUE TO BOX 430 A  1 MARTIAL STRUE TO BOX 430 A  1 MARTIAL STRUE WAS DECEMBENT EVER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED  1 MARTIAL STRUE WAS DECEMBENT OF HER IN U.S. ASSESSED WAS DECEMBENT		10a. STATE 10b. COUNT							LIMITS?	io
The properties of the properti			30 A							
Description of the control of the co	<u> </u>	1 Never Married 2 Married	FORCES? 1 YES 2	X XNO	If yes, spe	cify Cuban, Maxica	in, Puarlo Rican, atc.)	fea or No- 14	Black, White, atc.	,
James B. Gross, St.    Marie E. Bowman   19st Normanis Name (Propher)   19st Normanis Name (P	LETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of wor life. Do NOT use r	k done during mo retired.)	DN st of working	10020		STRY	_
James B. Gross, St.  James B.	once.	17. FATHER'S NAME (First, Middle, Last)		Carper	nter	18. MOTHER'S NA			onstructio	n
Sequentially list conditions   Control of Disposition   Conditions   Control of Disposition	m la		oss, Sr	19b. MAILING AI	DDRESS (Street a				odel	_
Separation of Committee (Control Control	-								3	
23. PART I. Enter the displaces, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory arrest, interval Between the mode of dying, such as cerdiac or respiratory or such as an object and such as an object and such as a conscious or respiratory arrest, interval Between the mode of dying, such as a conscious or respiratory or such as a conscious or respiratory or such as a conscious or respiratory arrest, interval Between the mode of dying, such as a conscious or respiratory arrest, interval Between the mode of dying, such as a conscious or respiratory or respiratory or such as a conscious or respiratory or such as a conscious or respiratory	examiner	21. SIGNATURE OF FUNEYAL SERVICE LI	CENSEE St	Mary's	Chur 22. NAME AN Ada Aqu	ms Fune asco Ro	eral Hom Dad. Adu	e, P. <i>A</i> asco.	A. MD. 20608	
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PRIORMED?  1	or other traumatic event, the me ERTIFICATION	immediate cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents	e. CARCER  DUE TO (OR AS A CO  DUE TO (OR AS A CO  C.	INSEQUENCE OF):		Color		piretory arres	interval Bet	Wee
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO   1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home   Residence 6   Other (Specify)  27. MANNER OF DEATH  1   Netural 5   Pending Investigation   28s. DATE OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. DATE SIGNED HOW INJURY OCCURED  28s. PLACE OF INJURY   28b. DATE OF INJURY   28b. DATE OF INJURY   28b. DATE OF INJURY   28b. DATE OF INJURY   28b. DATE OF INJURY   28b. DATE OF INJURY   28b. DATE OF INJURY   28b. DATE SIGNED HOW INJURY OCCURED   28c. INJURY   28b. DATE SIGNED HOW INJURY OCCURED   28c. INJURY   28b. DATE OF INJURY   28b. DATE SIGNED HOW INJURY OCCURED   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c. INJURY   28c.	C E	PART II. Other algnificent condition	ns contributing to death but r	not reaulting in	the underlying	ceuse given in	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	) USE
Accident 3   Suicide 4   Homicide 8   Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 29s. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the beside of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.  29s. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the beside of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.  29s. Signature and Title of Certifier 29s. Signature and Title of Certifier 29s. Signature and Title of Certifier 29s. LICENSE NUMBER D—28352 2 2 3 9 4  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  KRISHAN MATHUR, MD. 11340 PEMBROOKE SQUARE SUITE 213 WALDORF, MARYLAND 20603	, or item 23 HYSICIAN	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outpaties 28s. DATE OF INJURY	nt 3 DOA 4	THER: Nursing Home	Rasidence	6 Other (Specify)	INJURY OCCUP	RED	
29a. CERTIFIER (Chock only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) KRISHAN MATHUR, MD. 11340 PEMBROOKE SQUARE SUITE 213 WALDORF, MARYLAND 20603	28 Is mar	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY —		M 1 🗆 Y	ES 2 NO	28t. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  KRISHAN MATHUR, MD. 11340 PEMBROOKE SQUARE SUITE 213 WALDORF, MARYLAND 20603	MPL MPL	(Check only CERTIFYING PHYS								ed.
KRISHAN MATHUR,MD. 11340 PEMBROOKE SQUARE SUITE 213 WALDORF, MARYLAND 20603		Krigh	7. Matter	-			IBER	29d. DATE S		_
		KRISHAN MATHUR,MD. 11	.340 PEMBROOKE SQUA	ARE SUITE	213 WALD	ORF, MARYL	AND 20603			



		1 - STATE REGISTRAR					OF DEATH	MENIA	REG. NO.	_		
		1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH	W.		3. TIME OF DEATH
		HELEN LEOT	A GODL	OVE				MARC	H 2,™	1994	YEAR	10:15 A
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:		IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE	OF BIRTH	T	8. BIRTHE	PLACE (State or Foreign
pp		214-36-0569	1 🗌 M 2 💢 F	87	YRS.				6, 19	06	WEST	VIRGINIA
3 should	œ	9a. FACILITY NAME (If not institution, give:					WN OR LOCATION OF D	EATH		111	TY OF DE	
13	12	853 SUMMIT AV	ENUE			HA	GERSTOWN			W	ASH	INGTON
( X	DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN OR LO						10d, INSIDE CITY LIMITS?
			SHINGTON	V :	'	HAGER	SIUWN					1 X YES 2 NO
61. E	FUNERAL	10e. STREET AND NUMBER	ENUE				10f. ZIP CODE					HAT COUNTRY?
020 physidan. bunalaransit	NE	853 SUMMIT AVI	LNUE 12. WAS DECEDEN	7 57/50 (1) 10 45			21740				S.A	
21215-0020 ital or attending physician. I for use as the bunal-trans		1 Never Married 2 X Married	FORCES? 1	YES 2	NO NO	If yes	DECENDENT OF HISPAI	en, Puerto P	7 (Specify Yea Noan, atc.)	of No-	Black,	— American Indian, White, etc.
5-0 ding	ВУ	3 Widowed 4 Divorced	11 723, 0172 11	NA ON DATES		''	YES 2 X NO Specif	ly:			Specify	WHITE
1215 r attend use as	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	ive kind of v	USUAL OCCUP	PATION g most of working	16b.	KIND OF BUS	INESS/IND	JSTRY	
21 aftal or	Ë	Elementary/Secondary (0-12)	College (1-4 or 5+	·)	Do NOT us	e retired.)			01181 11	OME		
/LAND 21 by the hospital or be detached for u at once.	M	9 17. FATHER'S NAME (First, Middle, Last)		l ur	MEM	AKER			OWN H			
2 × 2 ×		ASHBY WISE	DORS	SEY			16. MOTHER'S NA		liddle, Melden BELIA		ROC	TOR
MARYLAND  retained by the hospit  should be detached notified at once.	H	19a. INFORMANT'S NAME (Type/Print)			b. MAJLINO	ADDRESS (Str	eet and Number or Rural					1011
be reta ge 5 sl	임	BOYD S. GODLO	VE SR.									LAND 2174
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		20s. METHOD OF DISPOSITION 1 Burtel 2 Cremetion 3 Rem	oval from State		ANDDATEC	F DISPOSITION	N (Name of	OATE	20c. LO	CATION — C	ity or Tow	rn, State
IMORE Page 6 may Il director, pa		4 Donation 5 Other (Specify)		SMITH	SBURG	CREM/	ATORIUM 03	<b>-</b> 03-9	94 SMI	THSBU	RG,W	ASH.,MD.
ALTIN death. Pag e funeral di ii. examiner		21. SIGNATURE OF FUNERAL SERVICE LI		,			E AND ADDRESS OF FA		550			-110
BALT ter death. the funera yval.		· R. hoel		48		AND    40	REW K. COF E. ANTIETA	HMAN M ST.	- HAGE	AL HU RSTOW	ME, N.MD	INC. 21740
n by remo		23. PART I. Enter the diseases, or shock, or heart failure.	complications that	caused tha de	ath. Do n	ot enter tha	mode of dying, suc	h as cerd	ac or respi	atory erre	st,	Approximata
filled in		IMMEDIATE CAUSE (Final	List Olly Olla Cau	se on each line		,						Interval Between Onset and Deat
E \$ \$ #		disease or condition resulting in death)	· Cou	ges tu	4/	yeart	- Jayleer	e				Sev. year
D 2 2 2	1		DUE TO	OF AS A CONSE	DUENCE OF	7:		_				
atic para de con	ON	Sequentially list conditions,	b. SCU.	CLUIT CONSE	He	art	pytea	2-1				fer years
BOX sate be en hysician a prior to	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	502.10	(OII NO A CONSE	JOENOE OF	,.						
O. B certificate fing phys sygiene p	Ĕ	CAUSE (Disease or Injury thet initiated events	DUE TO	OR AS A CONSEC	DUENCE OF	):						
9 th 15 to	EH	resulting in death) LAST	d									
E Me e	2	PART II. Other algnificant condition	s contributing to	death but not r	eaulting i	n the underl	ving ceuse given in	Part I	24a, WAS AN	MITTOPEY	245 1	WERE AUTOPSY FINDINGS
ORD s that the ned by the lith and M	DICAL						,	8	PERFOR	MEO?	1	AVAILABLE PRIOR TO COMPLETION DF CAUSE
RECC requires been signe of Health	ME							-	1   YE\$ 2	□ NO		OF DEATH?
								_				1 NES 2 NO
ITAL V: The law cate has b State Dept Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				20	8. PLACE OF DEATH (Ch	eck only one	)			
CIAN: The infection of item ?	VSI(	1 TES 2 LATO	HOSPITAL: 1   Inpatient 2	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing I	Home 5 Masidence	8 🗆 Other	(Specify)			
1 5 8 P	H	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY ty, Year)	28b, TIME	OF 28c.	INJURY AT WORK?	28d. DE\$	CRIBE HOW IN	JURY OCC	JRED	
ON OI DING PHYS After this death with	A	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO					
ISIC TITENDI TIDR: A after d after d	8	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF building, o	F INJURY — At ho etc. (Specify)	me, ferm, s	treet, factory, o	office	28f. LOCA City o	TION (Street a r Town, State)	nd Number o	r Aural Ao	ute Number,
DIVISION OR ATTENDING F DIRECTOR: After thours after death ttem 28 is mar					-							
로 경장 =	COMPL	(Check only										
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P	8	2 MEDICAL EXAMINE		amination and/or (	nvestigatio	n, in my opinio	n, death occured at the	time, data	and place, and	due to the	cause(s)	and manner as stated.
[중 종 물 물	H	296. SIGNATURE AND TITLE OF CERTIFIER	1	1			29c. LICENSE NUN	MBER		29d. DATE	SIGNED (	Month, Day, Year)
2638	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUS	E OF DEATH (ITE	4 27) (Type	Print)	102173			2	12	199
		ABDUL WATTER	D_ MD_ 1	12821-	() A	-kHill	(AVE. /	JACI	POIT	hin:	mo	21742
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAF	R'S SIONATURE	0 //				~ 10			211
		" 0 4 1994 J.	in Danden	- Rudall								

OHMH-18 Rev 1/89

f.

great permit. Pages 1, 2, 3 should

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospi
מבו ושטרן, ואמר וראוני	

214- 90. FACIL DORO RESID 100. STA MAR' 100. STR SNUO 11. MARI 1  Nor 3X Win  17. FATHI JAM 190. INFC JOS 200. MET 17. Bur 19. Bur 19. Bur	YLAND REET AND NUMBER G HARBOR ITAL STATUS	1 MM  Intuition, give street and not energy to the country ob. Country DORCHEST  RCAD  12. WAS FORE IF YE and the complete of	2 F 9: Imber) SPITAL ER DECEDENT EVER ZES? 1 YES S, GIVE WAR OR I	IN U.S. ARMED 2 X NO DATES  16s. DECEDER	9b. CITY CAN CITY, TOWN	OR LOCATEW MAS DECEMBED TO THE STATE OF THE	OGE FION ARKET ZIP COD 2163	ON OF DE	NC ORIGIN? (S	вити у убаг) 24,	DORO	MARY NTY OF B CHEST	LAND DEATH
DORIGE PRESIDENT OF THE	CHESTER G DENCE OF DECE  VI AND  REET AND NUMBER G HARBOR  ITAL STATUS  VIVE Married 2 Mildowed 4 Divorce  (Specify only in territary/Secondary (0-12  O  BER'S NAME (First, Midde  ES GORSKI  ORMANT'S NAME (Type  EPH GORSK	ENERAL HO DENT  Ob. COUNTY  DORCHEST  RCAD  12. WAS FORM IF YE and ENT'S EDUCATION (ghest grade completed, 2)  College  WPrint)	ER  DECEDENT EVER ZES? 1 TES S, GIVE WAR OR I	IN U.S. ARMED 3 2 NO DATES  16a. DECEDER (Give kin. Hr. Oo Ni	CAN CITY, TOWN LAST NE	MBRII	ARKET 2163	E B 1	VIC ORIGIN? (S		DORO	CHEST	TER  10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10a. STA MAR' 10a. STR SNU( 11. MARI 1	YLAND  REET AND NUMBER G HARBOR  ITALE STATUS  ITALE STATU	DORCHEST  ROAD  12. WAS FORM IF YE  BENT'S EDUCATION Ighest grade completed, 2)  College  WPrint)	DECEDENT EVER CES? 1   YES S, GIVE WAR OR I	IN U.S. ARMED 3 2 NO DATES  16a. DECEDER (Give kin. Hr. Oo Ni	AST NE	EW MA	ARKET	E 31 DF HISPAN		nacify Var	U	ISA	LIMITS?
10e. STR SNU(  11. MARI 1 Nov V V V V 17. FATHI JAMI 19e. INFC JOS 20e. MET 17. Bur	REET AND NUMBER G HARBOR  ITAL STATUS  IVAL STATUS  IVAL MICHOLOGY  ISONO  ITALIA	RCAD  12. WAS FORM FORM IF YE DENT'S EDUCATION (ghest grade completed)  College  WPrint)	DECEDENT EVER CES? 1   YES S, GIVE WAR OR I	IN U.S. ARMED 3 2 X NO DATES 16a. DECEDE! (Give kin.	13.	WAS DEC	2163 ENDENT (	E 31 DF HISPAN		necify Yes	U	ISA	
1 New Wide Wide Wide Wide Wide Wide Wide Wide	ver Married 2 Middewed 4 Divorce  15. DECED (Specify only Internative Secondary (0-12)  DER'S NAME (First, Midde ES GORSKI ORMANT'S NAME (Type EPH GORSK	FOR IF YE and IF YE and IF YE and IF YE and IF YE and IF YE and IF YE and IF YE and IF YE and IF YE AND IF YE YE AND IF YE AND IF YE AND IF YE AND IF YE AND IF YE AND IF YE YE AND IF YE YE AND IF YE YE AND IF YE YE AND IF YE YE AND IF YE YE AND IF YE YE AND IF YE YE YE YE YE YE YE YE YE YE YE YE YE	CES? 1 TYES	16a. DECEDER	NT'S USUAL C	If yes, sp	ecify Cubi			necify Ves			
17. FATHI JAMI 190. INFO JOSI 200. MET TVI BUR 4 DOO	(Specify only historiary/Secondary (0-12 0 )  ER'S NAME (First, Middle ES GORSKI  ORMANT'S NAME (Type EPH GORSK	(ghest grade completed) College lie, Last)		(Give kind life. Do Ni	d of work done	2001121		Specify	n, Puerto Rice		or No—	14. RACI Blaci Spec	E — American Indian, k, White, etc.
JAMI  190. INFO  JOSI  200. MET  TO Bur	ES GORSKI ORMANT'S NAME (Type EPH GORSK	v/Print)				during mo		ng			SINESS/INC		NG
JOSI 20a. MET 10 Bur 41 Dor	EPH GORSK	11.77					7.73	HER'S NA	ME (First, Midd	le, Maiden UNKN			Tall I
Bur Dor	THOD OF DISPOSITION	1							Route Number, O				, MD 21631
21. SIGN	rial 2 Cremation nation 6 Other (S	3  Removal from pecify)		b. PLACE AND DA	Y OF	GOOD	COUN				CATION — RETAR		
	EONCE	111	Selle	7	ZI	ELLEI 06 M	R FUN	ERAI	HOME	, P. ST NI	O. E	OX 2	207, r, MD 2163
IMMED disease	RT I. Enter the dise shock, or has DIATE CAUSE (Final e or condition ing in death)	rt failure. List only	andio	each line.	Cardio		onar	y Ar					Approximate interval Betwonset and De
if any, cause. CAUSE that ini	ntially list condition leading to immedia Enter UNDERLYING (Disease or injury litleted events ing in death) LAST	nte .	DUE TO (OR AS	A CONSEQUENC		In	kan	fòc	000				45 mi
PART II	II. Other algnificant	conditions contrib	uting to death	but not resulti	ing in the u	inderlyin	g cause	given in		PERFOR	RMED?	24b	. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
EXA	CASE REFERRED TO I	HOSP	TAL:	tootlast 2 0 50	OTHE	R:	_		eck only one)			_	
27. MANN	NER OF DEATH	26a	DATE OF INJURY (Month, Day, Year)		TIME OF INJURY	28c. INJ WC		П	6 Other (Sp 28d. DESCRI	77	NJURY OC	CURED	
3 🔲	Suicide 6 Co		PLACE OF INJUR building, etc. (Spe	(Y — At home, fa	rm, street, fac	ctory, offic	•	Œ		ON (Street a own, State)		or Rural I	Route Number,
29a. CER (Che one)	ek only	YING PHYSICIAN: To the											s) and manner se state
29b. SIG	NATURE AND TITLE O		Pai	Willia	am Bai			£3					(Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	1. DECEDENT'S NAME (First, Middle, Lest)	Bonsal Fran	ncis Goo	drich		ATE OF DEATH	29.22	_	TIME OF DEATH
	Bonjal	Goodri	ch			2 2	94	EAR	707
	4. SOCIAL SECURITY NUMBER 5.79 - 22946	6. SEX 6. AGE (III	yrs. lest birthday) YRS.	IF UNDER 1 YEAR IF U		ATE OF BIRTH Month, Day, Year)	-	BIRTHPLA Gountry) Maryl	ce (State or Fore
ECTOR	80. FACILITY NAME (If not inetitution, give to Baltimore VA RESIDENCE OF DECEDENT	Medical Ca		Ba Ha	nere Bal	timore	- 1/	Y OF DEATH	645
DIR	- CO MI	ne Arundel	A.	nepolis	Annax	olis		12	I. INSIDE OFTY LIMITS? YES 2   N
MERAL	1145 Mach	Madison St.		-43	CODE 2 1 4 0.3			USA	COUNTRY?
Brew	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IN FORCES? AND YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO ITES		ENT OF HISPANIC OF Cuban, Mexican, Pur (1)O Specify:		or No-	Black, Wi	American Indian 1110, etc. Vhite
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION I		USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUS		
MPLETED	Elementary/Secondary (0-12)  NOT 2NOWN	College (1-4 or 5+)	life. Do NOT us	rork done during most of a retired.) Person	working	Mai	ntenan	ice	
BE COMP	17. FATHER'S NAME (First, Middle, Last) William Goodric	h		16.	MOTHER'S NAME (FI	irst, Middle, Meiden a Hill	Surneme)		
TO E	180. INFORMANT'S NAME (Type/Print) Genevieve Goodr	ich	196. MAILINO 1145	Madison Sa	t. #B-2	Number, City or Town	is, State, Zip Co	) 214	03
	20e, METHOD OF DISPOSITION 1 Device: 2 Cremation 3 Reserved	20b.	PLACE AND DATE O	F DISPOSITION (Name of		DATE 20c. LO	CATION — CIT	y or Town,	State
	4 Donation 5 Other (Specify)	Ma	ry Eand V	eteran Cer	netery 2/	25/94 C	rownsi	ville.	, MD
	21. SIGNATURE OF FUNERAL SERVICE US	CENSEE		147 Duke	DORESS OF FACILITY	John M.	Taylo	or Fu	neral 1
									lis, Mi
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. On amb	sch line.	ot enter the mode o	f dying, such ss	cardiac or respi			Approxima
ICATION	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	S. DUE TO (OR AS A DUE TO (OR AS A C.	CONSEQUENCE OF	ot enter the mode o	f dying, such ss	cardiac or respi			Approxima
ERTIF	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	S. DUE TO (OR AS A DUE TO (OR AS A C.	CONSEQUENCE OF	ot enter the mode o	f dying, such ss	cardiac or respi			Approximation interval Be
MEDICAL CERTIFI	Shock, or heart feiture.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	S. DUE TO (OR AS A DUE TO (OR AS A C.	CONSEQUENCE OF	ot enter the mode o	d dying, such as	cardiac or respi	AUTOPSY MED?	24b. WEI AMA COO	Approxims Interval Be Onset and Onset and
AN: MEDICAL CERTIFI	Shock, or heart fellure.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition of the con	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF	ot enter the mode of enter the mode of enter the mode of enter the mode of enter the mode of enter the ent	d dying, such as	I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WEI AMA COO	Approximation interval Be Onset and
YSICIAN: MEDICAL CERTIFI	Shock, or heart fellure.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition of the con	B. DUE TO (OR AS A DUE TO (OR	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	ot enter the mode of the control of the underlying certain the under	use given in Part  OF DEATH (Check on	I. 24s. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WEF	Approximal Interval Be Onset and Onset and Onset and Re Autopsy Fin R.Able Prior Time Relation of CA DEATH?
SICIAN: MEDICAL CERTIFI	Shock, or heart fellure.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition of the con	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF ut not resulting I	ot enter the mode of the control of the underlying cet of the control of the cont	use given in Part  OF DEATH (Check on The Residence & The Check on The	I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO	24b. WEI AWA COO 1	Approximation interval Ber Onset and
TED BY PHYSICIAN: MEDICAL CERTIFI	Shock, or heart fellure.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditio	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF  CONSEQUENCE OF  CONSEQUENCE OF  Ut not resulting I	ot enter the mode of the control of the underlying cet of the control of the cont	use given in Part  OF DEATH (Check on The Residence & The Check on The	I. 24s. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO	24b. WEI AWA COO 1	Approximation interval Be Onset and
D BY PHYSICIAN: MEDICAL CERTIFI	Shock, or heart fellure.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  ### Condition of the condition of the cause o	B. DUE TO (OR AS A DUE TO (OR	CONSEQUENCE OF  CONSEQUENCE OF  CONSEQUENCE OF  CONSEQUENCE OF  LITTURE 1  ALL DOA  286. TIMINA  ALL home, farm, s  edge, death occurrence	ot enter the mode of the mode of the underlying certain the underlyi	use given in Part  OF DEATH (Check on Residence 6 1 2 NO 281.	I. 24s. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO NJURY OCCUI	24b. WEI AMA COO OF 1 C	Approximation interval Be Onset and

MD. Baltimore

32. REGISTRAP SIGNATURE.

June Day doon Rondale

94-6730 All was a still be a side

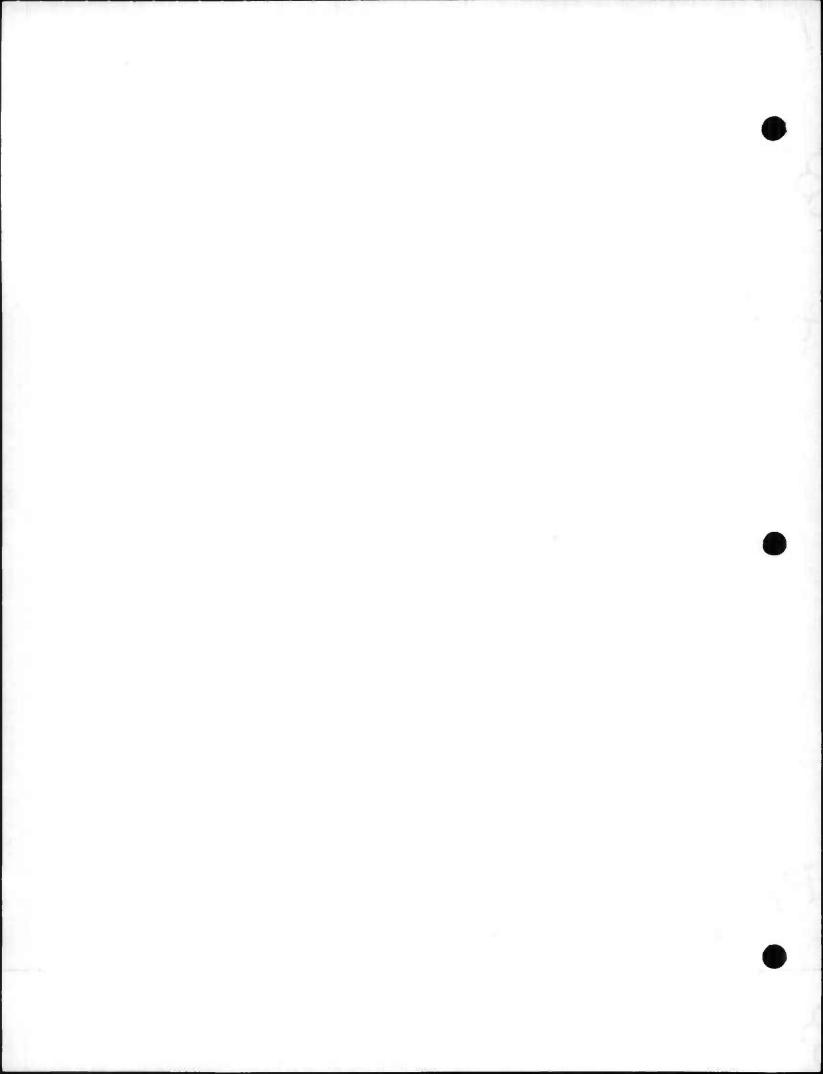
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

94	U	1	J	U	L

_			REGISTRAN		CERTIFIC	CALE UP	DEATH	REG.	NO.	
			DECEDENT'S NAME (First, Middle, Last)	01				2. DATE OF DEATH		3. TIME OF DEATH
			Henry Long	0 1 023				Z	11 94	Z: 25P M
			4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year		BIRTHPLACE (State or Foreign Country)
	P		160 07 3663	1 M 2   F	/6 YRS.	U.I.	moons win.	2-21	-17	PA,
	pinous	~	9a. FACILITY NAME (If not institution, give s	. 1 0		9b. CITY, TOWN C	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
	2,	стоя	RESIDENCE OF DECEDENT	H CORSIC	A HUS	()	HESTE	SP.	Ke	ent.
	Jes 1	낊	10a. STATE 10b. COUNTY	r 4	10c. CITY	TOWN OR LOCAT	TION			10d. INSIDE CITY
- 1	2	DIRE	MD 14	NNE ARUNI	DEL S	evern	IA PA	ob		LIMITS?
1	A	莊	10e. STREET AND NUMBER	1			. ZIP CODE	~	10g. CITIZE	N OF WHAT COUNTRY?
	_	笛	774 BALT	ANNAPOL	Is BLV	'A .	2114	46	0:	SA
215-0020 attending physician	me burial-tra	FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER 1 FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify	Yea or No- 14	. RACE — American Indian,
5-0020	Baconerse B	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	PATES	1 Tyes, spe	2 NO Specific	an, Puarto Rican, etc.) fy:		Black, White, alc.
5-C	as th	ED B		WWZ						WITTE
	99	ETE	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of wo	rk done during mo	ON at of working	16b. KIND OF	BUSINESS/INDUS	TRY
CV (m)	DG DG		Elementary/Secondary (0-12)	College (1-4 or 5+)	POULER	PAT	FAIRIN	of Fel	he a a	1
AND he hospit	detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		10 west	121100	to MOTHERIO M	AME (First, Middle, Mail	EXITE	GOVI.
7 8	8 %		Amos	GDF	LAL		10. MOTHER S NA	THE (FIRST, MIDDIE, MAI	DIII	
E De		BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Burni	Route Number, City or	Four State in K	
≥ ੂ ,	0 2	2	FILFEN	GRARY	1772	4 B+	A RL	WA Soule	Dul A F	arkma 2114
	Dage		20a. METHOD OF DISPOSITION	201	b. PLACE AND DATE OF	DISPOSITION /No	me of	DATE 200	LOCATION - CIT	
0 5	xaminer must		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	Oval from State	metery, crematory or other	e nlacel	Com	Q-16 L	hase	mr
₩ .			21. SIGNATURE OF PUNITIAL SERVICE LIC	ENSEE	113		ID ADDRESS OF FA		198 E	1 + + + W
			De Call	2/301		RA	20.4	-11	7/3/	Bol me
	imoval.		23. PART I Epfer the diseases, pro	complications that saves	d the death De an	10/14	KIMED	1.14 X	NERNIT!	112KIND 21146
ours	0 12		Osnock, or naart fellure.	List only one cause on a	esch lina.	t entar tha mo	da bi dying, suc	th se cardiac or re	spiratory arrest	t, Approximata Interval Between
4 4	the the		IMMEDIATE CAUSE (Finel disease or condition	D /.	1 On to	1				Onset and Death
o, illi	crema event,	- 1	resulting in death)	B. DUE TO OR AS	A CONSEQUENCE OF):					days
876	< ca	- 1		Dans	or and a					Years
execut	roun and in the principle of the princip	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS /	A CONSEQUENCE OF):		1			1013
o a	prior	₽.	cause. Enter UNDERLYING	. test	1ary S	Byshy	lis			Years
- in the second	the	Ē	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):	10				
G &	i Hyg	ᇤ	resulting in death) LAST	d						
S dea	d Menta		PART II. Other significant condition	s contributing to death i	out not resulting in	the readedules	n denne alma ta	Part I as was		
that th	th and	EDICAL	Drasta to	CA-net		the underlying	cause given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	fealth 88 ag		DM turns	T- TOSA	0: 4		71 -	1 🗆 YES	2 NO	COMPLETION OF CAUSE OF DEATH?
H Per		Σ	Die Taylor	a di su	Sin Da	Jano	ont			1 TYES 2 NO
A L	12 B	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			00.01	ACE OF DEATH (Ch			<u> </u>
VITAL AN: The law	State	등   	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:				
F VIT.	e g	¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME			8 Other (Specify) 28d. DESCRIBE HO	W IN HIEV OCCUR	250
PHYSIC	2 × 9		1 Natural 5 Pending	(Month, Day, Year)	INJUF	TY WO		200. DESCRIBE NO	W INSUNT OCCUM	NEU .
OR ATTENDING	is ma	B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	/ — Al home, lerm, stre			281. LOCATION (Stre	and Alumbar or	Rural Bouta Number
Z LEN	after 28 is		4 Homicide 6 Could not be detarmined	building, etc. (Spec	cify)			City or Town, St		noral noute number,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requ	hours after death item 28 is man	COMPLET	29a. CERTIFIER	CIAN. To the base of the						
A MA	CV 900	Σ		CIAN: To the best of my know						ause(a) end manner se stated.
HOSP	be filed within 72 IMPORTANT: If		29b. SIGNATURE AND TITLE OF CERTIFIER		in endor investigation,	in my opinion, ac			and due to the c	ause(a) end manner ee stated.
본	POR BE	H	296. SIGNATURE AND TITLE OF CERTIFIER	1 Joen w			29c. LICENSE NUI		29d. DATE S	IGNED (Month, Day, Year)
2 2	₹ 8 E	2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH STEM OF ST.	- I		005	1 2	114194
			400 Messon WHI	//		.	chagl L	ees 7 M	Day	
			31. DATE FILED (Month, Day, Year)	32. REGISTRAD'S CICA	LERIS S	tow (1	ino	1 46	20	
			EED 0 4 1064	AVE QUE 32. REGISTRAR'S SIGN	whice Davidson	-Mandall				
		(III		1 4		-				

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-002
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

4. SOCIAL SECURITY NUMBER 705-10-6790  1	4 8:40 a.m. M  ITHPLACE (State or Foreign  aryland  DEATH  Ington  10d. INSIDE CITY  LIMITS?  1 YES 2 NO  F WHAT COUNTRY?  ACE — American Indian,  sect, White, sec.										
A SOCIAL SECURITY NUMBER  1. SCRAL SECURITY NUMBER  2. SCRAL SECURITY NUMBER  3. SCRAL SECURITY NUMBER  3. SCRAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SCRAME (If not institution, give street and number)  4. SOCIAL SECURITY NUMBER  705-10-6790  5. SCRAME (If not institution, give street and number)  4. SCRAL SECURITY NUMBER  705-10-6790  5. SCRAME (If not institution, give street and number)  4. SCRAL SECURITY NUMBER  705-10-6790  5. SCRAME (If not institution, give street and number)  4. SCRAL SECURITY NUMBER  5. SCRAME (If not institution, give street and number)  5. SCRAME (If not institution, give street and number)  4. Avalon Manor Home, Inc.  71 Hagerstown  100. CITY, TOWN OR LOCATION OF DEATH  100. STATE  100. COUNTY  100. STATE  100. COUNTY  100. STATE  100. COUNTY  100. STREET AND NUMBER  100.	4 8:40 a.m. M  ITHPLACE (State or Foreign  aryland  DEATH  Ington  10d. INSIDE CITY  LIMITS?  1 YES 2 NO  F WHAT COUNTRY?  ACE — American Indian,  sect, White, sec.										
TOS-10-6790  1	ington  Ington										
Se. FACILITY NAME (# not institution, give street and number)  4 Valon Manor Home, Inc.  4 Valon Manor Home  4 Valon Home  4 Valon Home  4 Valon Home  4 Valon Home  4 Valon Home  4 Valon Home  4 Valon Home	Ington  10d. INSIDE CITY LIMITS? 1 YES 2 NO  F WHAT COUNTRY?  INCE — American Indian, sec, White, stc.										
106. STREET AND NUMBER  18427 Maugans Avenue  11. Marital status 1 Never Married 2 Merried 2 Merried 2 Merried 1 Never Nev	10d. INSIDE CITY LIMITS? 1 VES 2 NO F WHAT COUNTRY?  NCE — American Indian, ack, White, atc.  Plack										
106. STREET AND NUMBER  18427 Maugans Avenue  11. Marital status 1 Never Married 2 Merried 2 Merried 2 Merried 1 Never Nev	LIMITS?  1 YES 2 NO  F WHAT COUNTRY?  ACE — American Indian, sec, White, stc.  Black										
106. STREET AND NUMBER  18427 Maugans Avenue  11. Marital status 1 Never Married 2 Merried 2 Merried 2 Merried 1 Never Nev	F WHAT COUNTRY?  ACE — American Indian, ack, White, atc.  Black										
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12  College (1-4 or 5+)  4 Laborer railroad  17. FATHER'S NAME (First, Middle, Lest)  James Hill  19a. INFORMANT'S NAME (Type/Print)  Inez M. Hill  20a. METHOD OF DISPOSITION 1X) Burlal 2 Cremation 3 Removal from State 4 Donestion 5 Other (Specify)  21. SIGNA) URE OF FUNERAL SERVICE LIGENSEE  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINE	ACE — American Indian, acc., White, atc.  Black										
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12  College (1-4 or 5+)  4 Laborer railroad  17. FATHER'S NAME (First, Middle, Lest)  James Hill  19a. INFORMANT'S NAME (Type/Print)  Inez M. Hill  20a. METHOD OF DISPOSITION 1X) Burlal 2 Cremation 3 Removal from State 4 Donestion 5 Other (Specify)  21. SIGNA) URE OF FUNERAL SERVICE LIGENSEE  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINE	ack, White, atc.										
Elementary/Secondary (0-12)  4											
James Hill Sarah Matthews  198. INFORMANT'S NAME (Type/Print) Inez M. Hill 18427 Maugans Avenue Hagerstown, Mary J  208. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 222. NAME AND ADDRESS OF FACILITY  198. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town, State, Zip Code) 18427 Maugans Avenue Hagerstown, Mary J  208. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removal from State Congelery, Crematory or other place of Congelery, Crematory or other place of Congelery, Crematory or Other Place of Congelery, Crematory or Oth	land 21742										
James Hill  196. INFORMANT'S NAME (Type/Print)  Inez M. Hill  196. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)  18427 Maugans Avenue Hagerstown, Mary J  206. METHOD OF DISPOSITION  107. Burlal 2 Cremation 3 Removal from State 4 Donatton 5 Other (Specify)  21. SIGNA) URE OF FUNERAL SERVICE LIGENSEE  22. NAME AND ADDRESS OF FACILITY	land 21742										
James Hill  196. INFORMANT'S NAME (Type/Print)  Inez M. Hill  196. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)  18427 Maugans Avenue Hagerstown, Mary J  206. METHOD OF DISPOSITION  107. Burlal 2 Cremation 3 Removal from State 4 Donatton 5 Other (Specify)  21. SIGNA) URE OF FUNERAL SERVICE LIGENSEE  22. NAME AND ADDRESS OF FACILITY	land 21742										
Inez M. Hill  18427 Maugans Avenue Hagerstown, Mary  20s. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  19b. MAILING ADDRESS (Street and Number or Pural Pourte Number, City or Rown, State, Zip Code)  18427 Maugans Avenue Hagerstown, Mary  20b. PLACE AND DATE of DISPOSITION (Name of Capacity)  20c. LOCATION — City or Rown, State  22c. LOCATION — City or Rown, State  22c. LOCATION — City or Rown, State  22c. LOCATION — City or Rown, State  22c. LOCATION — City or Rown, State  22c. NAME AND ADDRESS OF FACILITY	land 21742										
1X) Burlat 2 Cremetton 3 Removed from State 4 Donatton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY    A company or other page)   Cedar Lawn Memorial Park   3/4   Hagerstown,											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Cedar Lawn Memorial Park 3/4 Hagerstown, Maryland										
Gerald N. Minnich 305 N. Potor Funeral Home Hagerstown,											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
IMMEDIATE CAUSE (Final	Onset and Death										
resulting in death)  a. Per fire to Failure  Due to (or as a consequence of):											
Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
CAUSE (Disease or Injury that Initiated events  DUE TO (OR AS A CONSEQUENCE OF):	4.5 den										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d. C. DUE TO (OR AS A CONSEQUENCE OF):	iwne										
DADT II Other significant conditions contributes and all his											
PERFORMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE										
Nord Papellone Deep Ver martining	OF GEATH?										
Len ly											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:											
1   YES 2 NO 1   Inpatient 2   ER/Outpatient 3   DOA 4   Hitming Home 5   Residence 6   Other (Specify)											
2 Accident investigation	il Route Number,										
3 Saleide 8 Could not be determined 2st. LOCATION (Street and Number or Rural City or Town, State)  2st. LOCATION (Street and Number or Rural City or Town, State)  2st. LOCATION (Street and Number or Rural City or Town, State)  2st. LOCATION (Street and Number or Rural City or Town, State)  2st. LOCATION (Street and Number or Rural City or Town, State)  2st. LOCATION (Street and Number or Rural City or Town, State)  2st. LOCATION (Street and Number or Rural City or Town, State)  2st. LOCATION (Street and Number or Rural City or Town, State)											
CERTIFIEN  (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
O learning to the cause of the	o(e) and manner as stated.										
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER	ED (Month, Day, Year)										
296. LICENSE NUMBER 296. LICENSE NUMBER D (80 (9) 3.2	ED (Month, Day, Year)										
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER	ED (Month, Day, Year)										



	24 1
0,	within
289	caritad
2	A ad
.C. 8	Cartificata
7	death
ő	4
	that
Z L L	rachirhe
1	400
4	The
VINISION OF VITAL RECORDS, P.O. BOX 68/60,	OR ATTENDING PHYSICIAN. The law radiatine that the death certificate he executed within 24 h
NOISIA	ATTENDING
5	a

	1. DECEDENT'S NAME (First, Middle, Las Charles F	•	Howes,	Sr.				ГН	2. DATE O FODTH	eru Z	<sup>3</sup> , 1	994	3. TIME OF DEATH 10:35 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	- LP	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE OF	BIRTH		a pipy	HPLACE (State or Forek
	220-16-8031	1 💢 M 2 🗆 F	68	YRS.					Feb.	14, 1			iyland
Œ	9a. FACILITY NAME (If not institution, give 505 Beach Drive	re street and number)				apol	R LOCATIO	ON OF DE	ATH		177	INTY OF D	undel
2	RESIDENCE OF DECEDENT				rvirio	apox	7.53				PVIN	le AVI	unuec
CDIRECTOR	Maryland An	ine Arunde	e		napo	lis			7				10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
NERA	505 Beach Drive					2	1403		14	1	United States		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, OIVE W	XYES 2	RMED NO		If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:  Sp					Spec	E — American Indian, ik, Whits, etc. iiiy: .Casian	
PLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)		) ((	ECEDENT'S Give kind of w le. Do NOT us OWNER	vork done o	CUPATIO	ON st of workin	g		levis			il
E COMPL	17. FATHER'S NAME (First, Middle, Last) Enoch N. Howes		18. MOTHER'S NAME (First, Middle, Melden Surname) Lawra Rogers										
TO B	190. INFORMANT'S NAME (Type/Print) Mark W. Howes	(son)	19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Yown, Stelle, Zip Code)										
	20a. METHOD OF DISPOSITION 1 Burlai 2 Decemention 3 Removal from State Company or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of particular or other place)											own. State	
	4 Donation 8 Other (Special 21, Signature of Puneral Service	Linco	en c	rema	tory	2-	26-94	Br	entw	ood,	Md.		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Frankford Cell Ca Bladde												
	iMMEDIATE CAUSE (Final disease or condition	e. List only one cau	se on each lin	10.	147	7 Du	ke o	g Gl	ouces.	ter A	nnap	olis Teat,	Funeral H , Md. 214  Approximata interval Betwoese and D  3 1/8
NO	iMMEDIATE CAUSE (Final disease or condition	a. Due to	OR AS A CONSE	feor EOUENCE OF	147	7 Du	ke o	g Gl	ouces.	ter A	nnap	olis Teat,	Approximata interval Betw
TIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO  c	ese on each lin	EOUENCE OF	147	7 Du	ke o	g Gl	ouces.	ter A	nnap	olis Teat,	Approximata interval Betw
CERTIFICATION	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. DUE TO b. DUE TO c. DUE TO	(OR AS A CONSE	EOUENCE OF	147	7 Du the mod	ke o	f GL	ouces, has cardia	ter A	nnap	olis Teat,	Approximata interval Betw
MEDICAL	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO b. DUE TO c. DUE TO	(OR AS A CONSE	EQUENCE OF	147	7 Du the mod	ke o	f GL	OUCES. h as cardia	ter A	nnapretory ar	olis reat,	Approximata interval Betw
AN: MEDICAL	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO b. DUE TO c. DUE TO d. One contributing to	(OR AS A CONSE	EOUENCE OF	147	Du the mod	ke o da of dyi	6 GL  ng, auci	Part I. 2	ter A correspi	nnapretory ar	olis reat,	Md. 214  Approximate interval Betwoonset and D  3 y/s  WERE AUTOPSY FINOR TO COMPLETION OF CAUSTO OF DEATH?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the condition of	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	EOUENCE OF	147 not entar  in the united the	the model of the m	da of dyl	6 GL  Ing. auci	Pert I. 2	da. WAS AN PERFOR	AUTOPSY MEO?	olis Teat,	Md. 214 Approximate interval Betwoonset and D  3 y/s  WERE AUTOPSY FINOS MAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
AN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the cause of the condition of the cause of	e. List only one cau  a. DUE TO  b. DUE TO  c. DUE TO  d	(OR AS A CONSE	EOUENCE OF EOUENCE OF Treaulting is Treaulting is The state of the sta	OTHER 4 Nurse	the model of the m	Cause g  Cause g  ACE OF DI  REY 2	6 GL  Ing. auci	Part I. 2 Part I. 2 1 1 28d. DESCE	C OF FEATURE A. WAS AN PERFOR	AUTOPSY MEO?	olis Teat,  24b	Md. 214 Approximate interval Betwoonset and D  3 y/s  WERE AUTOPSY FINOS MAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?

Julie Davidson-Rondalle

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

297. LOCATOR

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. LICENSE NUMBER

297. Y 9 Y

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print)

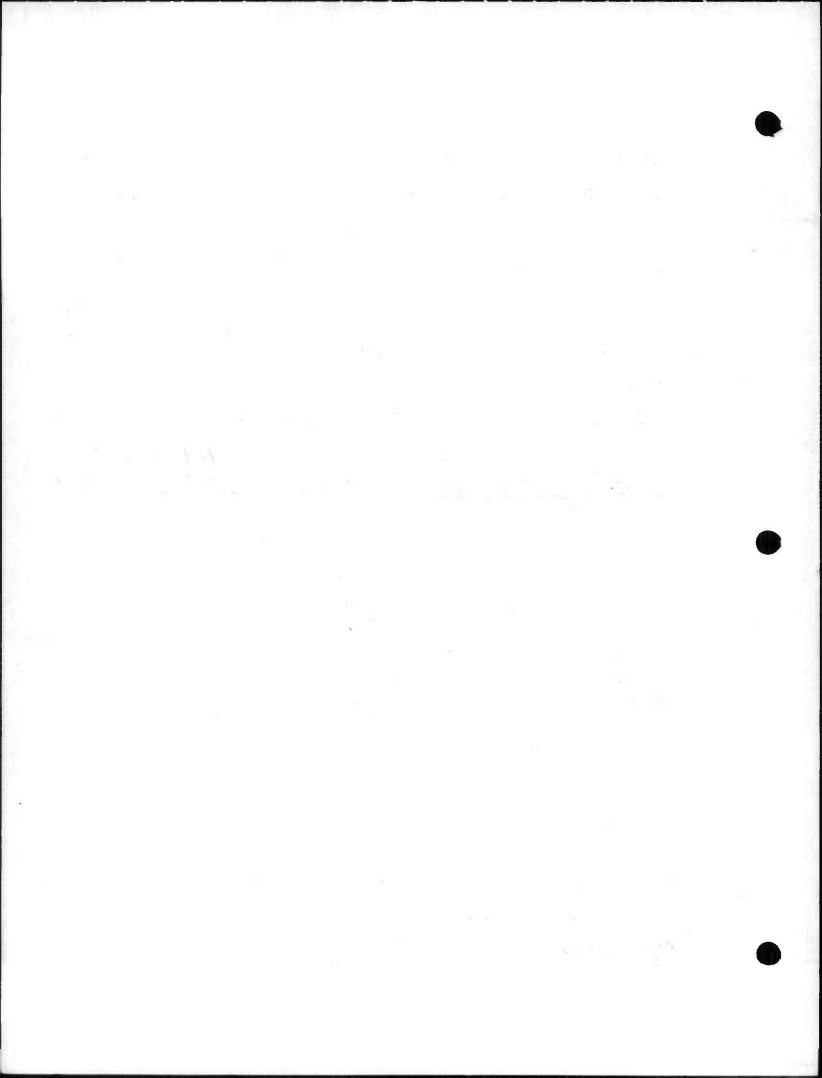
David S. MCHOLd, M. D. 116 Defence Hyw. Suite 200 Annapolis, Md. 21401 (410-224-2414)

31. PATERIOR (INTERNATION OF THE ADDRESS O DHMH-18 Rev 1/89

1, 2, 3 should

er death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached	il examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exhours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and the companies of the c	De lind writin 12 Hours are posts with the ZS is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE OF REGISTRAR	MARYLAND /	DEPAR	TMENT OF H	EALTH AI	ND MEI	NTAL HYGIEN REG. NO.	E 9	07307		
	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATN		3. TIME OF DEATH		
	ZOE B		HA	LL		0	2 22		94 02:40 PM M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS. 7. I	DATE OF BIRTH		6. BIRTHPLACE (State or Foreign		
	212-78-0563 1□ M 2 💢 X	90	YRS.	MONTHS DAYS	HOURS &	Mo	(Month, Day, Year) Utch 12 1	1903	Arkansas		
_	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN C	R LOCATION	OF DEATN		9c. COU	INTY OF DEATH		
FUNERAL DIRECTOR	NORTH ARUNDEL HOSPITAL A	SSOCIATIO	ON I	GLEN	BURNIE				A.A. COUNTY		
분	10e. STATE 10b. COUNTY			, TOWN OR LOCAT					10d. INSIDE CITY LIMITS?		
P	MD Anne Arunde		•	Severna					1 TYES 2 XXVO		
Æ	10c. STREET AND NUMBER			10f	ZIP CODE			10g. CIT	IZEN OF WHAT COUNTRY?		
뿔	24 Truck House Road  11. MARITAL STATUS  12. WAS DECEDE	NT EVER IN U.S. ARM		1 42 1112 222	211				USA		
	1 Never Merried 2 V Merried FORCES?	1 YES 2 X	)	It yea, spe	cify Cuben, h	lexicen, Pu	RIGIN? (Specify Yee larto Ricen, etc.)	or No-	14. RACE — American Indien, Black, Whita, etc.		
BY	3 Widowed 4 Divorced	WAR OR DATES		1 U YES	2 (X)(0	Specify:			Specify: White		
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			USUAL OCCUPATIO			16b. KIND OF BUS	SINESS/IN			
	Elementary/Secondary (0-12) College (1-4 or :	i+) // // // // // // // // // // // // //	Do NOT use	e retired.)	st or working						
COMPLET	12		Hous	ewife			l t	lome			
8	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER	'S NAME (	First, Middle, Melden				
B	Asa Brunsun  190. INFORMANT'S NAME (Type/Print)						unkno				
2	Edwin Malburn Hall						Number, City or Town				
						a se			Maryland 21146		
	20e, METNOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)	cemetery, crem	etory or oth	F DISPOSITION (Na	me of		DATE 20c. LOC	CATION —	enapolis. MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	St. Ma	rgan	22. NAME AN	CN CE	necen	14 2125/9	14 AV	Por Funeral Home		
1 8		16		117 Du	ho al	GPai	JOHN M.	Tayx	Innapolis, MD		
	www.d.	K									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final										
1 1	IMMEDIATE CAUSE (Final disease or condition										
	resulting in death) a. CO	O (OR AS A CONSEQU		cul	ELE	·					
_	- Ha	ser-1	ta	les	ne	a			days		
흔	Sequentially liet conditions, If any, leading to immediate	OR AS A CONSEON	JENCE OF	): /	'1				, 7		
S	CAUSE (Disease or Injury	enas		tou	Ru	re	_		+ ew weeks		
ERTIFICATION	that initiated events	O (OR AS A CONSEO	JENCE OF	):					1		
1	resulting in death) LAST	hyd	20	no	n				In Weeks		
L C	PART II. Other significent conditions contributing t	o deeth but not re	sulting is	n the undariying	causa give	n in Part	1. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS		
2	Primary his	Doth	120	1 de	in		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	Hyperting	Tre &	a	edi	0 -		1 1 1 2 2	, NO	OF DEATH?		
	vascula		i	PELL	7.0						
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEAT	N (Check o	nly one)				
/SI	HOSPITAL	☐ ER/Outpatient 3 [	DOA	OTHER: 4   Nursing Nom-	5 🗆 Reside	ence 8 🗆	Other (Specify)				
РНУ	27. MANNER OF DEATN  28e. DATE C (Month,	F INJURY Day, Year)	28b. TIME INJU		JRY AT RK?	28d	I. DESCRIBE NOW IP	NURY OC	CURED		
A	2 Accident Investigation				ES 2 N	0					
	3 Suicide 8 Could not be building 4 Homicide determined	OF INJURY — At horr I, atc. (Specify)	ie, term, a	ireet, tectory, office	•	281	. LOCATION (Street e City or Town, State)	and Numbe	r or Rural Route Number,		
LET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best	of my knowledge, dear	th occume	d at the time, data	end place, en	d due to th	e cause(s) and men	ner as ste	ted.		
COMPL	one) 2 MEDICAL EXAMINER: On the basis of										
ы	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENS	E NUMBER		29d. DAT	E SIGNED (Month, Day, Year)		
00	Bernardino A	alo	22	D	DI	58	60	<b>&gt;</b>	2/22/94		
임	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CA	USE OF DEATH (ITEM	27) (Type,	Print)	4	0	00		71//		
	BERNARDINO A. ALONSO, M.					#50	4/GLEN B	URNI	E, MARYLAND 210		
	31. DATE FILED (Month, Day, Year) 32. REGISTE	AR'S SIGNATURE	David	scon Mande	52.						
لــــا	1 FER % 3 1994			•							



hos	ache		9
the	det		0
E	200		at
ined	Nock		flec
reta	5 5		Jon The
8	age		pe
mag	DC . D		187
6 6	recti		Ĕ
S	a di		ner
ath.	Jue		E
er de	he fi	<u>e</u>	- ex
aff	3	DIMO	Ica
OURS	.5	10	med
24 h	filled	Du.	96
hin	tely	Hat	f, th
wig	The Pie	Cre	Yen
petri	00	nia.	9 3
exec	and	0	mat
8	Ician	ior 1	rau
cate	othos	e pr	1 10
ertif	Bul	gier	et o
6	tend	子	9
dea	e at	<b>dent</b>	MY,
the	b d	N P	Ē
that	Po	the air	any
lires	sign	leal	8
redu	Dec	6	Sho of
AR!	IS D	ept.	23
E	e he	te D	E
N	ficat	Sta	F
SICIA	cert	the	9
H.	this	With	treed
NG	her	ath	Ë
Q	R. A	o de	.00
ATTE	8	afte	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL	M	2	=
SPI	NER	thin	Ë
E HC	E FU	IM P	E
폰	E	flex	2
2	2	8	=

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	RTMEN	T DF H	EALTH A	AND M	ENTAL HYGIEN	E	94	07308
16	1. DECEDENT'S NAME (First, Middle, Last) Elmer Hamilton							2. DATE OF DEATH DATE OF DATE	NY .	YEAR	3. TIME OF DEATH 0600 M
	4. SOCIAL SECURITY NUMBER  213-24-7807  9a. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (In yrs. In AGE)		MONTHS	R 1 YEAR DAYS	7.65	MINI.	7. DATE OF BIRTH (Month, Day, Year) 4/13/28		MARY	PLACE (State or Foreign V) LAND
TOR	1145 RT. 3 NORTHBO	·			mbri	11s	OF DEAT	гн	277 22	ie Ari	
FUNERAL DIRECTOR	Maryland Anne A		-72		OR LOCAT	ION	-				10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
EBAL	1145 Route 3 Nor	thbound			101	2105	4		10g. Cl		VHAT COUNTRY?
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XXDivorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1   X YES 2   IF YES, GIVE WAR OR DATES	13.	If yes, sp		Mexican,	ORIGIN? (Specify Yes Puerto Ricen, etc.)	or No	14, RACE Black	American Indian, t, White, etc.	
COMPLETED	15, DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16s. D	DECEDENT'S Give kind of the Do NOT us TRU	work done se retired.)	during mo	st of working		16b. KIND OF BUS	- HNESS/IN		
ш	17. FATHER'S NAME (First, Middle, Last) BENJAMIN HAMILT(	ON				18. MOTHE		E (First, Middle, Maiden :			
TOB	10. INFORMANT'S NAME (Space)										
	20s. METHOD OF DISPOSITION  1 © Burtial 2 © Cremation 3 © Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or cyther place)  MARYLAND VETERAN CEMETERY 2/24/94 CROWNSVILLE, MD.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE										
	Larry B. R.	000.7			REES	SE & S	SONS	MORTUARY, ANNAPOLIS,			01
	IMMEDIATE CAUSE (Final	omplications that caused the distribution one cause on each line.  Cancer of Lary DUE TO (OR AS A CONSI	ie.		r the mo	de of dying	g, such :	as cardiac or respi	ratory a	rrest,	Approximate Interval Between Onset and Death 3 years
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI									
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions	contributing to death but not	resulting	In the u	nderlying	) cause giv	ven in Pr	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIORI TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIAN		HOSPITAL:		OTHE		ACE OF DEA	ATH (Check	conly one)			
BY PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28c. INJ WO 1 1	2	Other (Specify)	HOSP www.oo					
	3 Suicide S Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	iome, farm,	street, fac	tory, office		2	81. LOCATION (Street a City or Town, State)	nd Numbi	or Or Aural A	loute Number,
COMPLETED		IAN: To the best of my knowledge, of the besis of examination end/or									) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	mer SA - 12	P			29c. LICEN		ER	29d. DA	TE SIGNEO	(Morith, Day, Year)

Pandell.

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
FERAN HOSPITAL BALTIMORE, MD.

32. REGISTRAR'S SIGNATURE
Sucha Day door

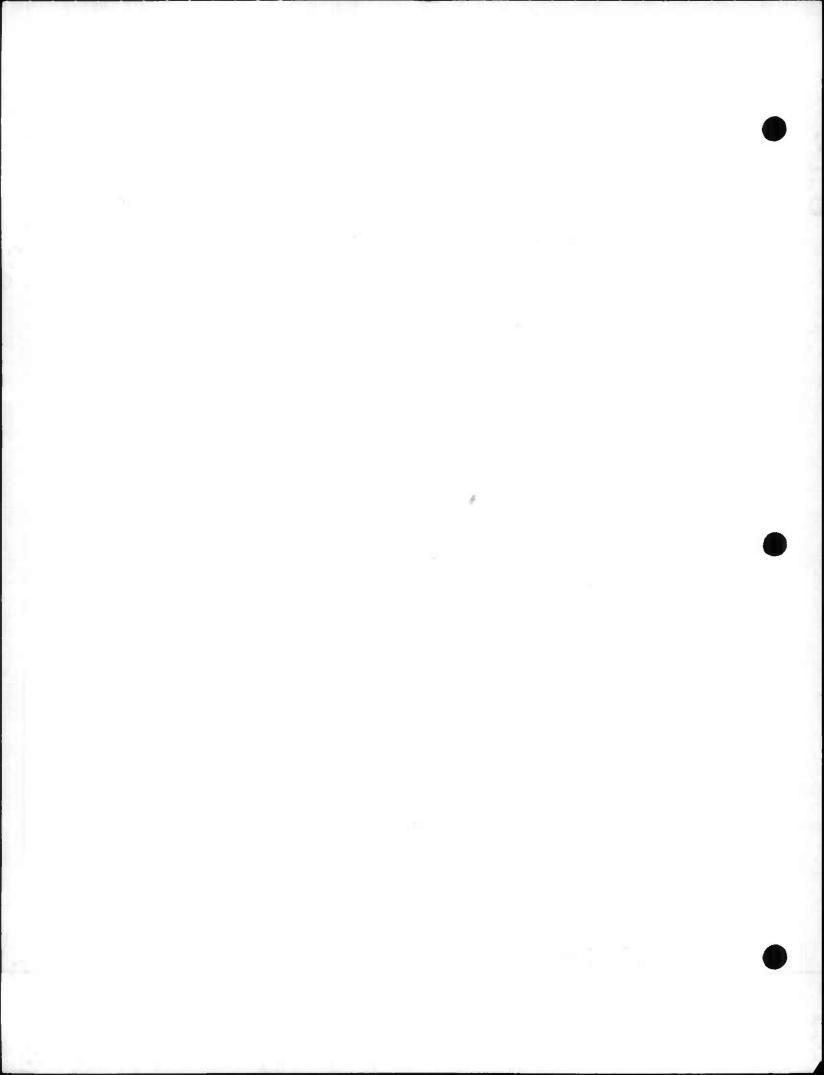
VETERAN HOSPITAL

199

2 5

31. DATE FILED (Month, Day,

EFB



osbi	bed	es.
he h	detac	once
9	2	at
Den	pino	Pe
retai	Sh	otif
e	90e	90
may.	ж, ра	12
e 6	recto	E
2	al di	ner
eath.	uner	me
ter d	the year	6
Sa	Ten by	dic
DOU	al be	Ë
1 24	y fill	the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.
s pe	al, c	2
cecut	and c	atic
8	ian a	E S
ate L	nysici prio	r tra
riffic	g ph	the
ē	Hydin	0 10
deat	afte	'n,
the	y the	inju
that	t and	any
ires	signe	MS
regu	De lo	sho
AMP.	as b	23
The	ate C	Em
Ä	Tific.	11 10
YSIC	th th	d,
H	T This	arke
SING OING	After	E
TEN.	DR:	8
Y AT	PECTI	m 2
106	Por D	i e
PITA	FRAI 2	11.11
HOS	FUN	IAN
포	H	PO
2	5 9	M

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND N	MENTAL HYGIEN		4 07309		
17 5	1. DECEDENT'S NAME (First, Middle, Last) Richard Nicola					2. DATE OF DEATH	AV VE	3. TIME OF DEATH 7:25 A M		
	4. SOCIAL SECURITY NUMBER 216-16-3394 98. FACILITY NAME (If not institution, give	1 XXM 2 □ F 7	0 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Morth, Day, Year) NOV 16 19	23	HATHPLACE (State or Foreign ountry) Maryland		
CTOR	33 Southgate Aver	nue		эь. сітч, тошы с Аппара	OR LOCATION OF DE	ATH	9c. COUNTY O	of DEATH . Arundel		
BY FUNERAL DIRECTOR	MD Anne  100. STREET AND NUMBER	Arundel		Annapoli	1.720			10d. INSIDE CITY LIMITS? 1 YES 2 NO  OF WHAT COUNTRY?		
UNER	33 Southgate Aver	TUC. WAS DECEDENT EVER IN	U.S. ARMED		21401	IC ORIGIN? (Specify Ver	USA			
	1 Never Merried 2 Merried 3 Vidowed 4 Divorced	FORCES? 1 DYTES IF YES, GIVE WAR OR OA WWII	2 NO		ecify Cuben, Mexicen	, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) 7 plus	16e. DECEDENT'S U (Give kind of wo life. Do NOT use Attornel	ork done during mo: retired.)	DN st of working	16b, KIND OF BUIL		ay .		
ш	17. FATHER'S NAME (First, Middle, Leet) Richard W. Hamba		macorate	)		ME (First, Middle, Maiden  Nicolai				
10 B	190. INFORMANT'S NAME (Type/Print) Anne Hambleton				nd Number or Rural R	oute Number, City or Tow Annapolis				
11	20e. METHOD OF DISPOSITION  1	ft	PLACE AND DATE OF	FDISPOSITION (Na er place) 1. Cremat	me of 2/21	0ATE 200. LO	cation - chy a	Town State		
	DIDATES LA	Zm		147 Vu	ike of Gl	oucester S	St. Ann	apolis, MD		
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  By To (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
A I	PART ii. Other significent condition	ne contributing to deeth bu	ut not resulting in	the underlying	ceuse given in F	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XX	HOSPITAL:	itlent 3 DOA	THER.	ACE OF DEATH (Chec					
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	200. OATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. INJU RY WOI M 1 \( \text{Y}	IRY AT RK? ES 2 NO	28d. OEŞCRIBE HOW II	NJURY OCCURED			
	2 Secretary 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)									
3 Suicide 4 Could not be determined Suicide, stc. (Specify)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the besie of examination sector investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and me										
TO BE C	29c. LICENSE NUMBER D05192  29d. DATE SIGNEO (Month, Day, Year) February 21, 199  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	Richard I. Hochma	in, M.D. 161	Murray Av	enue An	napolis,	MD 21401	(410-20	68-7576)		
	31. DATE FILED (Month, Day, Yeer)	32. REGISTRAR'S SIGNA	La Jay door	Admole Bles						

BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be retained by the hospital or annuface physic

HENISON ROBERT H

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use in the befiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

94

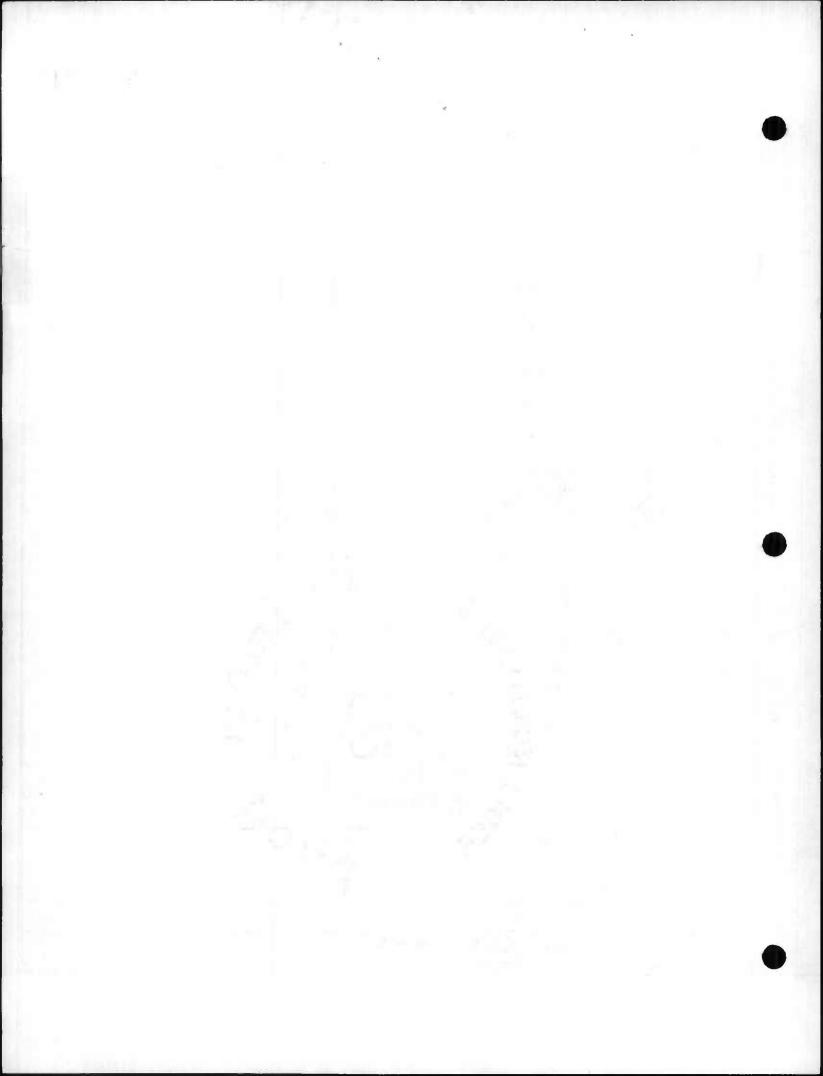
07310

	HEGISTHAH			EKIIF	ICALI	E OF	DEAL	I H	F	REG. NO.			
	1. DECEDENT'S HAME (First, Middle, Lest)  Robert Henry	Henson,	Sr.						2. DATE OF MONTH	DA	172	YEAR 94	3. TIME OF DEATH
	4. SOCIAL SECURITY 212-16-7450		6. AGE (In yrs. les	st birthday)	IF UNDER	I I YEAR	IF UNDER	24 MRS	7. DATE OF	_			PLACE (State or Foreign
	213-16-7454	1 🕅 M 2 🗌 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	06-09		5		yland
	9e. FACILITY HAME (If not institution, give st	reet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COU	HTY OF D	EATH
OR O	Union Hospital				]	E1kt	on				Ce	ecil	
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			I 40 - 647									
DIRECTOR	MD Ceci			122	Y, TOWN		City						10d. INSIDE CITY LIMITS?
V	10e. STREET AHD HUMBER	- d-		- Oil	-sape		ZIP CODE				40 CITI	ZEN OF W	1 YES 2 HO
EBAC	348 Coyotes Cor	ner				101		915				S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	YEVER IN U.S. AR		13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yea	or Ho-	14. RACE	- American Indian, White, atc.
ВУ	1 Never Married 2 XXMarried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	NU			2X NO		n, Puerto Rica	n, etc.)			ack
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S live kind of a Do NOT us	USUAL O	CCUPATIO	OH st of workin	ng	16b. K#	ID OF BUS	INESS/IND	USTRY	
,E	Elementary/Secondary (0-t2)	College (1-4 or 5+	,								~		
ME	7 th  17. FATHER'S NAME (First, Middle, Last)	0	Cu	stod	Lan						Serv	rice	
	William H. Henson								ME (First, Midd				
BE	19a. INFORMANT'S HAME (Type/Print)		100	h MAH ING	ADDRES	P /Ctmat a			Hollin			0.11	
2	Robert H. Henson,	Jr.							Newar				
	20e METHOD OF DISPOSITION 1 43 Burlel 2 Cremetion 3 Remo		20b. PLACE	_	_			,	DATE		CATION —		wn. State
	1 N Burlal 2 ☐ Cremation 3 ☐ Remo	oval from Stata	cemetery, cre		ther plecel			2/26	5/94				City, MD
	21. SIGNATURE OF FUNERAL SERVICE UC	ENSEE	11		22.	HAME AN	ID ADDRES	SS OF FAC	YTUK				,,
	► MONIN/II	( Y//// x	00860			_			l Home		NE 10	205	
	P.O. Box 2593, Wilm., DE 19805  23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, enock, or heart failure. List only one cause on each line.  Approximate												
	ehock, or heart failure. List only one cause on each line.										interval Batwee		
		Sev	000 (	10	n	. 1 ~	M 6 M.	10	- 1.	2//-	-		Onset and Saar
	resouring in openin	. Sev	OR AS A CONSE	OUENCE O	F):	121	11000	- 1	4	77 ( ")			
N	Sequentially list conditions,	Ser	ere e	nd	81	ree	Cur	1500	stive	tle	est/	Fulls	- Manyya
Ĕ.	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	DUENCE O	F):	)	. /	/			/	2	1
	CAUSE (Diseese or injury	DUE TO	OR AS A CONSE	DUENCE O	2	20	hri	mic 2	Thstri	cto	refe	uln	2- Manyya
CERTIFICATION	that initieted events resulting in death) LAST		DA 41 - 1303-		,	Y				6	3	3-	
		'											
EDICAL	PART II. Other aignificant conditions					ndariying	cause g	given in I	Part i. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă	reporc 2	ulrer.	moce	-3 e					11	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ	- Hypolas	Nord	Sm	_					_				1 TYES 2 HO
Ž													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ock only one)				
₹ ¥	1 YES 2 NATO	t Inpetient 2   28e. DATE OF		DOA 28b. TIM		sing Home	_	sidence	6 Other (Sp		UIIIW OO	NIDED.	
	1 Natural 5 Pending	(Month, De			URY	WO	RK?	ON	26d. DESCRI	BE HOW II	NJURY OCC	COMED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OI	F INJURY — At ho	me, farm,	street, fact		_	1,10	28f. LOCATIO	N (Street a	nd Number	or Rural R	oute Number,
COMPLETED	4 Homicide determined	building,	etc. (Specify)						City or To	wri, State)			
7	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	ath occum	ed at the 1	lme, date	end placa,	and due	to the cause(s	) and men	ner ea stat	ed.	
No.	one) 2 MEDICAL EXAMINES												and menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIEB	A	11 -		_	1	29c. LICE	NSE NUM	IBER		29d, DATI	E SIGNED	(Month, Day, Year)
BE (	your tile	el.101	217	mil			2	22	307		12	123	3/94
2	30 HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS					1					1	
	JAYANTILAL K	MATELI	no 1235	SINS	ER	LYF	TVE,	EL	KTO	74, 1	mi).	219.	2/-
	31. DATE FILED (Month, Day, Year)  FFR 2 8 9 1	32. REGISTRA	Davidson-	Panda	Q.					<u> </u>	,		<del></del>

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last) Frank	Melvin	Her	cen		2. DATE OF DEATH FEBRUARY		
2		4. SOCIAL SECURITY NUMBER 218-10-8225	XX M 2 🗆 F 7.	(In yrs. last birthday)  2 vns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH OCT . 12,	1921 Ma	THPLACE (State or Foreign intry)
ages 1, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give si Calvert Memoria				Frederic	тн	sc. county of Calve	DEATH
Pages 1.	DIRECTOR	10e. STATE 10b. COUNTY	lary's		y, TOWN OR LOCAL				10d. INSIDE CITY LIMITS?
(ly	AT 0	10e. STREET AND NUMBER		1 011	10	1. ZIP CODE			1 YES 2 TYNO
	EN I	Route 2 , Bo		IN U.S. ARMED		20622	C ORIGIN? (Specify Yes	USA	NCE — American Indian.
AND 21215-0020 the hospital or attending physic detached for use as the buringnes.	BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 AYES IF YES, GIVE WAR OR CU. S. Army	DATES	If yes, sp	eolfy Cuban, Mexican B P NO Specify:			
or atter	ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	WSUAL OCCUPATION Work done during mose retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUSTRY	
	COMPLETE	7 17. FATHER'S NAME (First, Middle, Last)	0011090 (1-4 01 0 4)	Switch	Board	Operato		unicati	ons
2 2 2 X	w	Frank Herren	1				ris Kawe		
	TO B	Mary Stricklar	d-Friend	196. MAILING	tho Ric	and Number or Aural Adde Rd.,	Luthervi	n, State, Zip Code) ille, Mc	1. 21093
ORE e 6 may ector, pa		On METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Remaided Donation 5 Other (Specify)	oval from State	b. PLACE AND DATE	of disposition (No	ery 3/	1/1994 (	cation - city or Chelter	Town, State 1 ham, Md.
BALTIMORE, nours after death. Page 6 may be d in by the funeral director, page or removal.	3	21. SIGNATURE OF FUNERIAL SERVICE LIC	Role	M0017			LS FUNER		
in by		23. PART i. Enter the diseases, or o shock, or heert feilure.	complications that cause Liet only one cause on o	d the death, Do	not enter the mo	ode of dying, such	7 T.A PT.A aa cardlac or resp	iratory arrest,	20646 Approximate Interval Between
in 24 fille strong, the		iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Anear	vonia a	rith re	spirator	y faile	ule.	Onset and Death
68760, ecuted within and completely burial, cremati	z		DUE TO (OR AS	A CONSEQUENCE O	no Get	whip!	Scelemons	on clive	eue.
De ex cian a for to	ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):			7	
P.O. B. th certificate anding physical Hygiene properties or other the	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):			-	
S, Geat deat	_	PART II. Other significent condition	s contributing to death	but not resulting	in the underlyin	g ceuse given in F			46. WERE AUTOPSY FINDINGS
any any	EDICAL	multiple suln	onougen	poli, i	40	depend	1 U YES 2		AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Pequi	₹	providus stratie	, -/ -/	restre h	1-11	samput	The same		1 YES 2 NO
두 들을 들	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Experient 2 ER/Out		OTHER:	ACE OF DEATH (Chec			
OF VIT, PHYSICIAN: The this certificate with the St	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIA	E OF 28c. IN.	HE 5 ☐ Residence 6 BURY AT DRK?	28d. DESCRIBE HOW I	INJURY OCCURED	
- 2 = > <del>4</del>	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,		YES 2 NO	281. LOCATION (Street City or Town, State)	end Number or Runs	al Route Number,
~ ~ ~ = =	LETE	4 Homicide determined							
로 로 로 드	COMPL		CIAN: To the best of my known.  R: On the basis of examination						e(a) and manner as stated.
THE PORT	BEC	296. SIGNATURE AND TITLE OF CERTIFIER	the K	7		29c. LICENSE NUMI	BER	29d, DATE SIGNI	ED (Month, Day, Year)
2 2 3 <b>X</b>	임	30. NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type	n, Print)	777 2			9//
1		Dr. Jonathan Fo	32. REGISTRAR'S SIG	NATURE	0.	Prince	Frederick	. Maryl	and 20678
		MAR 0 1 1994	Julia Days	xan-Manage					



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ester 28 NUTWELL 109 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fore IF UNDER 1 YEAR 7. DATE OF BIRTH Day, Ye. HOURS t 🛛 M 2 🗌 F 88 Jun Maryland 213-28-4740 1905 YRS. 9a. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 0 St. MARY'S DIRECTOR Pages 1, 2, 3 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland St. Mary's Mechanicsville 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. Box 93 20659 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf was specify Cuben, Mexican, Puerto Ricen, etc.) 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, Puerto Rit YES 2X NO Specify: 1 Never Married 2 Merried Page 6 may be retained by the hospital or attending plan IF YES, GIVE WAR OR DATES Specify BY 3 Widowed 4 Divorced funeral director, page 5 should be detached for use as The White COMPLETED 15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION ISH KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Farmer Farm 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) # Ernest Harding Gertrude Nutwell BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2 James Richard Harding, Sr. Box 93, Mechanicsville, Maryland 20659 pe METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 1X Buriat 2 Cremation 3 Rem
4 Donation 5 Other (Specify) Mt. Zion Un.Meth. Cem. Mechanicsville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 23. PART L/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or reapiratory arreat, abock, or heart fellure. List only one ceuse on each line. 20650 filled in by the medicai Interval Between ŏ IMMEDIATE CAUSE (Final Onset and Death cremation, the disease or condition hervoder completely resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): hysician and com CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other t DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 10 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS 30 AMILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 TYES 2 CH Shows 1 TYES 2 has been of P Dept. PHYSICIAN: HOSPITAL DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO 26. PLACE OF DEATH (Check only one) State this certificate HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) Inpetient 2 ER/Outpetient 3 DOA 0 the 27. MANNER OF DEATH

1 Netural 5
2 Accident 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED marked, with 5 Pending Investigation 1 YES 2 NO BY DIRECTOR: After the hours after death v 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Yourn, State) -8 Could not be determined COMPLETED 4 Homicide 28 hours a Hem 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. FUNERAL within 72 h MPORTANT: H MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day. Year) BE 五五百 2

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

who Davidson-Mandall

223

2

01 0 31. DATE FILED (Month, Day, Year) 94

DHMH-18 Rev 1/89

2

CIESTO de LEON DE MESTO the way the form of a language to the

100	8	3	ŵ	gd	•
The state of	, LO	pue	38		
五日本社 湯	7	all all	nse		
740	N	~ B	for	hpt21	in the
	9	Spit	hed		-i
	A	d e	letac		900
	Z	9 4	2		To
	8	Per	pino		pa
	MA	etair	Sho		OEF.
		2	96		9
	R	THEY.	f, pa		to to
	0	9	ecto		Ē
	2	Pag	6		H
		ath.	Se de		Ē
	BALTIMORE, MARYLAND 21215-00	r de	ž	w	ä
	ш	afte	6	ě.	100
		ours	5	2	DOL
-{		24 h	U L	OH,	he
•	, (	hin	nely	mati.	it, t
	9	J Will	mple	000	Neu
	87	urtec	00	unial,	ic e
	9	exe	an an	0	ша
	6	P De	siciar	10	T P
	8	ficat	P	ne p	10
	0	certi	ding	200	10
	0	ath	rtten	tal T	10 %
	S	be de	the a	Men	2
	R	at th	6	and	y is
	0	th se	bauc	att	and a
	E	quin	n si	H He	MO
	œ	W re	See.	or. o	3 8
	A	e la	has	De	2
		F	cate	State	100
	>	CIA	ertif	the	6
	O	HYS	o Sic	A P	ed,
	Z	GP	p Je	THE N	Пап
	0	NON	E. Af	r de	99
	S	TE	HOE.	afte	28
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of attended.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the attending physician and completely filled in by the attending behavior as as an experience of the property of the attending by the attending physician and completely filled in by the attending behavior as a second of the property of the attending by the att	be filed writhin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remarks	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical assummer must be notified at once.
		AL (	AL C	2	=
		SPIT	NER	Pill	W.
		유	3	W	M
		풀	품	Fled	2
		2	2	2	蓋

	•	1 - STATE REGISTRAR	STATE UP				OF HE			MENTAL HYGIEN REG. NO	-	4	07313
		1. DECEDENT'S NAME (First, Middle, Last Harry I	oniel He				01 1			2. DATE OF DEATH MONTH 25,		YEAR 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 220-07-1404	5. SEX 1)() M 2   F	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER		IF UNDER	0.000	7. DATE OF BIRTH (Month, Day, Year) April 5,		8. BIRTHPL Country)	ACE (State or Foreign
	O.	90. FACILITY NAME (If not institution, give Sinai Hospital	,				Balt:		ON OF DE	ATH	9c. COUN	TY OF DEAT	
	DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN  Md.	Baltimore	8	10c. CIT		vens						d. INSIDE CITY LIMITS?
V	FUNERAL	10a. STREET AND NUMBER 1527 Hi	llside R	d.				ZIP COO			10g. CITIZ		T COUNTRY?
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 X YES 2 N WAR OR DATES	MED		WAS DECEM If yes, spec 1 YES 2	Ify Cube	n, Mexicen	C ORIGIN? (Specify Yes, Puerto Rican, atc.)	s or No-	14. RACE — Black, V Specify:	American Indien, white, etc.
encie	COMPLETED	1s. DECEDENT'S ED (Specify only highest gra Elementary/Secondary (0-12)		16a. DE (G/ iffe.	CEDENT'S tve kind of Do NOT u	work done ( se retired.)	CCUPATION during most	t of worldr	ng	166. KIND OF BU		JSTRY	1144.00
	BE CO	17. FATHER'S NAME (First, Middle, Lest) Harry D.	Heubeck						Eli	E (First, Middle, Maiden zabeth Le	e John		
	2	190. INFORMANT'S NAME (Type/Print) Mary Wheeler								oute Number, City or Tow Seburg, Md		048	
		20a_METHOD OF DISPOSITION 1 CABurlal 2   Cremation 3   Re 4   Donation 6   Other (Specify) 21. SIGNATURE OF FUNERIAL SERVICE I		20b. PLACE A cometery, cre-	matoniora	Ceme	etery	ADDRE	SS OF FAC	11994 Woo			yland
L		144.20	bleard	4		1	1605	Rei	ster	ral Chape	, Owi		21117 ills, Md.
		23. PART I. Enter the diseases, or complications that caused the daeth. Do not anter the mode of dying, such as cardiec or respiratory streat, shock, or heart feliure. List only one cause on each lins.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,											
	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	С	O (OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION	PUENCE D	F): /	blc	lic	, re	lcer			
	MEDICAL	PART II. Other significant condition	d tons contributing to	o death but not re	esuiting	in the un	derlying (	cause (	given in f	Part i. 24s. WAS AN PERFOR	RMED?	CC	ERE AUTOPSY FINDINGS ARLABLE PRIOR TO OMPLETION OF CAUSE DEATH? YES 2 NO
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Sipri	H	OTHER	<b>3</b> :			ck only one)			
	BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE DI (Month, i	E ER/Outpatient 3 F INJURY Day, Year)	28b. TIM		28c. INJUF WORI 1 YE	RY AT		3 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCI	URED	
	100	3 Suicide 8 Could not be datermined	28e. PLACE I building	DF INJURY — At hor , atc. (Specify)	me, ferm,	street, fact	ory, office			28f. LOCATION (Street a City or Town, State)	and Number o	or Rural Rout	e Number,
	COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN								to the cause(e) end men ime, date and place, en			nd manner ee stated.
	TO BE	296. SIGNATURE AND TITLE OF CENTIFI	*					D.	2013	HEN 8	29d. DATE ▶ 2	SIGNED (M	onth, Day, Year)
		30. NAME AND ADDRESS OF PERSON W RIDA FRANK 31. DATE FILED (Month, Day, Year)	A MO	3640  AR'S SIGNATURE	127) (Type		Rane	٤	10	racto m	D 2	-121	5
		FFR 2 8 '94	Julia Sulia	Leviden-	Pande	Man.							

DHMH-16 Rev 1/89

D Alta II 4/46 2년 보고, 보이다 세일과 대학교 1881년 1 

		-		
		es		
		E		
		H.		
		3	_	
		Æ		
	4	8	7	١
0	-8	W.	1	f
8	E.	W.	_	
Ö	8	2	-	•
rty.	Du.	SS		
2	affe	83		
CIN.	-6	5	46,7-	-
0	Dital	P		
Ž	POS	45		
⋖	e	Jeta		
Į	× 4	8		
8	8	B		
4	ain	9		-
Σ	E	5		
uî	20	age		1
Œ	Пау	r, p		-
Ō	9	CG		
≥	age	dire		1
E	۵.	70		1
۲	eath	J.		į
S A	0	9	100	
-	affe	9	E S	
/	UCS	.⊆	2	1
		Delle	0,0	1
•	,	A S	atio	4.8
O,	THE STATE OF	lete	E E	Y
92	× p	E	2	1
ω	cute	000	nua	-
9	exe	an an	ō	•
$\tilde{a}$	20	San	00	ł
8	ate	Sic	Š.	
_	ilific	ā	Bhe	4
o.	Leo Leo	ding	Ē	4
0	tte.	ten	20	
Ś	de	60	ent	1
	the	5	2	-
<u>~</u>	hat	5	3	1
Ö.	SS	DIN.	를	
Ш	1	S	운	-
Œ	9	Jee.	0	4
Ļ	A.	as	)ept	0
₹	The	e h	te C	i
Ξ	N	ficat	Sta	7.4
-	CIA	ertil	the	j
7	SS	SC	=	
VISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215→0020	A ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Sours after death. Page 6 may be retained by the hospital of attending innerent	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the completely filled in by the funeral director, page 5 should be detached for use as the completely filled in by the funeral director.	irs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	200 to 10
5	ING	After	eat	
$\Xi$	SNO	R	er G	
2	TE	E	aft	0
>	A.	Ä	5	

,		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF I	HEALTH AND I		IYGIENE IEG. NO.	94	07314
	ij	1. DECEDENT'S NAME (First, Middle, Lest)	-0.1-				2. DATE OF	DEATN DAY	YEAR,	TIME OF DEATH
		DONALD	TRVE					3 02	941	12:45A
		A second	SEX 8. AGE (	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De		6. BIRTNPL/ Country)	ACE (State or Foreign
9		W 1 2-49 -00 -00		G O YRS.	5- 2-			- 933	OF	10
3 should	œ	9e. FACILITY NAME (If not institution, give street	1 11 -			OR LOCATION OF OR		9c. COUN	TY OF DEAT	'N
2,	СТОВ	RESIDENCE OF DECEDENT	- Hespita	/	15 W	imore		DA	14	
Pages 1,	ш	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10	d. INSIDE CITY
8	DIR	Maculand Wash	ne ton	14	mock				11	LIMITS?
	ERAL	10e. STREET AND NUMBER	, ,	4 1		of. ZIP CODE		10g. CITI2	EN OF WHA	T COUNTRY?
/ V	EH	13503 Orcha	rd Kida	e Rd.		21750		11.	S.A.	
	ž		P. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	CENDENT OF NISPAN pecify Cuben, Maxica	IIC ORIGIN? (S	pecify Yee or No-	14. RACE -	American Indian, hite, etc.
0 5	À	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DE			S 2 Specify		r, etc.)	Specify:	10.1
215-0020 attending pro-	ED	15. DECEDENT'S EDUCAT.	ION	48- DECEDENTIS	USUAL OCCUPATI		1	<u> </u>		hite
Married Comments of Street, or other	E	(Specify only highest grade con	npleted)	(Give kind of life. Do NOT u	work done during me	ost of working	160. KI	OF BUSINESS/INDI	SINY	
Spital of for		Elementary/Secondary (U-12)	College (1-4 or 5+)	HAID	Shilst	1				
LAND the hospital a detached for tonce.	COMPL	17. FATHER'S NAME (First, Middle, Last)		11111		18. MOTHER'S NA	ME (First, Midd	le, Maiden Sumeme)		
8 2 E	C	FRANK J.	IRVEN			Lula	R	armott		
MAR retained 5 should notified	0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural	Route Number,	City or Town, State, Zip	Code)	
	유	Cathy M. I	RUEN	13503	Orcha	of Rides	Pd	Hancock	ml	21750
		20e. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remova		PLACE AND DATE		lame of	DATE	20c. LOCATION — C	ty or Town,	
		4 Donetion 5 Other (Specify)	rom State cem	etery, crematory or	ther place)	,	3/5/94	McConne	11.60	ing fo 172
. Page ral direc		21. SIGNATURE OF PUNERAL SERVICE LICENS	SF			ND ADDRESS OF FA		Final	Mirma	Page .
	- 8	Hoder la	enelum		322	- Corne	iond	ed in	0/2	11sburg Pa
after of the smoval.		23. PART I. Enter the diseeses, or com	plicetions that caused	the desth. Do	400					Approximats
ours after our remove medical		shock, or hasrt fellure. Lis IMMEDIATE CAUSE (Finsi	t Dnly Dna causa on e	ach ilne.					5.7	Interval Between Onset and Dasth
hy filled ation, o		disesse or condition	S'SODH A	+ C = A	CAS	MER				LIVERE
d with omplete		resulting in death) a	ESOPH AD DUE TO (OR AS A	CONSEQUENCE O	Pi:	· CE IC				170110
	z	<b>6</b>								
K a a c S	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):					
ate b hysicii prior	S	CAUSE (Disease or injury								
certificate ding physi tygiene pr	RTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):					
1 E S = 6	CER	d.								1
5 8 5 ≥ 5	اد	PART II. Other significant conditions of	ontributing to death b	ut not resulting	in tha undariyin	ng cause given in	Part i. 24	. WAS AN AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
	EDICA						1	PERFORMED?	co	AILABLE PRIOR TO HMPLETION OF CAUSE
S Head							' '	_ 100 1 _ 110		DEATN?
> 0 4	X									
<b>▼</b> 9 = 0 =	SICIAN	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only one)		1	
SICIAN: The certificate he the State he in the State he in the state he in the state he in the state he in the interval in the interva	SIC	EXAMINER?  1 YES 2 NO	OSPITAL:	etlent 3 🗆 DOA	OTHER: 4 Nursing Hon	ne 5 🗌 Residence	8 Other (Sp	pecify)		
PHYSICIAN: this certifical with the St	РНҮ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIN		JURY AT ORK?	28d. DESCRI	BE NOW INJURY OCC	JRED	
ON CON CONTROL After this of death with a marked,	BY	Natural 5 Pending 2 Accident Investigation				YES 2 NO				
2 9 5 cm	ED E	3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Spec	- At home, ferm,	etreet, fectory, offic	ce	28f. LOCATIO	N (Street and Number own, State)	or Rurel Rout	e Number,
OR ATTEN DIRECTOR: bours after item 28 I	E	4 Nomicide datarmined								
	PLI		N: To the beet of my know	ledge, death occurr	red at the time, date	e end plece, end due	to the csuse(e	e) end menner es atate	d.	
THE HOSPITAL THE FUNERAL filed within 72 i	COMPL	one) 2 MEDICAL EXAMINER: (								d menner se stated.
TO THE HOSPI TO THE FUNE TO THE FUNE TO THE FUNE TO THE HOSPI	U U	296. SIGNATURE AND TITLE OF CERTIFIER	1 4			29c. LICENSE NUI	ABER	29d. DATE	SIGNED (Me	orgth, Day, Yeer)
TO THE TO THE De filed	00	Talen h	itsise					1 2	121	194
0=	임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (tTEM 27) (Type	a, Print)				, ,	

UNIVERSITY OF MO HOSPITAL

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

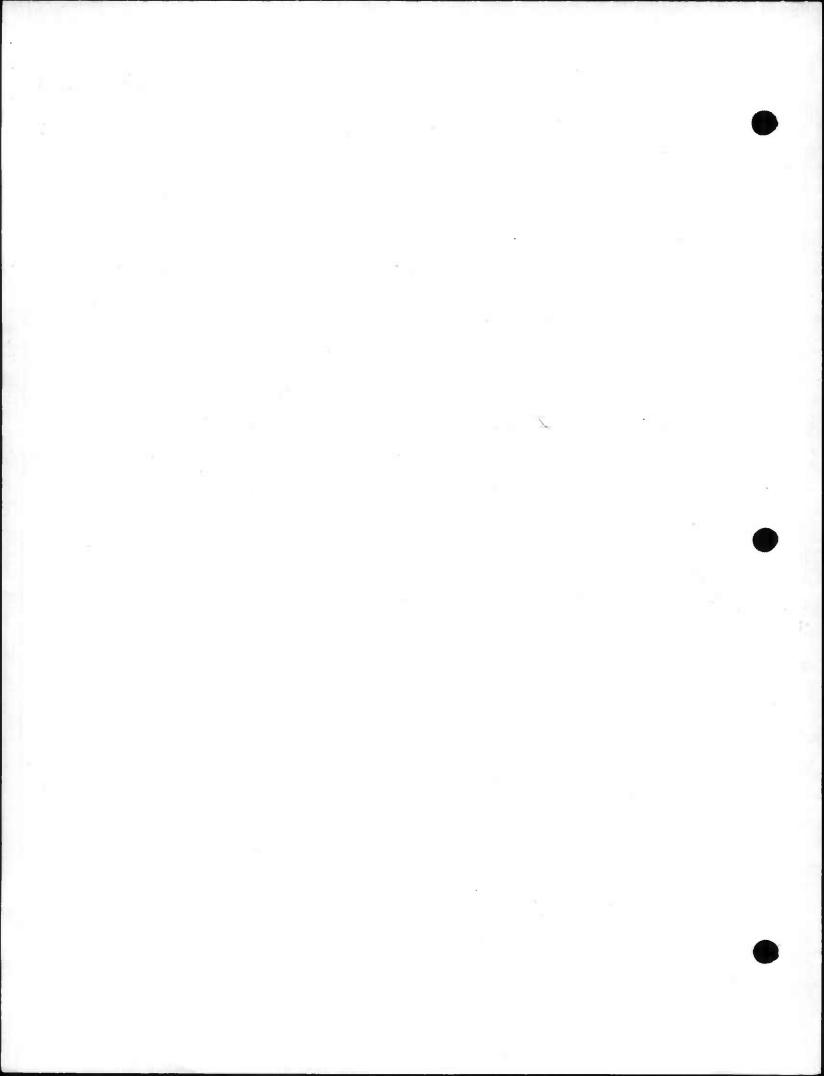
white Dender Rondoll

HELEN NITSIOS MD

31. DATE FILED (Month, Day, Year)

22. REGISTRAR'S SIGNATURE

MAR 0 4 1994



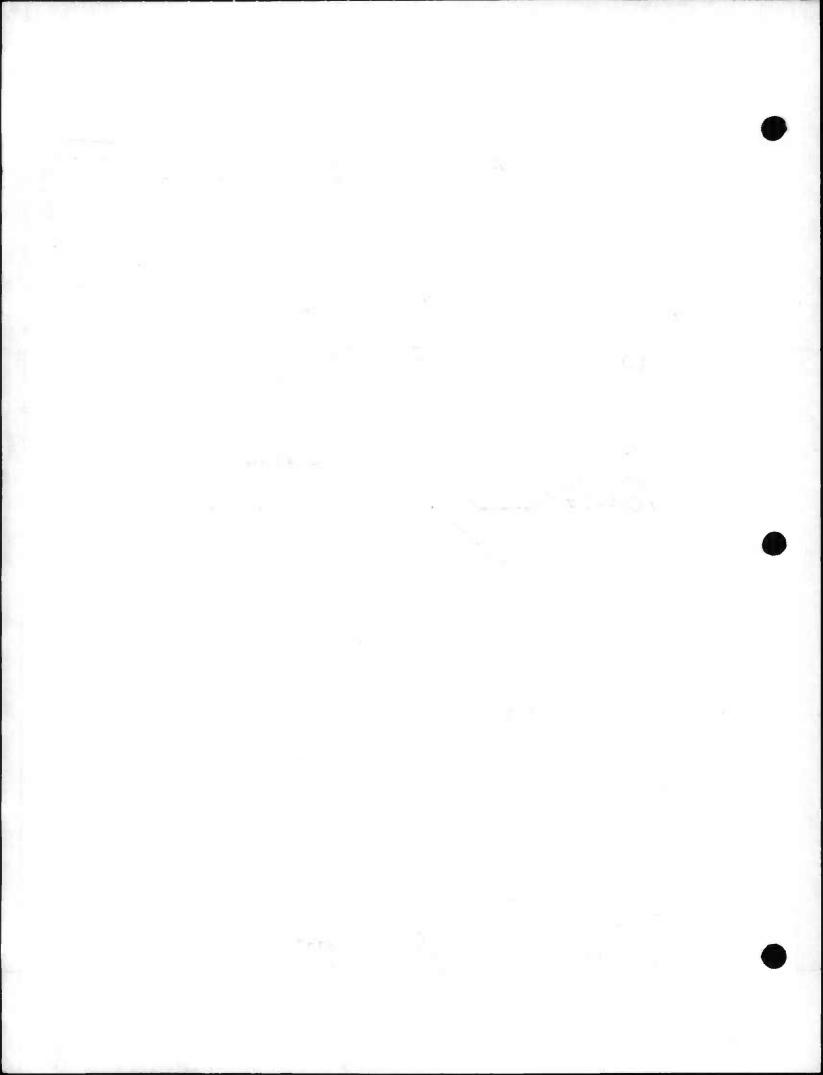
		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	94	07315
)	8	/	nn	Iosbaker	CER	2. DATE OF DEATH	YEAR	3. TIME OF DEATH
9		577-50-2077	6. AGE (In yrs. les	YRS. IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIPIT	HPLACE (State or Foreign try)
2. 3 should	стон	90. FACILITY NAME (If not institution, give stree  112 Severn Avenue RESIDENCE OF DECEDENT	t and number)		y, town or location of b erna Park	EATH	Anne Ai	
W	DIREC		Arundel	Severna	Park			10d. INSIDE CITY LIMITS? 1 YES 2 ND
Dosit perm	FUNERAL	100, STREET AND NUMBER AVEnue			101. ZIP CODE	46	109 CITIZEN OF	WHAT COUNTRY?
ending physician as the burial-trapsit	В	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 \( \subseteq \text{ YES} \) 2 \( \subseteq \text{ IF YES, GIVE WAR OR DATES} \)	MED 13.	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 SCHO Speci	nn, Puerto Rican, etc.)		E — American Indian, ik, White, atc.
spital of att	COMPLETED	12	mpleted) (Gi	CEDENT'S USUAL C We kind of work done Do NOT use retired.	during most of working	Hospita	1	
ed by the hould be detach	BE CO	Joseph E. Schultz			Iris M	AME (First, Middle, Meiden S Davies		
	2	Mr. Griffith Iosb	aker 7	McNeil 0		Glen Bur	nie MC	
Page 6 may al director, p ner must	1 8	20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	of from State	AND DATE OF DISPO	DIY 2-21-	daton:	ation — City or To Sville, tchie Hu	MD
er death. Pag the funeral div val.		· Ropet D		/ Ear	ranco Funera	al Home Sevi	erna Pai	*
precuted within 24 hours after death. Page 6 may be and completely filled in by the funeral director, page burial, cremation, or removal.		23. PART I. Enter the diseases, or conshock, or heart failure. Lis immediate CAUSE (Final disease or condition resulting in death)	pilications that caused the det only one cause of each line  CACCINED  DUE TO (OR AS A CONSECTION)	IA DI	r the mode of dying, suc		atory arrest,	Approximate interval Between Onset and Death
he death certificate be executed within the attending physician and completely Mental Hygiene prior to burial, crema niury, or other traumatic event,	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUENT OF TO (DR AS A CONSECUENT)					
requires that the sen signed by the of Health and I shows any In	MEDICAL	PART II. Other algnificant conditions of MALNUTRY; FATTY LIA	contributing to death but not n	eaulting in the u	nderlying cause given in	Part i. 24a. WAS AN A PERFORM 1 YES 2,4	ED7	NWERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
- 2 2 N	PHYSICIAN:	1 🗆 YES 2 NO 1	IOSPITAL:	DOA OTHE	28, PLACE OF DEATH (CI R: rsing Home 5 Residence			
	B¥	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month. Day, Year) 28e. PLACE OF INJURY — At ho	28b. TIME OF INJURY M	20c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW IN.		
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	LETED	3 Suicide 6 Could not be determined	building, etc. (Specify)			28f. LOCATION (Street en City or Town, Stelle)		HIDURY NUMBER,
東京日	COMPLET	(Check only	N: To the best of my knowledge, de Dn the best of examination end/or i					s) and manner as stated.
O THE HOSPI O THE FUNEF IN filed within MPORTANT:	BE (	296. SIGNATURE AND TITLE OF CERTIFIER  M. a. f.	1 11.0		29c. LICENSE NU	MBER 708D		(Month, Day, Year)

MEAD JR MI)

32. REGISTRAR'S SIGNATURE

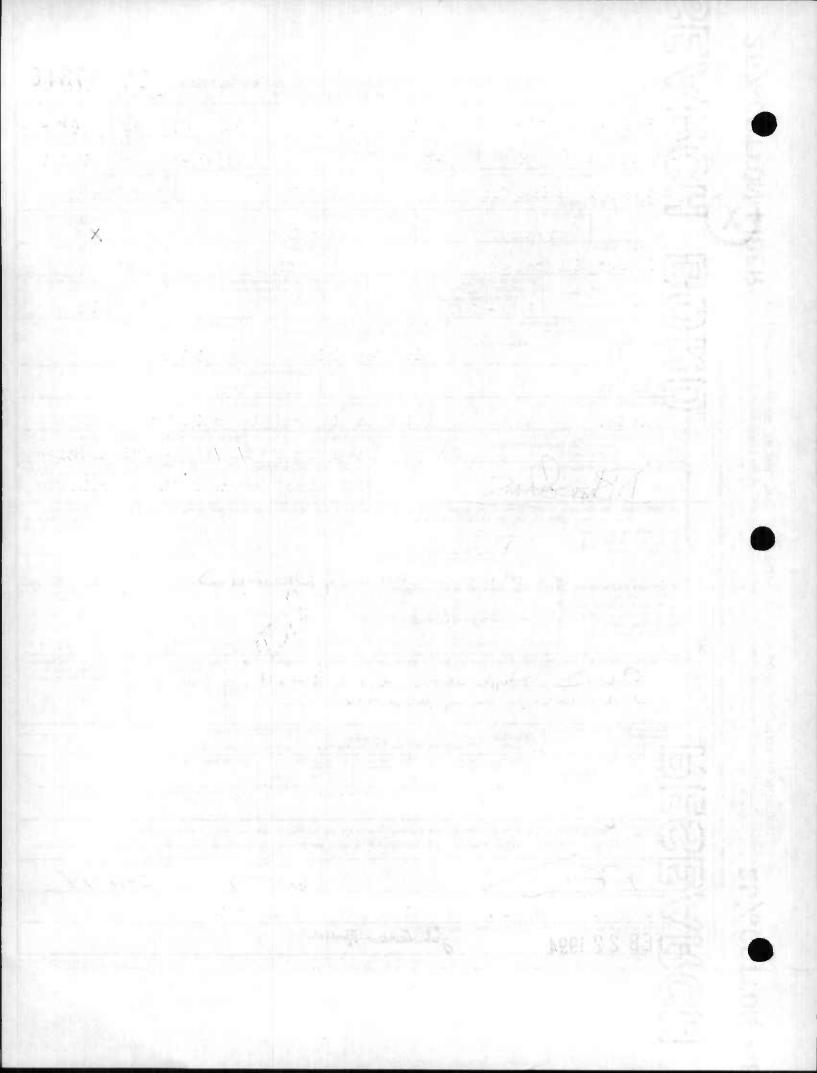
nth, Day, Year)
4 1994

Bor ST Paul Pl Rondalle



BALTIMORE, MARYLAND 21215-0020	is that the death certificate be executed withit wours after death. Page 6 may be retained by the hospital or attending physic	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial afth and Memal Hyglene prior to burial, cremation, or removal.
ö	9	2
'n	ig.	as t
2	atte	8
7	6	7
0	Sta	D TE
Ħ	SOL	5
4	9	deta
2	34	2
æ	2	목
Ø	Taj	Spo
Σ	9	10
шî	A	age
~	E	7.
0	9	ecto
≥	OR.	9
H	4	era
2	leat	£ .
B	ther (	ined by the attending physician and completely filled in by the fall and Mental Hygiene prior to burial, cremation, or removal.
	55	T P
_	3	6 9
		NO.
9	설	mat
9	¥	5 5
~	pet	8 Te
9	GCL	Eg
×	8	5 2
Õ	e b	Sici
46	heal	一番の
O	50	Die Joie
<u>a</u> .	the case	E H
ORDS, P.O. BOX 68760,	dea	att
Ö	the	E X
~	Jat	a d
Ö	S	aft the

	1. DECEDENT'S NAME (F			ol day	Diala	ud 7	1		MONT	E OF OEATH	2-17-		3. TIME OF DEA											
160	4. SOCIAL SECURITY NU		5. SEX		s. lest birthday)		_	IF UNDER 24 HRS.	7 DATE	OF BIRTH	(	H PIOTUS	PLACE (State or											
16	235-34 -	3048	1 X M 2 🗆 F	6	_			HOURS MIN.	(Mon	th Day Year 2	5 a	Country	Virgin											
	Anne Arund			-0.4				LOCATION OF D			9c. COUNT	Y OF DE	ATH											
NO.	RESIDENCE OF D	ECEDENT		ei		AVU	nape	olis			Anne	. Aru	undel											
DIRE	MD	Anne	Arundel		10c. Cf	ry, town or L And		olis					10d. INSIDE CIT LIMITS? 1 YES 2											
ERAL	31 Arbon		Donal					ZIP CODE					HAT COUNTRY?											
N 27	11. MARITAL STATUS	пис		IT EVER IN U.S	B. ARMED	13. WAS	DECEN	2140.		N2 (Specify Ven		ISA	— American Inc											
BY FU	1 Never Married 2 3 Wildowed 4 D		12. WAS DECEDENT FORCES? 1 IF YES, GIVE N	MAR OR DATES	. □NO	If ye	s, speci	try Cuban, Maxica NO Specific	en, Puerto				- American Inc. White, etc.											
8	15, 0 (Specify	DECEDENT'S ED	UCATION de completed)	184		USUAL OCCU			16	b. KIND OF BUS	INESS/INDUS													
COMPLET	Elementary/Secondary		College (1-4 or 5		life. Do NOT u	lectri				Milit	ำกรม													
OM	17. FATHER'S NAME (First						_	16. MOTHER'S NA	ME (First,		-													
111	Rufus Ice							Leota																
TO BE	19a. INFORMANT'S NAMI							Number or Rural					01102											
	Delia Ice			l Property				Road																
	20s, METHOD OF DISPOS 1X Burlel 2 Cremi 4 Donation 8 Ott	ation 3 Rec	moval from State	cemeter Martin	y, crematory or	OF DISPOSITIO	N (Name	emetery	2 /2	7 / Q / C+	CATION - CH	ty or Tow	rn, State											
	21. SIGNATURE OF FUNE		JORGEE	- IMWCU	jeana	22. NAI	ME AND	ADDRESS OF FA	VCILITY T	ahn M	Taulo	h E	unotal											
	NK	Lund.	2			117	0 1		ار	UTLIL IVI.	rayeo	1/2 1 (	wieuc											
	IMMEDIATE CAUSE (	r heart fellure (Final	complications the	nt caused the	e death. Do								Approxim											
MIFICATION	ahock, or	r heart fellure (Final  dittons, mediete kLYING	a. Due to	O (OR AS A CO) O (OR AS A CO)	Ilne.	not enter the	e mode		ch aa car	diac or reapli			Approxim											
MEDICAL CERTIFICATION	shock, of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list comif any, leading to improve the cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L  PART II. Other algnif	r heart fellure (Final  dittiona, mediete RLYING injury AST	b. DUE TO  C. DUE TO  d. DOBE TO DUE TO	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	NSEQUENCE CONSEQUENCE ot enter the	mode	NESP	Part I.	diac or reaple	AUTOPSY MED?	24b.	Approxit Interval I Onset ar Onset ar WERE AUTOPSY MMILABLE PRIOCOMPLETION OF DEATH?												
AN: MEDICAL CERTIFICATION	Sequentially list con- if any, leading to imr cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L  PART II. Other algnif	r heart fellure (Final  dittiona, mediete RLYING injury AST	a. OUE TO  b. OUE TO  c. DUE TO  d. One contributing to	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	NSEQUENCE CONSEQUENCE n the under	e mode	CE OF DEATH (C)	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	Approxininterval interval HYSICIAN: MEDICAL CERTIFICATION	shock, of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list confif any, leading to immoduse. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) L  PART II. Other signif	r heart fellure (Final  dittiona, mediete RLYING injury AST	a. OUE TO  b. MAL  DUE TO  c. DUE TO  d	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	MSEQUENCE CONSEQUENCE n the under	e modes	Cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	Approxit Interval I Onset ar Onset ar WERE AUTOPSY MMILABLE PRIOR COMPLETION OF DEATH?
PHYSICIAN: MEDICAL CERTIFICATION	ahock, of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list comif any, leading to immicause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L  PART II. Other algniff  25. WAS CASE REFERRET EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 8	r heart fellure (Final  dittona, mediete RLYING injury AST  D TO MEDICAL	a. DUE TO b. MAL  DUE TO c. DUE TO d. DUE TO d. HOSPITAL: Vinpatient 2  28e. DATE OF (Month, L.	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	MSEQUENCE CONSEQUENCE n the under	e modes	Cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	Approxit Interval I Onset ar Onset ar WERE AUTOPSY MMILABLE PRIOR COMPLETION OF DEATH?												
TED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list comif any, leading to immicause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L  PART II. Other algniff  25. WAS CASE REFERRET EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 8  2 Accident	r heart fellure (Final  iditions, mediete ILYING injury AST  D TO MEDICAL	DUE TO  DUE TO	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	NSEQUENCE CONSEQUENCE n the under	e mode  riying e  g Home  WORN  YES	Cause given in A 1 +	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. 1	Approxit Interval I Onset ar O												
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list confirmance of the cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L.  PART II. Other algniff CAUSE (Disease or in that initiated events resulting in death) L.  25. WAS CASE REFERRET EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH    Natural 8   2   Accident 3   Suicide 6   4   Homicide   4   4   4   4   4   4   4   4   4	ditions, mediete LLYING injury AST  D TO MEDICAL  Pending investigation  Could not be determined	DUE TO  DUE TO	OF INJURY — A co. (Specify)	NSEQUENCE CONSEQUENCE n the under  OTHER: 4   Nursing  ME OF 1  street, factory,	e mode e	Cause given in A 1 H	Part I.  Peck only of 6 Oth 28d. De 28l. LOCh	24a. WAS AN PERFORI 1 YES 2  CATION (Street a or Town, State)	AUTOPSY MED?  NJURY OCCU	24b.)	WERE AUTOPSY MAILABLE PRIO COMPLETION OF OCATT												
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list confirmance of the cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L.  PART II. Other algniff CAUSE (Disease or in that initiated events resulting in death) L.  25. WAS CASE REFERRET EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH    Natural 8   2   Accident 3   Suicide 6   4   Homicide   4   4   4   4   4   4   4   4   4	dittons, mediete ilLYING injury AST  D TO MEDICAL  Pending investigation Could not be determined  ERTIFYINO PHY:  REDICAL EXAMIN	DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  DOI: 10  DOI:	OF INJURY — A co. (Specify)	NSEQUENCE CONSEQUENCE n the under  OTHER: 4   Nursing  ME OF 1  street, factory,	riying (  28. PLAC  19 Home  C. INJURY  WORK  VEI  office	Cause given in A 1 H	Part I.  Part I.  S Oth  28d. DE  28f. LOC/ly  s to the ca	24a. WAS AN PERFORI 1 YES 2  CATION (Street a or Town, State)	AUTOPSY MED?  NJURY OCCU  Ind Number or	24b. 1	WERE AUTOPSY MAILABLE PRIO COMPLETION OF OCATT												
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list comif any, leading to improve the cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L  PART II. Other algniff  25. WAS CASE REFERRET EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 8 2 Accident 3 Suicide 6 4 Homicide  29s. CERTIFIER (Check only one) 2 M	dittons, mediete ilLYING injury AST  D TO MEDICAL  Pending investigation Could not be determined  ERTIFYINO PHY:  REDICAL EXAMIN	DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  DOI: 10  DOI:	OF INJURY — A co. (Specify)	NSEQUENCE CONSEQUENCE n the under  OTHER: 4   Nursing  ME OF 1  street, factory,	riying (  28. PLAC  19 Home  C. INJURY  WORK  VEI  office	Cause given in A 1 + CE OF DEATH (C) 8   Residence RY AT K7 S 2   NO	Part I.  Part I.  S Oth  28d. DE  28f. LOC/ly  s to the ca	24a. WAS AN PERFORI 1 YES 2  CATION (Street a or Town, State)	AUTOPSY MED?  NJURY OCCU  Ind Number or	24b. 1	Approxit Interval I Onset ar O												



TO BE COMPLETED BY FUNERA

BALTIMORE, MARYLAND 21203-3146,

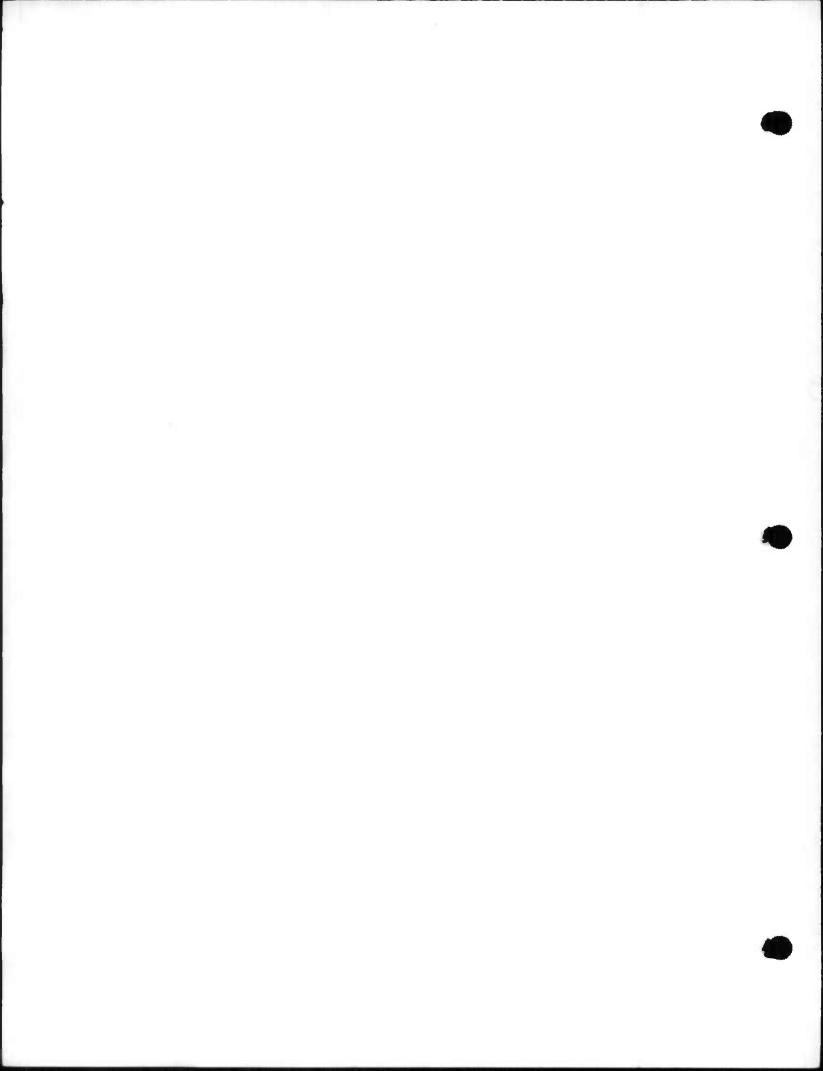
94

	1 - STATE REGISTRAR		CERTIF	ICAT	E OF	DEATH		REG. NO				
$\neg$	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	DEATH	NV.	YEAR	3. TIME OF DEATH	
	EDNA J/	ANE	JESSOP				MARC			994	1:15	Ам
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. last birthday)	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH lay, Year)		6. BIRTH	HPLACE (State or Fore	ign
	217-28-5744	1 🗆 M 2 💢 F	101 YRS.				July	20,18			″ỹland	
TOR	98. FACILITY NAME (If not institution, give s Williamsport Nurs RESIDENCE OF DECEDENT					OR LOCATION OF DE	ATH			shing		
8	10a, STATE 10b, COUNT	Y	10c. CIT	y, TOWN	OR LOCAT	TION					10d. INSIDE CITY	_
2	Maryland Washi	ngton	Wil	liam	spor	ZIP CODE			100 01	TITEN OF 1	LIMITS?  1 YES 2 N WHAT COUNTRY?	10
FUNERAL SIBRETOR	15 South Commerce					21795			US	SA		
B₹	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR (	YES 2 NO	13.	If yes, sp	ecity Cuben, Mexica 2 NO Specify	n, Puerto Ric		or No—	14. RACI Blac Spec	E — American Indian k, Whita, atc. White te	١,
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed	16a. DECEDENT'S (Give kind of a	USUAL C	OCCUPATION ME	ON ast of working	16b. K	IND OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Quiller	e retired.)	)	or or working	Lab	el Ma	anufa	actur	er	
	17. FATHER'S NAME (First, Middle, Lest) Michael Rufus Tho	mas				18. MOTHER'S NA Jenny	ME (First, Mic	idle, Maiden	Sumame) Bur			
8E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S (Street	and Number or Rural	Route Number	City or Tow	n, State, 2	(ip Code)		
5	Charles R. Jessop	)	10608	Hor	neyfi	ield Rd.	Willi	amspo	ort,	MD 21	795	
	20s. METHOD OF DISPOSITION 1 )() Buriel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	oval from State	20b. PLACE OF DISPOS				1994			- city or To	own, State , Marylan	d
	21. SIGNATURE OPT DERAL SERVICE LI	CENSEE	7/	05	NAME A	nd address of FA	al Hom		P.0	. Box	348	
	23. PART I. Enter the displaces, or	complications that ca	used the death. Do a			amsport, N			Iretory e	rrest	Approximat	lo.
	shock, of heart fellure.			iot ente	, the m	nue or uying, suc	AT SO CEITAIS	o or roup	matory a	11001	Interval Bet	tween
	IMMEDIATE CAUSE (Final disease or condition	PNEUMON	Τ.Δ.								1 WEE	
	resulting in death)		AS A CONSEQUENCE O	F):							1 WEE	7.7
z		b.										
년 일	Sequentially list conditions, If any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE O	r):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	AS A CONSEQUENCE O	D.							-	
Ë	that initiated events resulting in death) LAST	DOE TO (OR	AS A CONSEQUENCE O	T):							İ	
E		d										
DICAL CERTIFICATION	PART II. Other significent condition	ns contributing to de	ath but not resulting	In the u	inderlyln	g cause given in	Part I. 2	4a. WAS AP		Y 24	b. WERE AUTOPSY FIN	
DIC.							_ 1	YES	2 (KNO		COMPLETION OF CA OF DEATH?	AUSE
ш							_				1   YES 2   N	0
ä												
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		LACE OF DEATH (C	heck only one)				<u> </u>	
YSI	1 TYES 2 XNO	1  Inpatient 2 EF		4 X No	ursing Ho	ne 5 Residence	V					
	27. MANNER OF CEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJ (Month, Day, 1	ter) 26b. Till	ME OF JURY M	W	JURY AT ORK? YES 2 NO	28d. DESC	RIBE HOW	INJURY O	CCURED		
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	IJURY — At home, farm,	street, fa	ctory, offi	ce	28f. LOCAT	ION (Street Town, State	and Numb	ber or Rural	Route Number,	
Ë	4 Homicide determined	Sulloning, area	(GDCCH))				Sily G	iowii, Giata	,			
PLE	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, death occur	red at the	time, dat	e end place, end du	e to the caus	o(s) and ma	inner as s	tated.		
COMPLETED	one) —	ER: On the basis of exam	Ination and/or investigation	on, in my	opinion,	death occured at the	e time, date s	nd place, a	nd due to	the cause	(a) and manner as sto	ated.
	296. SIGNATURE AND TITLE OF CERTIFIE	iR C				29c. LICENSE NU	MBER		29d. D	ATE SIGNE	D (Month, Day, Year)	
) BE	STECHELUE.	M				D 33	3700		<b>•</b>	MARCI	H 2, 1994	
5	30. NAME AND ADDRESS OF PERSON W											
	Dr. Ted E. Ho			e, 0	)lney	, MD 208	332					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		1							
	MAR 0 4 1994	(/	Marin In									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within it.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

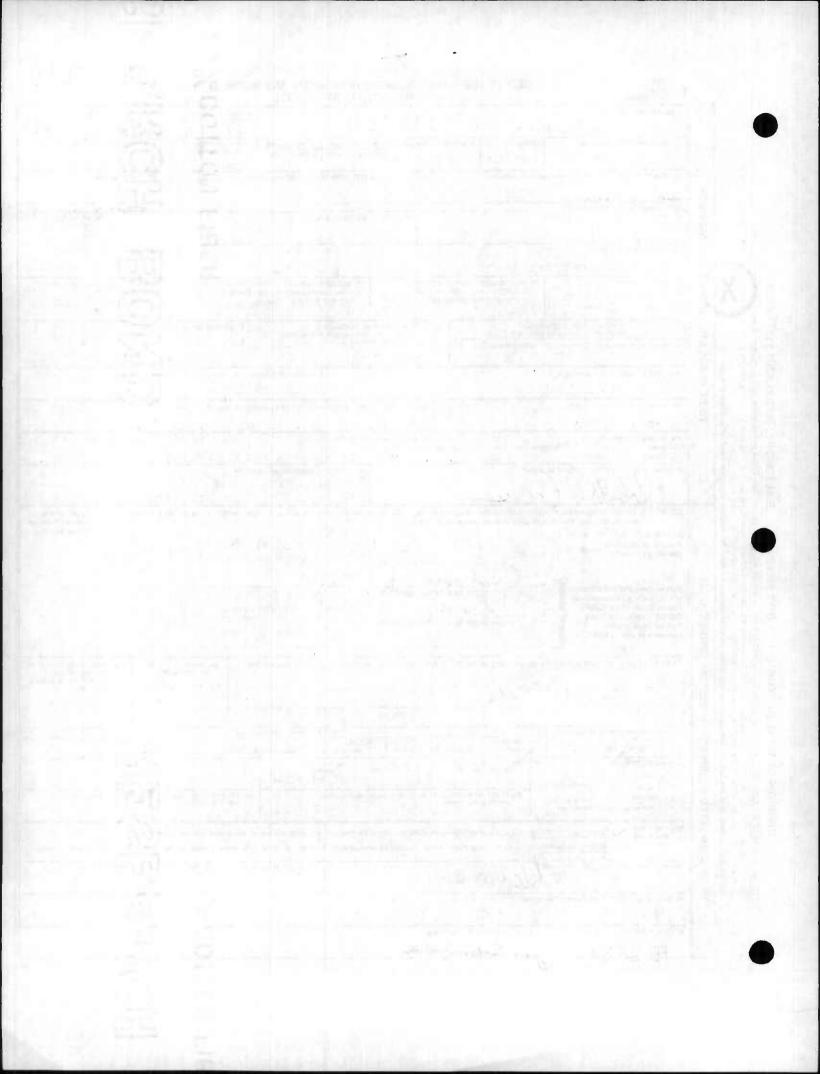


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
d by 1	og p		d at
etaine	Shou		otifie
/ be r	age 5		be n
6 та	ctor, p		nust
Page	direc		THE I
death.	funera		хаті
after (	y the	moval	cale
DOURS	d in t	or re	med
122	ly fille	ation,	the
with	mplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
ecuted	nd co	burial,	atic e
pe ex	cian a	or 10	aum.
ficate	physic	ne pri	her tr
r certi	nding	Hygie	Dr 0
death	e atte	lental	uny.
at the	by th	and N	ly in
ires th	signed	lealth	vs an
v requ	peen s	I. of P	shov
he law	has	Depl	п 23
AN: T	ificate	State	r He
YSICI	s cert	th th	d, 0
HU DA	ter thi	ath w	mark
ENDIN	R: Af	ter de	2
A ATT	RECIT	urs af	ш 28
AL DI	AL DI	72 hor	If the
OSPIT	JNER	ithin 7	NI.
THE H	THE FI	iled w	PORT
2	2	De 1	W

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIENI REG. NO.	E 94	07318
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
		DBERT 5. SEX   B. AGE	JENKII (In yrs. lest birthday)	NS, JR.	T	FEB 27	1994	4:08 A M
	214 68 5074	1 <b>X</b> M 2 □ F 33	YAS.	MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	March 21,	1960	FHPLACE (State or Foreign
HOL	98. FACILITY NAME (If not institution, give street	et and number)		Berlir	OR LOCATION OF DI	EATH	9c. COUNTY OF WORCES	
DIRECTOR	Md Worce	ster	10c. CITY Ber	, TOWN OR LOCA	TION		-	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
Z.	10s. STREET AND NUMBER			10	f. ZIP CODE		-	WHAT COUNTRY?
FUNERAL	10904 Hayes Land				21811		USA	
BY FU	11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 (XNO	If yea, s		NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.) y:	Bie Spe	CE American Indian, ck, White, atc. cdly: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	18a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during m	ost of working	16b. KIND OF BUS	INESS/INDUSTRY	
7	Lienten y Secondary (0-12)	College (1-4 or 5+)	vice pre	sident	park amuseme	nt	ent parl	k
5	17. FATHER'S NAME (First, Middle, Last)				10. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
U 0	Charles R. Jenkir	ns, Sr.				Warren		
2	19a. INFORMANT'S NAME (Type/Print)  Charles R. Jenkir	ns, Sr.				Road, Berl		21811
	20a. METHOD OF DISPOSITION 1X3 Burlal 2 Cremation 3 Remove	al from State CO	b. PLACE AND DATE Cometery, crematory or of	F DISPOSITION (N	ame of	DATE 20c. LOC	CATION — City or 1	Town, State
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNE JAL SERVICE LICEN		enkins Fa	22. NAME A	ND ADDRESS OF FA			iams Street
CERTIFICATION	ahock, or heert fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	):	2.82			Interval Between Onset and Death
- 11	PART II. Other aignificent conditions of	contributing to deeth	but not resulting 1	n the underlyin	g ceuee given in	Part I. 24a. WAS AN PERFORE	MED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
FILTSICIAN: MEDICAL								OF DEATH?  1 YES 2 □ NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		2e. P	LACE OF DEATH (Ch	eck only one)		
2	1 YES 2 NO 1	☐ Inputient 2 ☐ ER/Out		4 - Nursing Hon		5(XOther (Specify) SC		ACCIDENT
	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Solicide e Could not be datarmined	(Month, Day, Year) (Month, Day, Year) (27/94 28a. PLACE OF INJUR building, atc. (Spi	Y — At home, farm, a scifty)	AM 1 Treet, factory, office	XX	Subject in 281. LOCATION (Street all HARRISON R	volved	in an acciden
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:	N: To the beat of my know						(a) and manner as stated.
0 0 0	296. SIGNATURE AND TITLE OF CERTIFIER There dore M. K.	2 M.	0,		O.C.M.	MBER		D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO O	V			Baltimo	re, Marylan	d 21201	
2	31. DATE FILED (Month, Day, Year)  MAR 0 2. 199	32. HEGISTRAR'O SIG	NATURE	ماسان				
		U						DHWH. 16 Pay 1/90

. . . . .

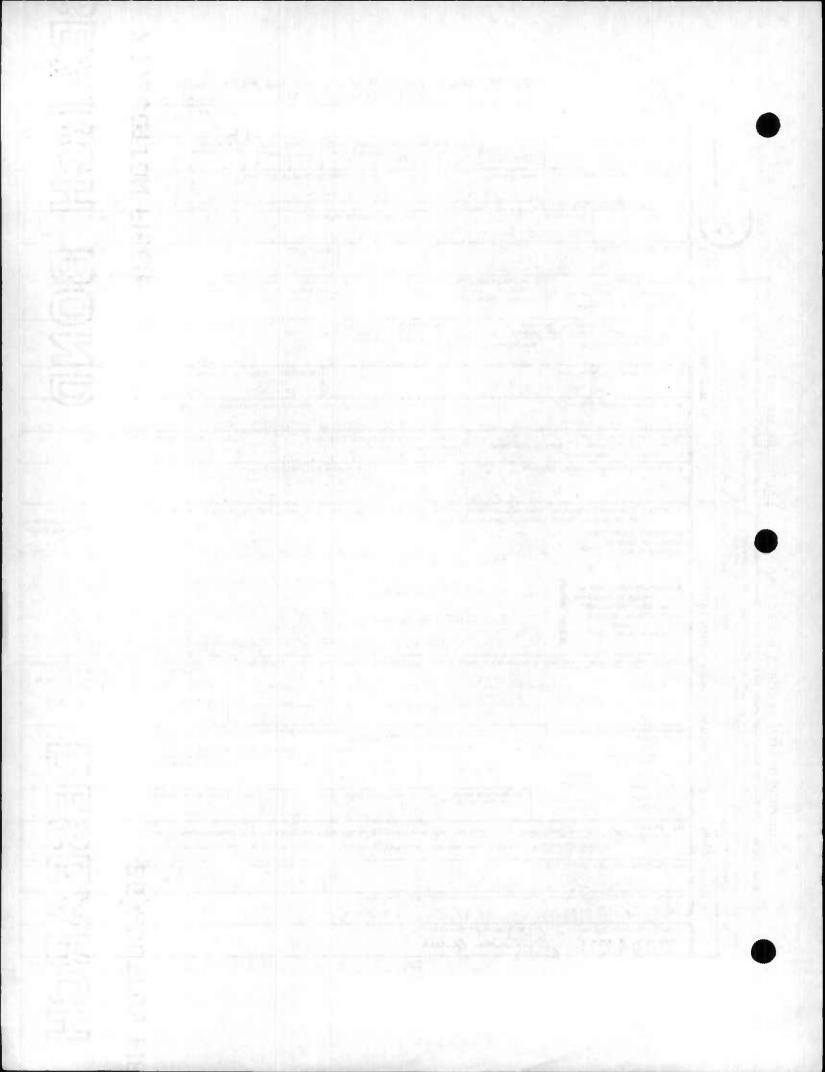
	1	1. DECEDENT'S NAME (First, Middle, Last)	RIS	JU	LIEN	4		2. DATE OF	DEATH DAY	199	
1		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last bir			IF UNDER 24 HRS.	7. DATE OF (Month, D		8.8	IRTHPLACE (State or Foreign
L		148-20-0497		71	YRS. MONTHS	DAYS	HOURS MHL.	Augus			New Jersey
	E I	•• FACILITY NAME (II not inellitation, give Harford Memorial					de Grace	ATH		ec county of	
	5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT								Hallo	
P	DIRECTOR			1	Oc. CITY, TOWN						10d. INSIDE CITY LIMITS?
	ALD	Maryland 100. STREET AND NUMBER	Cecil		North		Of, ZIP CODE			10a CITIZEN	1 X YES 2 NO
L	ERA	307 Elk River Ma	nor Apartment	ts			21901		3		d States
	BYFEIN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO		II yes, sp	CENDENT OF HISPAN pecify Cuban, Mexice S 2 NO Specify	n, Puerto Rica			RACE — American Indian, Black, White, etc. Specify: White
1	9	15. DECEDENT'S ED		16a. DECED	DENT'S USUAL O	CCUPATI	ION	16b. KJ	ND OF BUS	INESS/INDUSTR	RY .
	ETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 8 +)	(Give i	kind of work done NOT use retired.)	during me	ost of working				
			4	Scho	ol Teac	her		E	ducat	ion	
	COMP	17. FATHER'S NAME (First, Middle, Last)	1.7				18. MOTHER'S NA		die, Melden S	Surname)	
	H	William T. Kilcu	llen				Reta Cro				
1	요	Sharon Slater					and Number or Rural F				
ı		200. METHOD OF DISPOSITION	206		DATEOFDISPOS		oad, Risi	Ing Su		2191 ATION — City	-
		1 Buriel 2 X Cremetion 3 Ren 4 Donation 6 Other (Specify)	noval from State cen	metery, cremati	erris (			1			ter, Penna
		21. SIGNATURE OF FUNERAL SERVICE L		11. 1	22.	NAME A	ND ADDRESS OF FA	CILITY		or Glies	ter, reilla
		►(V, D, O(C)) (	1.0//	-			h Funeral				
H		23. PART i. Enter the diseases, or	complications that cause	d the death	Do not enter	the me	outh Mair	Stre	et, N	orth E	ast, MD 219
			OUE TOLOR AS	A CONSEQUE	INCE OF):	11-	0				
	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	vic	alc	elu	of also	use			
	CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. DUE TO (OR AS A	A CONSEQUE	ALC:	elu oh	of alon	sul sul			
	CERTIFI	if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	e. DUE TO (OR AS A	A CONSEQUE	ALC:	CV objective	of also		a. WAS AN A	MED2	24b. WERE AUTOPSY FINO AMALABLE PRIOR TO COMPLETION OF CALL
	EDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. DUE TO (OR AS A	A CONSEQUE	ALC:	SV4	of also			MED2	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
	MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. DUE TO (OR AS A	A CONSEQUE	ALC:	el de la companya de	of also		PERFOR	MED2	AVAILABLE PRIOR TO COMPLETION OF CAU
	MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the conditions of the cause of th	d	A CONSEQUE	ALC:		of also	_   1	PERFOR	MED2	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
	SICIAN: MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. DUE TO (OR AS A	A CONSEQUE	alco	26. P		eck only one)	PERFOR	MED2	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
	Y PHYSICIAN: MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of the cause of the conditions of the cause	d	but not resu	alco	26. PR:	PLACE OF DEATH (Chi	eck only one)  6 □ Other (S	PERFOR	MED2	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO
	ED BY PHYSICIAN: MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of the cause of the conditions of the cause	d.  DUE TO (OR AS A  d.  HOSPITAL: 1 Ninpetient 2 = ER/Outs (Month, Day, Year)	but not resu	OTHER	26. Pi R: sing Hon 28c. IN, W(	PLACE OF DEATH (Chrime 6 Residence JURY AT ORK? YES 2 NO	eck only one)  6 Other (S 28d. DESCR	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO
	ED BY PHYSICIAN: MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation  3 Suicide 8 Could not be determined	DUE TO (OR AS A  d.  Macontributing to death b  MOSPITAL: 1 Separation 2 ER/Outs (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spec	petient 3 -	OTHE	26. PR: slng Hon 28c. IN. W. 1	PLACE OF DEATH (Cheme 6   Residence JURY AT ORK? YES 2   NO	eck only one)  6 Other (S)  26d. DESCR  26t. LOCATIC City or 3	PERFOR  YES 2  pecify)  DN (Street el own, State)	MED?  NO  LJURY OCCURE  and Number or Ru	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	ED BY PHYSICIAN: MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR AS A  d.  INDETO (O	patient 3 2	DOA OTHER DOA INME OF INJURY M. term, street, fect	26. PR: sing Hon 28c. IN, WC 1 Lory, office	PLACE OF DEATH (Chi	eck only one)  5  Other (S  26d. DESCR  261. LOCATII City or 3	PERFOR	MED? NO  JURY OCCURE  ON Number or Re	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO
	COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  DIE TO (OR AS	patient 3 2	DOA OTHER DOA INME OF INJURY M. term, street, fect	26. PR: sing Hon 28c. IN, WC 1 Lory, office	PLACE OF DEATH (Cheme 6   Residence JURY AT ORK? YES 2   NO ce e end place, end due death occured at the	8 Other (S 28d. DESCR 28t. LOCATIC City or 1	PERFOR	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1  YES 2 NO  Dural Route Number,
	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of the co	d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  d.  DIE TO (OR AS A  DIE TO (OR AS	patient 3 2	DOA OTHER DOA INME OF INJURY M. term, street, fect	26. PR: sing Hon 28c. IN, WC 1 Lory, office	PLACE OF DEATH (Chi	8 Other (S 28d. DESCR 28t. LOCATIC City or 1	PERFOR	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO
	COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of the co	DUE TO (OR AS A  d.  HOSPITAL: 1 Sympatient 2 ER/Outs (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the best of axamination)	patient 3 = 20  Y — At home, city) at home end/or inve	OTHER DOA 4   Nur Bb. TIME OF INJURY M term, street, fact	26. PR: sing Hon 28c. IN, WC 1 Lory, office	PLACE OF DEATH (Chime 6   Rasidence JURY AT ORK? YES 2   NO ce e end place, end due death occured at the	sck only one)  6 Other (S) 28d. DESCR  28t. LOCATII City or 1  to the cause( time, dete and	pecify)  Don (Street electory, State)  e) end mention  d) place, enc	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1  YES 2 NO  Dural Route Number,
	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE 18 CERTIFIER 30. NAME AND ADDRESS OF PERSON WITH A COURT OF THE PROPERTY O	DUE TO (OR AS A  d.  DUE TO (O	patient 3 = 20   20   20   20   20   20   20   20	OTHER DOA 4   Nur Bb. TIME OF INJURY M term, street, fact	26. PR: sing Hon 28c. IN, WC 1 Lory, office	PLACE OF DEATH (Chime 6   Rasidence JURY AT ORK? YES 2   NO ce e end place, end due death occured at the	8 Other (S 28d. DESCR 28t. LOCATIC City or 1	pecify)  Don (Street electory, State)  e) end mention  d) place, enc	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1  YES 2 NO  Dural Route Number,
	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 8 Could not be determined determined (Check only one)  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29h. SIGNATURE AND TITLE 16 CERTIFIER	DUE TO (OR AS A  d.  HOSPITAL: 1 Sympatient 2 ER/Outs (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the best of axamination)	patient 3 = 20   20   20   20   20   20   20   20	DOA OTHER  JITING In the un  DOA IN IN IN IN IN IN IN IN IN IN IN IN IN	26. PR: sing Hon 28c. IN, WC 1 Lory, office	PLACE OF DEATH (Chime 6   Rasidence JURY AT ORK? YES 2   NO ce e end place, end due death occured at the	sck only one)  6 Other (S) 28d. DESCR  28t. LOCATII City or 1  to the cause( time, dete and	pecify)  Don (Street electory, State)  e) end mention  d) place, enc	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1  YES 2 NO  Dural Route Number,



1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ALAN PAUL KITCHEN, SR.  4. SOCIAL SECURITY NAMEE R. S. SK  214-48-3787  15
4. SOCIAL SECURITY NUMBER  214-48-3787  1
Truck Manufacture  15. Mary Bands (Final Middin, Last)  15. Mary Bands (Final Middin, Last)  15. Mary Bands (Final Middin, Last)  15. Mary Bands (Final Middin, Last)  15. Mary Bands (Final Middin, Last)  15. Mary Bands (Final Middin, Last)  15. Mary Bands (Final Middin, Last)  15. Mary Bands (Final Middin, Last)  15. Mary Bands (Final Middin, Last)  15. Mary Bands (Final Middin, Last)  15. Mary Bands (Final Middin, Last)  15. Mary Bands (Final Middin, Last)  15. Mary Bands (Final Middin, Last)  15. Mary Bands (Final Middin, Last)  16. Mary Bands (Final Middin, Last)  17. Mary Bands (Final Middin, Last)  18. Mary Bands (Final Middin, Last)  18. Mary Bands (Final Middin, Last)  19. Mary Bands (Final Middin,
Seconty town of location of Death   Seconty town of Location of Death   Seconty of Death   Washington   Seconty of Death   Washington   Seconty of Death   Washington   Seconty   Second of December
The strate   The country   T
10e. STATE 10e. COUNTY Washington 10e. STATE 10e. CTIV, TOWN OR LOCATION Hagerstown 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10e. STREET AND NUMBER 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WIS DECEDENT EVER IN U.S. ARMED 14. MACE A MARTAL STATUS 15. News Married 2 X Married 16. News Married 2 X Married 16. News Married 2 X Married 17. News Married 2 X Married 18. DECEDENT'S EDUCATION 19. DECEDENT'S
Maryland   Washington   Hagerstown   1   ves 2   109, CITIZEN OF WHAT COUNTRY   13400   Wellspring Drive   12, Was DECEDENT EVER IN U.S. ANMED   100, NOT HAVE   100, CETT
10e, STREET AND NUMBER  13400 Wellspring Drive  21740  11. MARITAL STATUS  11. Marital STATUS  11. Marital STATUS  11. Marital STATUS  11. Marital STATUS  11. Marital STATUS  11. Marital STATUS  11. Marital STATUS  12. Marital  13. Wes Decembert of Hispanic Originity (Specify Ves or No— If RAGE—American is Proficed on the Marital Specify Cuben, Medican, Puperto Rican, etc.)  13. Wildowed 4 Divorced  15. Decembert's Education (Specify war or Dates  15. Decembert's Education (Specify in the Information of the Marital Specify: White Specify: W
11. MARITAL STATUS 1   Never Married 2   Married   12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2   No If yes, specify Cuban, Marcican, Puerto Rican, etc.) 1   Never Married 2   Married   12. Was DECEDENT SEAL   13. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Marcican, Puerto Rican, etc.) 1   Yes 2   No Specify   Yes 2   No Specify   White   1   Never Married 2   Married   15. MCCDENT'S EDUCATION   16. DECEDENT'S EDUCATION   16. DECEDENT'S USUAL OCCUPATION   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 2   Married   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 2   Married   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 2   Married   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 2   Married   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSINESS/INDUSTRY   White   1   Never Married 1   16. KIND OF BUSIN
1   Never Married   2   Married   1   YES   2   NO   If YES   If
White    State   Companies   C
Elementary/Secondary (0-12) College (1-4 or 5+)  12 Years  17. FATHER'S NAME (First, Middle, Last)  Willis G. Kitchen  19e. INFORMANT'S NAME (Fyprivint)  Roberta Kitchen  19e. INFORMANT'S NAME (Fyprivint)  Roberta Kitchen  17930 Garden Lane, Hagerstown, Maryland 21742  20e, METHOD OF DISPOSITION  1 Burlet 2 Cremetion 3 Removed from State  4 Donastion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Douglas A. Fiery  22. NAME AND ADDRESS OF FACILITY  Douglas A. Fiery  23. PART I. Enter the diseases, or complications that seused the death. Do not/enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  18. MOTHER'S NAME (First, Middle, Meiden Surname)  Mary Betty Cline  19e. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stella, Zip Code)  Mary Betty Cline  19e. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stella, Zip Code)  Approximately and Date of Disposition (Name of or OATE of December)  20e. Location - City or Town, Stella comelary, or other place)  Manor Cemetery Feb. 28, 1994  Tilghmanton, Maryl  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Douglas A. Fiery Funeral Home 21742  23. PART I. Enter the diseases, or complications that seused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Onset of Date
Elementary/Secondary (0-12)   College (1-4 or 5+)   Machinist   Truck Manufacture    12 Years   Machinist   Truck Manufacture    13. MOTHER'S NAME (First, Middle, Lest)   Machinist   Mary Betty Cline    14. MOTHER'S NAME (First, Middle, Lest)   Mary Betty Cline    15e. INFORMANT'S NAME (First, Middle, Lest)   Mary Betty Cline    16e. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)    17930 Garden Lane, Hagerstown, Maryland 21742    20e, METHOD OF DISPOSITION   Maryland 21742    20e, METHOD OF DISPOSITION   Maryland 21742    20e, METHOD OF DISPOSITION   Maryland 21742    20e, METHOD OF DISPOSITION   Maryland 21742    20e, METHOD OF DISPOSITION   Maryland 21742    20e, METHOD OF DISPOSITION   Maryland 21742    21. SIGNATURE OF FUNERAL SERVICE LICENSEE   Manor Cemetery Feb. 28, 1994   Tilghmanton, Maryland 21742    22. NAME AND ADDRESS OF FACILITY   Douglas A. Fiery Funeral Home 21742    23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, interval ones of the position of th
Willis G. Kitchen  19a. INFORMANT'S NAME (Type/Print)  Roberta Kitchen  17930 Garden Lane, Hagerstown, Maryland 21742  20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremetion 3 Removal from State 4 Donastion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Douglas A. Fiery  22. NAME AND ADDRESS OF FACILITY Douglas A. Fiery Funeral Home 21742  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition resulting in death)  OUE TO [OR AS A COMSEQUENCE CF]:  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  17930 Garden Lane, Hagerstown, Maryland 21742  20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 21 Douglas A. Fiery Funeral Home 21742  21 NAME AND ADDRESS OF FACILITY Douglas A. Fiery Funeral Home 21742  22 NAME AND ADDRESS OF FACILITY Douglas A. Fiery Funeral Home 21742  23 PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval disease or condition resulting in death)  OUE TO [OR AS A COMSEQUENCE CF]:
Willis G. Kitchen  19a. INFORMANT'S NAME (Type/Print)  Roberta Kitchen  17930 Garden Lane, Hagerstown, Maryland 21742  20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremetion 3 Removal from State 4 Donastion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Douglas A. Fiery  22. NAME AND ADDRESS OF FACILITY Douglas A. Fiery Funeral Home 21742  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition resulting in death)  OUE TO [OR AS A COMSEQUENCE CF]:  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  17930 Garden Lane, Hagerstown, Maryland 21742  20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 21 Douglas A. Fiery Funeral Home 21742  21 NAME AND ADDRESS OF FACILITY Douglas A. Fiery Funeral Home 21742  22 NAME AND ADDRESS OF FACILITY Douglas A. Fiery Funeral Home 21742  23 PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval disease or condition resulting in death)  OUE TO [OR AS A COMSEQUENCE CF]:
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, Stelle, Zip Code)  Roberta Kitchen  17930 Garden Lane, Hagerstown, Maryland 21742  20b. PLACE AND DATE of DISPOSITION (Name of completely, cremetory or other place)  Manor Cemetery Feb. 28, 1994  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Douglas A. Fiery  Douglas A. Fiery  22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Yown, Stelle, Zip Code)  Manor Cemetery Feb. 28, 1994  22. NAME AND ADDRESS OF FACILITY  Douglas A. Fiery Funeral Home 21742  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval limited by the couse of the cous
20s. METHOD OF DISPOSITION 1 M Burlai 2   Cremation 3   Removal from State 1   Donatton 5   Other (Specify)   Manor Cemetery Feb. 28, 1994   Tilghmanton, Maryl 21. SIGNATURE OF FUNERAL SERVICE LICENSEE   Douglas A. Fiery   Douglas
20b. PLACE AND DATE OF DISPOSITION (Name of Commelter) Commeltery, Crematory or other place) 4   Donatton 5   Other (Specify)
Manor Cemetery Feb. 28, 1994   Tilghmanton, Maryl
23. PART I. Enter the diseases, or complications that seused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one ceuse on each life.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A COMSEQUENCE OF):
23. PART I. Enter the diseases, or complications that seused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one ceuse on each life.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO ION AS A COMMEDIANCE OF IT.
23. PART I. Enter the disesses, or complications that seused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A COMSEQUENCE OF):
Sequentisity list conditions, If sny, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  AMAILABLE PRICOMPLETION COMPLETION  DEATH
I wes 2)
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  LEXAMINER?  HOSPITAL:  OTHER:
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1 Propertient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)  27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY AT WORK?
1 1 125-Netural 5 Pending
2 Accident Investigation 2 Accident Investigation 280 PLACE OF INITIDY At home form depart feature of the control of the contr
3 Suicide 6 Could not be determined 4 Nomicide 6 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  286. LOCATION (Street and Number or Rural Route Number, City or Town, State)
Suicide  4   Nomicide  4   Nomicide  4   Nomicide  5   Could not be detarmined  6   Could not be detarmined  6   Could not be detarmined  6   Could not be detarmined  6   Could not be detarmined  6   Could not be detarmined  City or Town, State)  2et. COCHITOR (Street and Number or Fairel House Number, City or Town, State)  City or Town, State)  2et. Cocal Town, State)  City or Town, State)  2et. Cocal Town, State)  City or Town, State)  City or Town, State)  CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner a stated.  One)  2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner a
One)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner at 29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month Day, Velacon)  3/2/94
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNEO (Mghrip, Day, Ye
o well from the
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)
1 1 Man V 5 Man Dy. M \ 1+090 V (+1)1.1. M \ 7 1/40
Mary E Money M.) Hager Stown MD 219



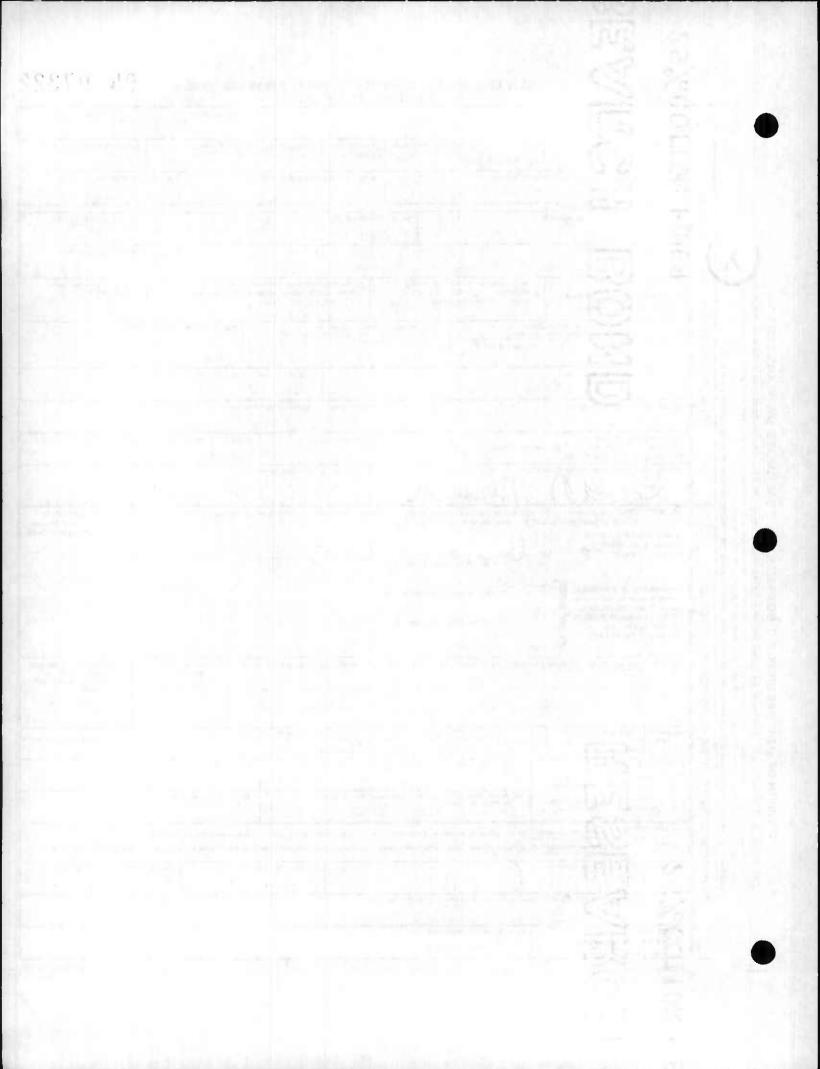
	1. DECEDENT'S NAME (First, Middle, Las Belle Branne						2. DATE OF DEATH DA MONTH DA	199	S. TIME OF
	4. SOCIAL SECURITY NUMBER 262-26-3391	5. SEX	6. AGE (In yrs. last	birthday) IF UN	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 4, 19	1.	BIRTNPLACE (State Country)
	9e. FACILITY NAME (If not institution, give	***	72		ATY, TOWN	OR LOCATION OF D		9c. COUNTY	Florida OF DEATH
HOH	Washington Cour	nty Hospit	al		Ha	gerstown		Was	shington
DIFFE	10e. STATE 10b. COUN	ederick		10c. CITY, TOW Fred	www.on.coca erick	TION			10d. INSIDE LIMITST 1 YES 2
ERAL	100. STREET AND NUMBER  1641 Shooks town	Road		9.0	10	21702		10g. CITIZEN USA	OF WHAT COUNTI
BY FUNE	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARM YES 2 X N	MED O	If yes, sp	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes an, Puarto Rican, etc.) y:		. RACE — American Black, Whita, atc. Specify: Whi
ETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5 +	(Gh	CEDENT'S USUA ve kind of work do Do NOT use retire	one during me		16b. KIND OF BUS	I SINESS/INDUS	TRY
COMPL	12			homen	naker		hor		
E CO	17. FATHER'S NAME (First, Middle, Last) Rex Myers					Mary	ME (First, Middle, Maiden : Brannon	Surname)	
TO BE	19a, INFORMANT'S NAME (Type/Print)		1	_		and Number or Rural	Route Number, City or Town		
F	Chester F. King					wn Road	Frederic		
	1 N Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	cognetery, cren	ND DATE OF DISTRICT OF DISTRIC	ation	al Cemete	DATE 200. LOG		or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	Min	néck		Gera.	ND ADDRESS OF FA	nich 305	N. Po	otomac St
	IMMEDIATE CAUSE (Final		,	1					
CATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pleases or later)	. A	Condi (OR AS A CONSEO (OR AS A CONSEO )	DUENCE OF):	isse and		yarchi	m.	
ERTIF	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	. A	CULT	DUENCE OF):	arse and Im	e l'al p	yarch.	พ	
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. Due to	OR AS A CONSEO OR AS A CONSEO OF AS A CONSEO	NUENCE OF):  NUENCE OF):  OUENCE OF):  OUENCE OF):	and Im	ial p	line	MED?	24b. WERE AUTOF AMALABLE P COMPLETION OF DEATH?
MEDICAL CERTIFI	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the condition	DOE CONTRIBUTION TO THE CO	OR AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION OF THE PROPERTY OF THE	NUENCE OF:  NUENCE	lea lea underlyin	e face of Death (C)	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOP AMALABLE PLOOP DEATH?  1 YES 2
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the cause of the condition of the cause of the caus	DUE TO  C. DUE TO  d. C. DUE TO  DOBE CONTributing to  HOSPITAL: 1 Cinpetient 2  26e. DATE OF (Month, D	OR AS A CONSECTION AS A CONSEC	NUENCE OF:  NUENCE	Lear underlyin	LACE OF DEATH (C) URY AT URY AT URK?	Part I. 24a. WAS AN PERFOR	MEO?	24b. WERE AUTOF AMAILABLE P COMPLETION OF DEATH?  1 YES 2
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition	DOE TO  C.  DUE TO  DUE TO  C.  DUE TO  C.  DUE TO	OR AS A CONSECTION AS A CONSEC	PUENCE OF):  PUENC	Lear underlyin	LACE OF DEATH (C)  URY AT THE S = NO	Part I. 24a. WAS AN PERFOR 1 TYES 2	MEO? NO NO	24b. WERE AUTOP AMALABLE P COMPLETION OF DEATH? 1 YES 2
D BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Panding Investigation 1 Netural 2 Accident 1 Netural 2 Accident 1 Netural 3 Suicide 6 Could not be detarmined 1 Check only 1 CERTIFYING PMI	DOE TO  C.  DUE TO  DUE TO  C.  DUE TO  C.  DUE TO  C.  DUE TO  C.  DUE TO  C.  DUE TO  C.  DUE TO  C.  DUE TO  C.  DUE TO  C.  DUE TO  C.  DUE TO  C.  DUE TO  DUE TO  C.  DUE TO  C.  DUE TO  DUE TO  C.  DUE TO  C.  DUE TO  DUE TO  C.  DUE TO  C.  DUE TO  DUE TO  DUE TO  C.  DUE TO	(OR AS A CONSEO (OR AS A CONSE	DOA OTE STEEL STEE	Lear underlyin  26. P  HER: Nursing Hor	LACE OF DEATH (C) URY AT ORK? YES 2 NO	Part I. 246. WAS AN PERFOR 1 YES 2  Seck only one)  6 Other (Specify)  266. LOCATION (Street a	NO NO NJURY OCCUR	24b. WERE AUTOF AMAILABLE P COMPLETION OF DEATH? 1  YES 2

	CQ.	1
	5	1
	9	3
	8	-
	4	4
Ó	É	1
9	>	i
8	e e	-
9	28	3
×	8	
0	A	lain
m	ate	1
	il fi	
0	Cer	in a
1	5	-
	Sea	-
20	9	4
	5	
=	that	-
~	92	0
2	-5	
7	Ped	9
-	3	4
7	10	4
_	Ē	1
-	ž	0
>	SA	1
7	3	3
)	F	4
Z	9	1
0	N	4
-	Z	ġ
=	E	-
2	OC.	200
2	0	č
	M	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours a	Tribiton Profession and Constitute bear bear bear along the the second or the second s
	오	2117
	111	

31. DATE FILED (Morith, Day, Year)

32. REGISTRAR'S SIGNATURE

COMPLETED	29a. CERTIFIER (Check only one)	SICIAN: To the best of	my knowledge,	death occurre	d at the tim	e, data	and place, an	nd dua to ti	he cause(s) and mi	nner as state	ed.	
	3 Suicide 6 Could not be 4 Nomicide determined	25s. PLACE C building,	28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  NAN: To the best of my knowledge, death occurred at the time, data and place, and death occurred at the time, data and place, and de					281	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
ву РНУ	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation			28b. TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO		10	28d. OEŞCRIBE NOW INJURY OCCURED					
YSICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL:						☐ Other (Specify)				
: ME	25. WAS CASE REFERRED TO MEDICAL											DEATH?
	PART II. Other significant condition	ns contributing to	n the underlying cause given in Part i.			PERFO	FORMED? AWAILA	RE AUTOPSY I				
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE DI):											
	22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich Funeral Home  305 N. Potomac Str Funeral Home Hagerstown, Maryla									ac Str		
	20a. METHOD OF DISPOSITION  1 (X Burlel 2 Cremetton 3 Removel from State  4 Dengtion 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of the place)  And Dengtion 5 Other (Specify)  And Dengtion 5 Other (Specify)  And Dengtion 5 Other (Specify)  And Dengtion 5 Other (Specify)											
TO BI	Roger D. Keagy	7902 W. Powhattan Tampa, Florida 33603										
б ш	Samuel Marvin Keagy  198. INFORMANT'S NAME (Type/Print)			40h MAN 15-0	Clara C. Sell							
COMPLI	1.2 Conege (1-4 or 5+)			Rea	Realtor				Real Estate (First, Middle, Maiden Surname)			
ЕТЕР	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)			a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b. KIND OF BI	JSINESS/IND	USTRY	77.22.00
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 X Otvorced  12. WAS DECEDENT EVER IN U.: FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATE:				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Vill yes, specify Cuben, Mexicen, Puerto Ricen, etc.)  1  YES 2  NO Specify:				re or No— 14. RACE American Ind Black, White, atc. Specify: White			
EFFA	705 Oak Hill Ave	101, ZIP CODE 21740				0		10g. CITI	USA	T COUNTRY?		
DIRE	Maryland Was	yland Washington			Hagerstown							d. INSIDE CIT LIMITS? YES 2
DIRECTOR	705 Oak Hill Avenue RESIDENCE OF DECEDENT 100. STATE 100. COUNTY				Hagerstown					Washington		
-	Sa. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF D				OF DEATH				'n
	4. SOCIAL SECURITY NUMBER 188-05-7028	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HOURS I	HRS. 7.	DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or F
		1. DECEDENT'S NAME (First, Middle, Lest) Dean Abraham Keagy								DATE OF DEATH DAY YEAR 3. TIME OF DEATH AND THE STATE OF DEATH OF DEATH AND THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA		



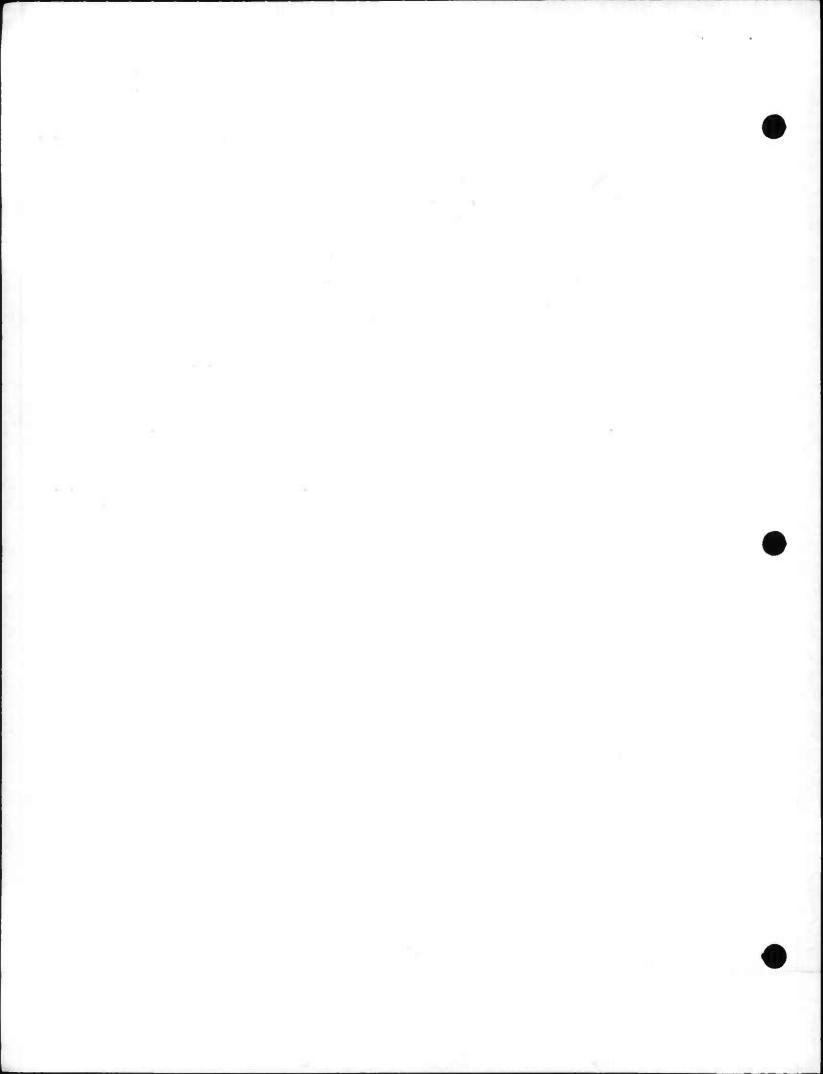
TOR	1. OECEDENT'S NAME (First, Middle, Last  JAMES L. K  4. SOCIAL SECURITY NUMBER  577-20-7601				l Mi	ATE OF DEATH DAY 16 1994	year 5:25 PM				
TOR	4. SOCIAL SECURITY NUMBER				2	16 1994	D:/5 PM				
TOR	577-20-7601		n yrs. lest pirtnaey)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7, DA	ATE OF BIRTH	8. BIRTNPLACE (State or Fo				
TOR		1 XX 2 □ F 90	YRS.	MONTHS DAYS	HOURS MIN. JA	forth, Day Year 1904	VIRGINIA				
151	9e. FACILITY NAME (If not institution, give NORTH ARUNDEL	OR LOCATION OF DEATH BURNIE 9c. COUNTY OF DEATH ANNE ARUNDEL									
	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY										
DIRECTOR	VIRGINIA		UISA	ION	10d. INSIDE LIMITS 1 YES						
A.	10e. STREET AND NUMBER				ZIP CODE	EN DF WHAT COUNTRY?					
MER	RT. 1 BOX 314			23093		U.S.A.					
BY FB	11. MARITAL STATUS  1 Never Married 2 Merried  2 Widowed 4 Divorced	U.S. ARMED 2 NO TES	It yes, spe	ENDENT OF NISPANIC OR ocity Cuben, Mexican, Pue 2 XXO Specify:							
9	15. DECEDENT'S ED	ISUAL OCCUPATION OF MAIN MAIN MAIN MAIN MAIN MAIN MAIN MAIN	N at al warking	16b. KIND OF BUSINESS/INDU	BUSINESS/INDUSTRY						
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ine. Do NOT use retired.) CHAUFFER			FEDERAL GOVERNMENT					
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (FI	, Middle, Malden Surname)						
l w	THOMAS KINNEY				MARY MI						
TO BI	19e. INFORMANT'S NAME (Type/Print)				umber, City or Town, State, Zip Code)						
	DOROTHY WOOD  20a. METHOD OF DISPOSITION	20b.		COLEMAN LANE MILLERSVILLE, MD. 21108  TEOF DISPOSITION (Name of BAPTIST CHURCH CEME 2/20, LOCATION — City or Town, State MINERAL, VA.							
	1 Spriet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	2/20/94 MI	4 MINERAL, VA.								
	22. NAME AND ADDRESS OF FACILITY										
	23. PART I. Enter the diseases, or	1) Lees		821 W	EST ST. AND	NAPOLIS, MD.	21401				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR ASA)	CONSEQUENCE OF)	letus	cler		15 m				
DICAL CE	PART II. Other algolificant condition	nditions contributing to death but not resulting in the underlying ceuse given				24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF COMPLETION OF DEATH?				
or Item 23 shows any IYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2   ER/Output		OTHER: 4   Nursing Hom	ACE OF DEATN (Check onless 5 - Residence 8 - C	y one) Wher (Specify)	OF DEATH?				
BY PHY	17. MANNER OF DEATH    Natural   5   Pending   Investigation   28e. DATE OF INJURY (Month, Day, Year)			IRY WO		ESCRIBE NOW INJURY OCCURED					
Z8 is	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)				LOCATION (Street and Number or Rural Route Number, City or Town, State)				
MP II		SICIAN: To the best of my knowle NER: On the basis of examination									
	29b SIGNATURE AND TITLE OF CERTIFI	ER M	1	^	29c. LICENSE NUMBER	29d. DATE	29d. DATE SIGNED (Month, Day, Year)				
SE CO	1/4	N /1/ V.	La .								
TO BE CO	30. NAME AND ADDRESS OF PERSON W	Olo SCHOT	M M	D Contract	D16101	2	117194				

77 40

Trans tours on many the service of t

		+
		is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached turner as the number and completely filled in by the funeral director, page 5 should be detached turner as the number of the same transit permit. Pages 1.
		ermit.
	Ë	ansit p
20	yricial	mal-tra
-00	10 00	Å
215	1000	20.00
21	Tall or	3
N	hospi	tached
YLA	by the	De de
AB	ained	hould
BALTIMORE, MARYLAND 21215-0020	be ret	ge 5 s
)RE	я шау	tor, pa
M	Page 6	direct
LT	eath.	hunera
BA	after d	y the
	hours	q uj pa
U	in 24	ely fille
,60	d with	mplete
687	xecute	and co
O	e pe	siclan
O. B	rtificat	o phy
P.0	ath ce	tendir
DS,	the de	the a
OR	that	ned by
EC	equires	en sigi
DF VITAL RECORDS, P.O. BOX 68760,	NYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or appearance principal.	as be
ITA	N: The	icate h
FV	SICIA	certif
	_	.63

	_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).	
		1. DECEDENT'S NAME (First, Middle, Last)	CHARLE	S HENRY	KOENER	Œ	2. DATE OF DEATH		3. TIME OF DEATH
· nt		CHARLES H. KOENI					FEB. 26°	, 1994 TE	5:00 a.m. M
12	`	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
9		217-07-9167		2 YRS.	MONTHS DAYS	HOURS MIN.	7/13/19	21 🛚 🕅	laryland
3 should		9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
2, 3	6	BelAir Convalescer	nt Center, I	nc.	Bel Ai	r		Harfo	ord
+*		RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		40.00	TY, TOWN OR LOCA				
Pages	DIRECTOR	MADYL AND	FARR			TION			10d. INSIDE CITY LIMITS?
permit.			FORD		BEL AIR	4 770 0005			1 TES 2 NO
	A A	211 East Heather B	5coS		10	21014			OF WHAT COUNTRY?
O cian. L'transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N II S ADMED				US	
020 physician		I I I I I I I I I I I I I I I I I I I	FORCES? 1 XYES	2 NO	If yes, op	pecify Cuben, Mexica	NIC ORIGIN? (Specify Ve in, Puerto Rican, etc.)		FLACE — American Indian, Black, White, etc.
9 3/2 1	V A		IF YES, GIVE WAR OR D	ATES	1 L YES	S 2 NO Specifi	y:		white
218	1 8	15. DECEDENT'S EDUC (Specify only highest grade of	ATION		USUAL OCCUPATI		16b. KIND OF BU	SINESS/INDUST	
2 2	- ti		College (1-4 or 5+)	IIIa. Do NOT u					
ND hospital	4 9		4	Educati	on Speci	alist	U.S.	Govern	ment
the hospit	COMP	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden		
A A B	# ш	Charles Henry Koe	eneke				therine Pe		
MARYLAND 21215-0020 retained by the hospital or appearance by the hospital or appearance by should be detached turns as the present	TO B	IN. INTOHILANT'S NAME (Type/PTINI)					Route Number, City or Tox		
n 9 9	9	Dorothy C. Koeneke	9	211	East Hea	ther Roa	d, Bel Air	c,Md.	21014
BALTIMORE, or death. Page 6 may be the funeral director, page val.	must b	20a, METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Remo	val from State	PLACE AND DATE	OF DISPOSITION (Na	ame of	DATE 20c. LC	OCATION — City	or Town, State
Page 6		4 Donation 5/ Other (Special)	A H	oly Rede				Ltimore	, Maryland
F. P.	examiner	21. SIGNATURE OF FUNERAL SERVICE LIO	INSER NE / /	1 /	HOWAYO	NO ADDRESS OF FA	ouny mas TTT Fi	meral	Home, P.A.
. 0=		- / ramand/a	11/1 am				Road, Abi		
B after s after by the	medicai	23. PART i. Enter the diseases, or co shock, or heart fellure. L	omplications that cause	d the death. Do					Approximata
		IMMEDIATE CAUSE (Final			DECDIDATE	ODV FATLE	IDE DUE TO	CEVEDI	Interval Between Onset and Death
ely lati		disease or condition resulting in death)	END-STAGE C					SEVERE	
68760, eccuted within and completely burial, cremar	event, the		SEVERE OXYG	CONSEQUENCE O	TEDATA	DEDENDE!	NT RDUNCHI	ΛΙ ΛΩΤΙ	-IMA
		Sequentially list conditions,				DEFLINDE	TI BRONCHI	AL ASTI	11.11
BOX cate be en	y, or other traumatic CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	CHRONIC CON	CONSEQUENCE O		ATLURE W.	ITH COR PIL	I MONAL F	:
E \$ 8	TIFIC.	CAUSE (Disease or injury	-						
P.O. rith certific tending pal Hygien	PTE OF	that initiated events resulting in death) LAST	INSULTN DEF	PENDENT	DIABETES	MELLITUS	S WITH OBE	SITY	İ
			•						
RECORDS, requires that the desired signed by the at of Health and Ment.	DICAL C	PART II. Other significant conditions	contributing to death b	out not resulting	in the underlyln	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
O that		STATUS POST TRA					IC 1 YES		COMPLETION OF CAUSE OF DEATH?
PECC requires seen signe of Healti		GASTROSTOMY TUB	E INSERTION	ON JAN.	28, 199	4			1 YES 2 NO
AL RECOF te law requires that has been signed to Dept. of Health a									
TAL The law ite has ate Dep	ed, or item 23 show PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PI	LACE OF DEATH (Ch	eck only one)		
CIAN:	YSI	1 TES 2 NO	1 Inpetient 2 I ER/Outp		4 Nursing Hon	ne 5 🗆 Residence	6 Other (Specify)		
I OF VITAL PHYSICIAN: The law this certificate has I	표	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIM	JURY WO	IURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
ONG P After t death	B A	2 Accident Investigation	20 71 105 05 11 11			YES 2 NO			
VISION ATTENDING ECTOR: After s after death	28 Is marked FED BY PH	3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, cify)	street, factory, offic	**	281. LOCATION (Street City or Town, State)	and Number or R	lural Route Number,
	Item 2	AND CHARTICUM		_					
AL DIRI	흴릴	and a	CIAN: To the best of my know						
TO THE HOSPITAL ( TO THE FUNERAL C De filed within 72 h	IMPORTANT: If item 28  D BE COMPLETE	2 MEDICAL EXAMINER	t: On the basis of examination	n and/or investigation	on, in my opinion, d	leath occured at the	time, date and place, ar	nd due to the ca	use(a) and manner as stated.
분분정		29b. SIGNATURE AND TITLE OF CERTIFIER	0	. ^		29c. LICENSE NUM			GNED (Month, Day, Year)
5 5 3	E 6	wend of.C.	Jun, 1	u.w.		MD D018	//9	▶ FEB	. 26, 1994
		30. NAME AND ADDRESS OF PERSON WHO				CTON MO	01047		
		ALBERT S.C. SUN, M			AU, FALL	SIUN, MD	2104/		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						

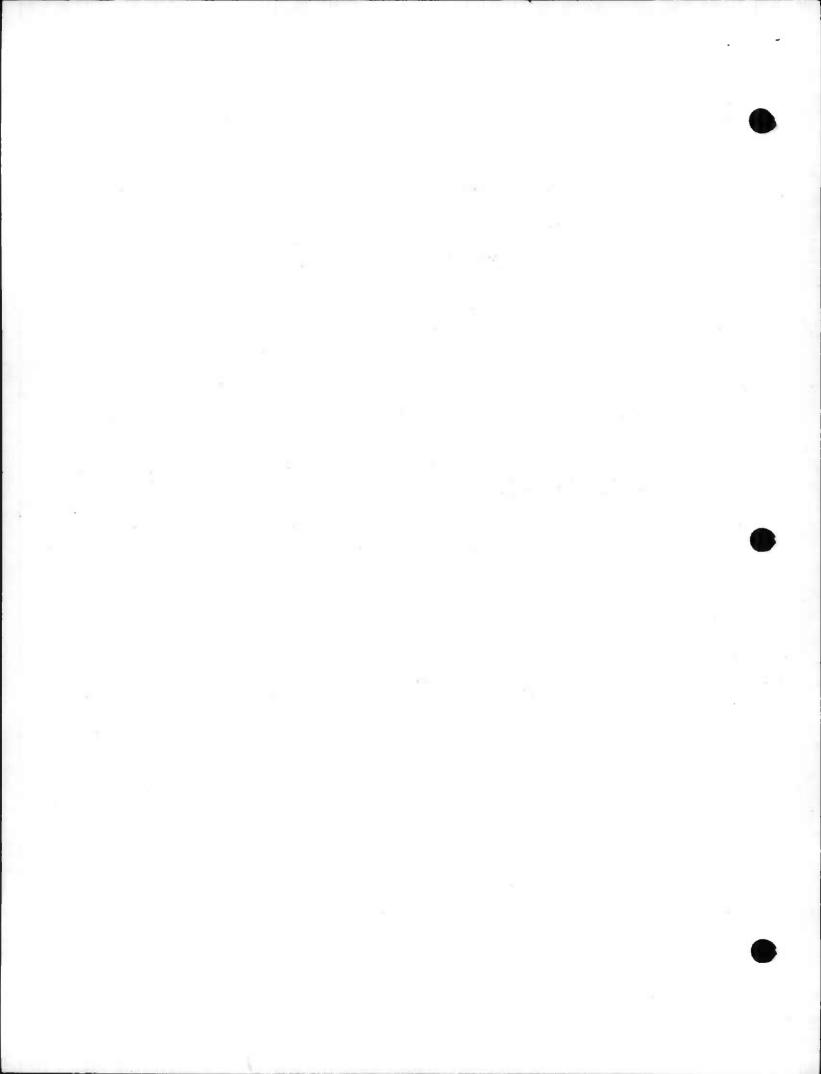


	30	· Ö
	eath.	uneral
	fter de	the flowal.
	ULS 3	in by
		filled on. o
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within K. Yours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	betruc	d com
	900	to bu
	te be	Sicla
	ertifical	ing phy
,	leath o	attend rital Hy
	the	the Me
	hat	d by
	uires 1	signe Health
	beJ /	been L. of
	e law	has
	AT :N	ficate State
	SICIA	the
	PHY	this
	DING	After
	TEN	after
	0R /	DIRE
	TAL	A K
	HOSP	FUNE
	불	THE BOB
	2	23

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF	HEALTH AN		GIENE	94	07325
		leen LUCAS				2. DATE OF DE MONTH March	ATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 177-16-1248	1 M 2 X F	(In yrs. last birthday) 73 yrs.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	S. 7. DATE OF BIR	TH (bar)	Countr	PLACE (State or Foreign
TOR	90. FACILITY NAME (# not institution, give standard of the control				rstown	F DEATH	9c. COUN		eath ington
DIRECTOR		/ /ashington		y, town on Local					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	11019 Clinton A	venue		1	2174	0		U.S.	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	If yes, s	pecify Cubsn, Ma:	PANIC ORIGIN? (Spec xicen, Puerto Ricen, e ecity:	Ify Yes or No— tc.)	Black	- American Indian, , Whita, atc. y: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	life. Do NOT us	work done duden a	ost of working		OF BUSINESS/INDI	USTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) William	Myers	Cate	ilog dep		NAME (First, Middle, M		n	
TO B	19m. INFORMANT'S NAME (Type/Print) Mrs. Barbara A. J	oyce	19b. MAILING 284 Co	ADDRESS (Street	and Number or Ru eet, Ke	rel Route Number, City ene, New	or Town, State, Zip Hampshi	Code)	03431
	20s, METHOO OF DISPOSITION 120 Burlel 2 Cremation 3 Remo	ovel from State cem	PLACE AND DATE ( elery, crematory or or Rest Hav	ren Ceme	tery	3-9-94	LOCATION - C	own,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Min	nick	415 E	ast Wil		, Hager	stow	Home n, MD 21740
	IMMEDIATE CAUSE (Finel disease or condition	Displications that caused List only one cause on e	ech ilne.			uch as cerdiec or			Approximate interval Between Onset and Death
Z	resulting in death)	DUE TO FOR AS A		Who co	14/105)	_U(11)	110100	· Y	
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF		502M				
A.	PART II. Other eignificant conditions	contributing to death be	ut not resulting i	n the underlyle	g ceuse given	PI	AS AN AUTOPSY ERFORMEO? ES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL								1 TES 2 NO
YSICI	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outp	etlent 3 DOA	OTHER:	LACE OF DEATH	(Check only one)	y)		
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY W	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE I	OW INJURY OCCU	JREO	
	3 Suicida 6 Could not be determined	28s. PLACE OF INJURY building, atc. (Speci	— At homa, farm, a	treat, factory, offi	a	28f. LOCATION (S City or Town,	State)	or Rural Ro	oute Number,
COMPLETED	CERTIFYING PHYSIC	IAN: To the best of my knowler. On the basis of exemination	edge, death occurre and/or investigation	d at the time, det	and place, and d	lus to the cause(s) an	d manner as atatec	d. cause(s)	and manner as stated.
TO BE	290. SIGNATURE AND TITLE OF CERTIFIES  30. NAME AND ADDRESS OF PERSON WHO	NI Woo	1516	12	29c.	143	29d. DATE	SIGNEO 7	Month, Day, Year)
				Print)					
	31. DATE FILED (Month, Day, Year)  MAR 0 7 1994	32. REQUITRAR'S SIGNA	TURE Product						

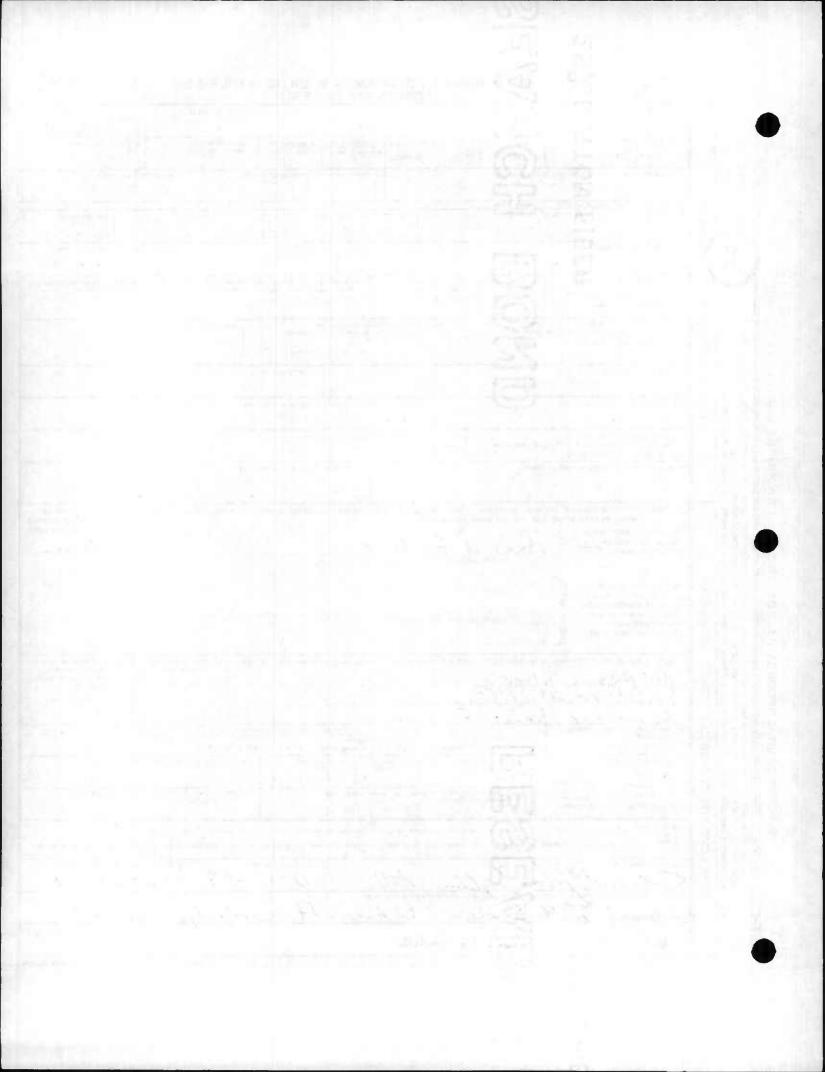
DIVISION OF VITAL RECORDS, P.O. BOX 68760	330
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transpersion or removal.	permit
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		07326
	1. OECEOENT'S NAME (First, Middle, Lest) Charles	Russell	Lev	ering		2. DATE OF DEATH DEATH POPULATE A	7 1952	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-12-3575	5. SEX 6. AGE (In 71			IF UNDER 24 HRS.	June 9, 1	6.00	RTHPLACE (State or Foreign
TOR I	90. FACILITY NAME (If not institution, give a 1013 Port Tobaccion RESIDENCE OF DECEDENT			. city, town or LaPlata	LOCATION OF DE	ATH	9c. COUNTY O Charle	
DIRECTOR	100. STATE 10b. COUNT Maryland Char		10c. CITY, TO	DWN OR LOCATIO				10d. INSIDE CITY LIMITS? 1  YES 2  NO
FUNERAL	100. STREET AND NUMBER 1013 Port	Tobacco Ro	oad		20646		U.S.A	F WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DATE 1942-1945	2 NO	13. WAS DECEN It yee, speci 1 YES 2	Cuben, Mexices	IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	8	ACE — American Indian, lack, White, etc. pacify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		Tobacco Specia	doMarke		Tobaco		Y
ш	17. FATHER'S NAME (First, Middle, Last) Charles Mo	ontgomery Le	<u> </u>		8. MOTHER'S NAI	ME (First, Middle, Maiden Elizabet		ins
TOB	190. INFORMANT'S NAME (Typo/Print) Elizabeth G. I					oute Number, City or Tow a Plata,	Md. 2	20646
	20a METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	Mt	PLACE AND DATE OF D	Cemete	ry 3	/3/1994		ita, Md.
	1 C Ca	hold 1	100174	P.0	. BOX	-	PLATA,	HOME MD. 20646
	23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A C	ch line.	enter the mode	of dying, such	n as cardiac or reap	Iratory arrest,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	0				
MEDICAL	PART II. Other aignificant condition  Chrone O lot  The tractions	na contributing to death but	t not resulting in the	ne undarlying o	ause given in	Part I. 24a. WAS AN PERFOI 1 YES 2	AMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  † YES 2 NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpat		THER:	E OF DEATN (Che	8 Other (Specify)		
Y PHY	27. MANNER OF OEATN  1 Netural 5 Pending Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJUR	Y AT	28d. OESCRIBE NOW	NJURY OCCURED	,
	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	26e. PLACE OF INJURY - building, etc. (Specif	- At home, ferm, stree	t, tectory, office		28f. LOCATION (Street City or Town, State)		ral Route Number,
COMPLETED	onel —	ICIAN: To the best of my knowle						se(e) end menner ee stated.
IO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	ing of Bul	he HS	2	9c. LICENSE NUN		29d. DATE SIGN	NED (Month, Day, Year)
=	30. NAME AND ADDRESS OF PERSON WE Henery L. Burke	MD 115-A LaG	Grange Ave		). Box 5	91 LaPlata	a Md. 20	0646
- 41	MAR 0 2 1994	32. HEGIETRARIO SIGNAT	A Bandalo.					



	REGISTRAR		1,500		9-111111	ICATE OF	DEATH		REG. NO.	•		
	1. DECEDENT'S NAME (Fig.	rst, Middle, Lest) UISE	Mati	.1da		Lyons		2. DAT	b. 27	1994	EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUM 214-10-09	54	5. SEX 1 M 2 A F	6. AGE (In yrs 82	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Oct.	31 19		BIRTHPLI Country) Mary	ACE (State or For
TOR	9a. FACILITY NAME (# not Dorche	ester (	General H	lospita	al		mbridge	HTAS		Dorc		
DIRECTOR	100. STATE Maryland	10b. COUNT	r chester		10c. CIT	TY, TOWN OR LOCA		etar	у		- 1	d. INSIDE CITY LIMITS?
ERAL	122 South		17:23			10	M. ZIP CODE 2166	4 .		10g. CITIZEI	U.S	. A .
BY FUN	11, MARITAL STATUS  1 Never Married 2 3 Widowed 4 Dh		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	X NO	If yes, sp	CENDENT OF HISPA pecify Cuban, Mexic 8 2 X NO Speci	an, Puerto		or No- 14	Black, W	American India This, atc. White
PLETED	15. DE (Specify of Elementary/Secondary	ECEDENT'S EDU only highest grade (0-12)	UCATION le completed) College (1-4 or 5	+)	(Give kind of life. Do NOT u				s. KIND OF BUS			
BE COMPL	17. FATHER'S NAME (First, Ch.)		n Rinehol	d Scha	arpf		1a. MOTHER'S N.		Middle, Maiden Mae Fle		ann	
TO B	Betty L.				19b. MAILING	Box 1,	Secreta:	Route Nur	nber, City or Town	n, State, Zip Co	ode)	
	20a, METHOD OF DISPOSE 1X Burial 2 Cremet 4 Donation 5 Other	llon 3 🗆 Rem	noval from State			OF DISPOSITION (N	eme of ial Park	3/1		cation – cit		
					Cheste	I Hemor.	Idi Idik	3/1	Can	IDI TUB	e Ha.	Lyland
	IMMEDIATE CAUSE (F	diseases, or heart fellure.	complications that. List only one cau	nt coused the	e death. Do	700 ]	ND ADDRESS OF FA	t. C	Thomas ambridg	Funerage Md.	al Ho	Approximatinterval Bellinest and
RTIFICATION	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (F	diseases, or heart fellure.	a. Rendo DUE TO	of coused the use on each	e death. Do	22. NAME A 700 ] not enter the mo	ND ADDRESS OF FA	t. C	Thomas ambridg	Funerage Md.	al Ho	Approximatinterval Be
IAN: MEDICAL CERTIFICATION	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLICAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific	diseases, or heart feliure.  iltions, ediate ying jury  ST  Cant condition  Condition  Condition  Condition  Condition  Condition  Condition  Condition  Condition  Condition  Condition  Condition  Condition  Condition  Condition  Condition  Condition  Condition  Condition  Condition	a. Rendo DUE TO b. DUE TO c. DUE TO d	of COR AS A COR	e death. Do line.  A   / (a)  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O	22. NAME A 700 ] not enter the mo	LOCUST Sode of dying, aud	ACILITY ,	Thomas ambridg rdlac or reepl	Funerage Md.	24b. WE	Approximatinterval Be Onset and Conset and C
: MEDICAL	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLICAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific Chock C.  25. Was CASE AFFERRED EXAMINET?  1 YES 2 DNO	diseases, or heart feliure.  iltions, ediate ying jury  ST  Cant condition  Can Condition	a. Rendo DUE TO b. DUE TO c. DUE TO d. Incontributing to y leget HOSPITAL: 1 in inpetient 2	O (OR AS A CONTROL OF	e death. Do line.  A   / (A   NSEQUENCE O	22. NAME A 700 ] not enter the mo	LOCUST Sode of dying, audion of dying, audion of dying, audion of dying, audion of dying audion of dying course given in	t. Coch an certain Part I.	Thomas ambridg rdlac or reepl  24a. WAS AN PERFOR 1 VES 2	Funerage Md.	24b. WE AMO OF	Approximatinterval Be Onset and Conset and C
AL	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLICAUSE (Disease or in that initiated events reaulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 TONO  27. MANNER OF DEATH  1 Notural 5	diseases, or heart feliure.  iltions, ediate ying jury  ST  Cant condition  Can Condition	a. Rewards to the List only one cau.  A. Rewards to the List only one cau.  DUE TO  DUE TO  DUE TO  DUE TO  A.	OR AS A CONTROL OF CON	e death. Do line.  A 1/4 NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  TO TERUÍTING  1 DOA  28b. TIN	22. NAME A 700 ] not enter the mo F): F):  In the underlyin  28. P  OTHER: 4   Nursing Hon JURY   M 1	LOCUST S  Dode of dying, aud  g ceuse given in  LACE OF DEATH (C)  TO BE S Residence  JURY AT	t. Contain contain Part I.	Thomas ambridg rdiac or reepi  24a. WAS AN PERFOR 1 YES 2	Funerage Md. ratory arrest	24b. We AM COP	Approximatinterval Be Onset and Conset and C
ETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to immercause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific CAUSE (Disease or in that initiated events resulting in death) LA  25. Was CASE REFERRED EXAMINERY?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident 3 Suicide 6 4 Homicide	diseases, or heart feliure.  diseases, or heart feliure.  interior fel	a. Renda DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. PLACE OF	OR AS A CONTROL OF CON	e death. Do line.  A 1/4 NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  TO TERUÍTING  1 DOA  28b. TIN	22. NAME A 700 ] not enter the mo	LOCUST S  Dode of dying, aud  g ceuse given in  LACE OF DEATH (C)  TO BE S Residence  JURY AT	t. Cach an certain Part I.	Thomas ambridg rdlac or reepl  24a. WAS AN PERFOR 1 VES 2	Funerage Md. ratory arrest	24b. We AM COP	Approximinterval Boonset and Cons
ETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLICAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 PNO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only) 1 © CEI	diseases, or heart fellure.  Intions, tediate tying jury  ST  Cant condition  TO MEDICAL  Pending Investigation  Could not be determined	a. Renda DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. PLACE OF	of Injury — and Copering Coper	e death. Do line.  A   / G    NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  At lone, farm,  e, death occurr	22. NAME A 700 ] not enter the mo	LOCUST S  Dide of dying, aud  Dide of dying, a	To Control of the Con	Thomas ambridg rdlac or reepl  24a. WAS AN PERFOR 1 YES 2  One)  OF (Specify) SCRIBE HOW R  CATION (Street a y or Yown, State)	Funerage Md.  ratory arrest  Autopsy MED?  YNO  NJURY Occur  and Number or	24b. WE AMO OF	Approxima interval Be Onset and Conset and C
BE COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that inlisted events reaulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINET?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident  3 Suickide 6 4 Homicide  296. CERTIFIER (Check only one) 2 ME	diseases, or heart feliure.  diseases, or heart feliure.  interior feliure.  intions, ediate ying fury  ST  Cant condition  Could not be determined  RTIFYING PHYS  DICAL EXAMINITY  LE OF CEITHER	a. Review of the List only one cau  a. Review of the List only one cau  a. Review of the List only one cau  b. DUE TO  c. DUE TO  d. HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, D) 28a. PLACE OF building, SICIAN: To the best of e	of Control of the Con	e death. Do line.  A I / G NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  TO Treaulting  28b. TIN.  At home, farm,  e, death occurr  d/or investigete	22. NAME A 700 ] not enter the mo F): F): F): In the underlyin  28. P OTHER: 4   Nursing Hon  E OF UNTY M 1   street, fectory, office  red at the time, date on, in my opinion, o	LOCUST S  Dode of dying, aud  g cause given in  LACE OF DEATH (C)  TO BE S NO	t. Can an cein	Thomas ambridg rdiac or reepi  24a. WAS AN PERFOR 1 YES 2  DOOR SCRIBE HOW IT  CATION (Street a y or Town, State)  RUBB(e) and man ta and place, en	Funerage Md.  ratory arrest  Autopsy MED?  EXNO  NJURY Occupand Number or  and a stated.  d due to the c  29d. DATE S  2 -	24b. WE AM CO F	Approximatinterval Be Onset and Conset and C
E COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident 3 Suicide 6 Memorial Check only one) 2 Memory 2 Me	diseases, or heart feliure.  diseases, or heart feliure.  interior feliure.  intions, ediate ying fury  ST  Cant condition  Could not be determined  RTIFYING PHYS  DICAL EXAMINITY  LE OF CEITHER	Complications that List only one cau  a. Rev.  DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL:  1 In inpatiant 2  28e. PLACE Of Month, D  28e. PLACE Of building,  SICIAN: To the best of e	of Control of the Con	e death. Do line.  A I / G NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  TO Treaulting  28b. TIN.  At home, farm,  e, death occurr  d/or investigete	22. NAME A 700 ] not enter the mo F): F): F): In the underlyin  28. P OTHER: 4   Nursing Hon  E OF UNTY M 1   street, fectory, office  red at the time, date on, in my opinion, o	LOCUST S  Dode of dying, aud  od	t. Can an cein	Thomas ambridg rdiac or reepi  24a. WAS AN PERFOR 1 YES 2  DOOR SCRIBE HOW IT  CATION (Street a y or Town, State)  RUBB(e) and man ta and place, en	Funerage Md.  ratory arrest  Autopsy MED?  EXNO  NJURY Occupand Number or  and a stated.  d due to the c  29d. DATE S  2 -	24b. WE AM CO F	Approximatinterval Be Onset and Conset and C

DHMH-16 Rev 1/89



10a. STATE

Maryland

11. MARITAL STATUS

DIRECTOR

FUNERAL

E

BENJAMIN

9a. FACILITY NAME (If not institution, give street and number)

1707 Philadelphia Road

4. SOCIAL SECURITY NUMBER

220-14-1550

10e. STREET AND NUMBER

1 Never Merried 2 Married

3 

Widowed 4 ☐ Divorced

31. DATE FILEO (Month, Day, Year)
FEB 28 '94

Joppa

10c, CITY, TOWN OR LOCATION

Joppa

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b, CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

1 YES 2 NO Specify:

21085

DAYS

Feb.

16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only his ET Elementary/Secondary (0-12) College (1-4 or 5+) Mechanic COMPL once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Harry (nmn) Lamoon Ruth Anna Dean BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1707 Philadelphia Road, Joppa, Md. Ruth A. Lamoon pe 20s. METHOD OF DISPOSITION
1 (X Buriel 2 Cremation 3 ( 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 3-2-94 Zion Cemetery ■ □ Donation # □ Other (Specify) ... 21. SIGNATURE OF FUNERAL SERVICE LIGH examiner Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md. 21009 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line IMMEDIATE CAUSE (Final the disease or condition LUNG CANCER resulting in death) traumatic event, DUE TO (OR AS A CONSEDUENCE OF): METASTASIS V12/2 CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) HEART FAILURE cause. Enter UNDERLYING HRONIC CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL any shows PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: ent 2 - ER/Outpatient 3 - DOA g Home 5 Rasidence 8 - Other (Specify) marked, or 27. MANNER OF DEATH 28b. TIME OF INJURY 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 Natural 2 Accident 5 Pending Investiga 1 YES 2 NO BY 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify) 3 Suicide ED 6 Could not be 4 Homicide 28 COMPLET TO THE HOSPITAL DR AT TO THE FUNERAL DIRECT be fied within 72 hours a IMPORTANT: If item 2 29a. CERTIFIER 1 CERTIFYIND PHYSICIAN: To like best of my knowledge, death occurred at like lime, data and piece, and due to like cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D 31856 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DIESH SHARRYA 2303 BELAIN

32 REGISTRAN'S SIGNATURE

HARRIS LAMOON, SR.

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2NO

IF YES, DIVE WAR OR DATES

6. AGE (In yrs. last birthday)

67

5. SEX

1707 Philadelphia Road, Joppa, Md.

Harford

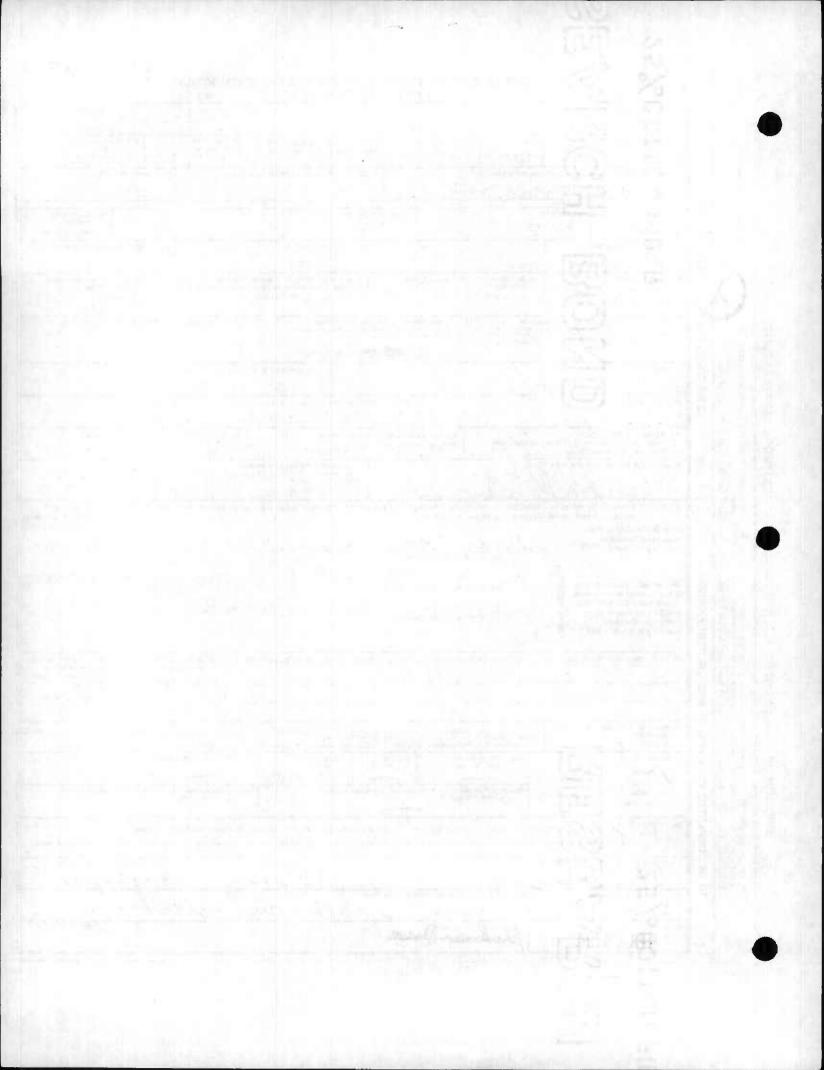
10b. COUNTY

15. DECEDENT'S EDUCATION

1 M 2 F

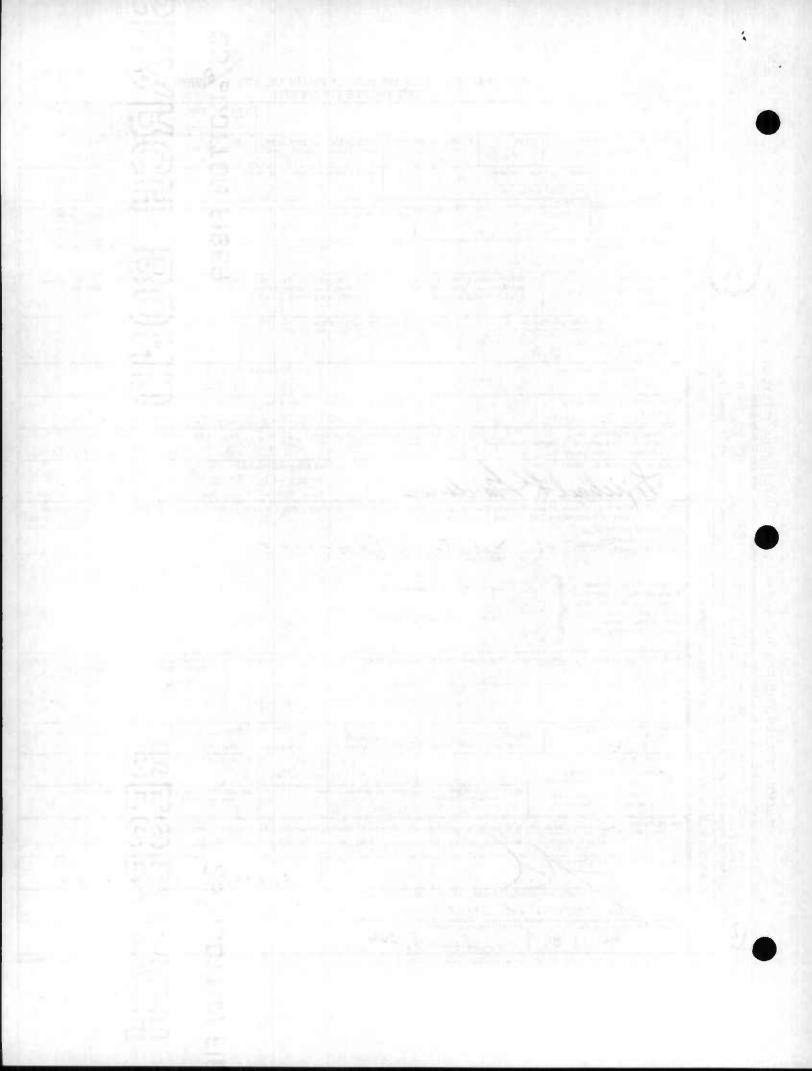
94 07328 2. DATE OF DEATH 3. TIME OF DEATH 27, 1994 YEAR 12:45 pm 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year)
July 27, 1926 Maryland 9c. COUNTY OF DEATH Harford 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. Specify: white 166. KIND OF BUSINESS/INDUSTRY Construction 21085 20c. LOCATION - City or Town, State Bel Air, Md. Approximate Interval Between Onset and Death 6 months ear 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d, DATE SIGNED (Month, Day, Year)



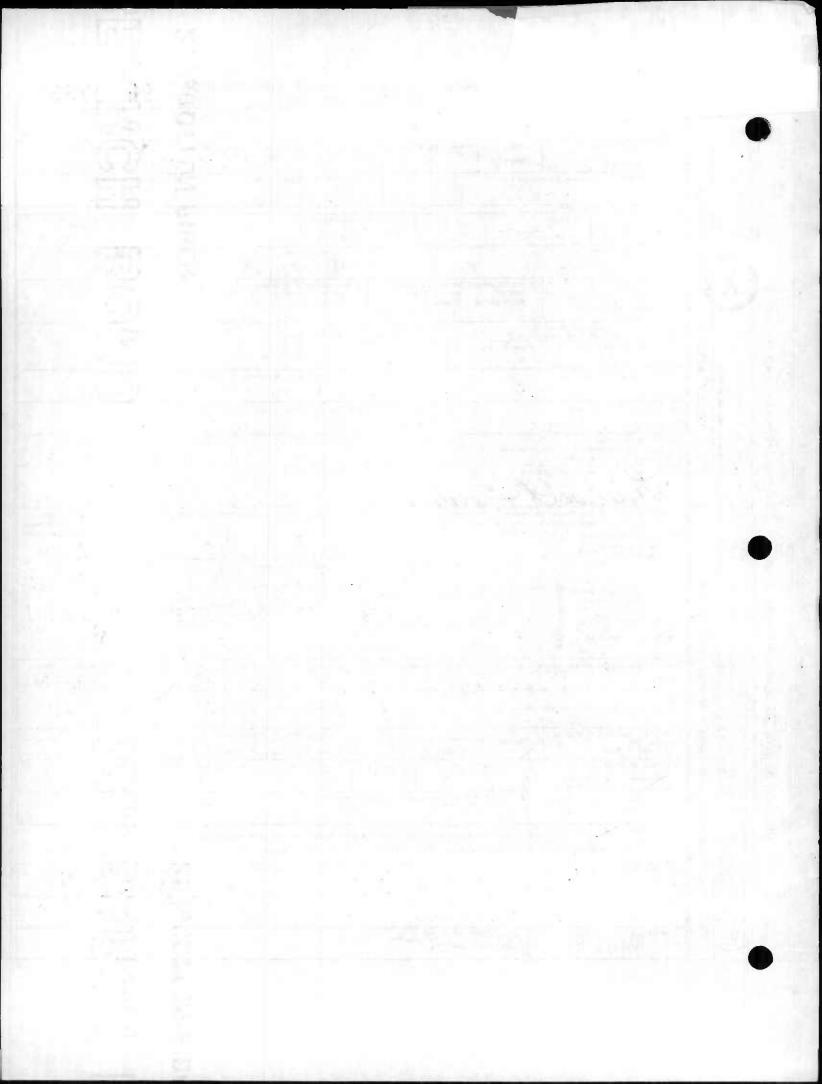
	ľ
0,	
BOX 68760	
37	
9	
×	
0	•
10	
o	
0	
-	
S	
0	
5	
RECORDS, P.O.	
E	
Œ	
_	
⋖	1
>	-
<u></u>	-
0	-
Ž	1
9	-
S	1
>	-
DIVISION OF VITAL	-
	-
	-

1 .	DECEDENTIE NAME /F/	Alalatta ( a.a.a)						DEA			REG. NO	0.	_	
	DECEDENT'S NAME (First, M									MONT		DAY	YEAR	3. TIME OF DEATH
	Barbara . social security number		atherine Is.sex		Loud In yrs. last birthday)			T			CUATY OF BIRTH	26, 1	994	1:20
	19-80-0229		1 M 2 XF		30 YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	19, 1	012		PLACE (State or For ryland
	a. FACILITY NAME (If not instit	Itudion oha s			1110.	Oh CITY	V TOWAL	OR LOCATI	ON OF OF		19, 1	9c. COUN		
	Bayside Nurs							gton				St.		
	ESIDENCE OF DECE	-	-					90011	TGL	`		Dr.	race	7 3
-		OL COUNT			10c. Cl	TY, TOWN			,					10d. INSIDE CITY LIMITS?
	Maryland	St.	Mary's			Lexi	ingto	on Pa	ark					1 TES 2 X
4E	1475 Great	Mills	s Road				10	2065		1	1		.S.A	VHAT COUNTRY?
BY F	, MARITAL STATUS  Never Married 2 Me  Widowed 4 Divorce		12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 NO		If yes, sp	CENDENT Concepts 2 X NO	m, Maxica	n, Puerto I	17 (Specify Y Rican, etc.)	es or No—	14. RACE Bleck Speck Whi	E — American India: c, White, etc. ty: .te
COMPLETED	15. DECED (Specify only h Flamentary/Secondary (0-12 12th Grade			5+)	16a. DECEDENT'S (Give kind of life. Do NOT of Homema	work done use retired.)	during me	ON ost of workli	ng	16b	HOME	USINESS/IND	USTRY	
ш	AMOS		Dea	an				18. Mot			widdle, Maide		Brow	<i>r</i> n
B 19	e. INFORMANT'S NAME (Type	e/Print)										wn, State, Zip		
	Villiam R. L				1475	Great	Mi	lls F	Rd.,	Lexi	ngtor	n Park	, Md	1. 20653
20	a, METHOD OF DISPOSITION M Burlal 2 - Cremation	N 3 🗆 Rem	noval from State		PLACE AND DATE					OAT		OCATION —	City or To	wn, State
41	☐ Donation 5 ☐ Other (S)	Specify)		_ Et	etery, cremetory or Denezer					1/94	Gr	eat Mi	lls	, Maryla
21	. SIGNATURE OF FUNERAL S					1 22.	NAME A	ND ADDRE	SS OF FAI	HUTTY				
IA di	MMEDIATE CAUSE (Finel issues or condition	esses, or art fallure.	K Sa	not caused ausa on ea	I the death. Do	Ma P	.0.	ngley Box	y-Gai 270.	Leon	nardto	own. M	arvl	Approxima
RTIFICATION at part of the par	shock, or has MMEDIATE CAUSE (Finel	na, ata	complications if List only one constant only one constant only one constant only one constant on the constant	O (OR AS A	the death. Do not line.  CONSEQUENCE CONSE	Mic p not enter	.0.	ngley Box	y-Gai 270.	Leon	nardto	own. M	arvl	P.A. And 206 Approxima Interval Be Onset and
CERTIFICATION	shock, or has MMEDIATE CAUSE (Finel isesse or condition esuiting in death) sequentially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disesse or injury hat initiated events esuiting in death) LAST	osses, or ort failure.	complications the List only one conductions as	O (OR AS A	CONSEQUENCE ( CONSEQUENCE (	Mic P not anter	o r the mo	ngley Box Jode of dy	y-Gai 270 ing, such	Leon as carr	nardtc	own. M	lary)	Approxima
: MEDICAL CERTIFICATION	wMEDIATE CAUSE (Finel Isease or condition esuiting in death) equentielly list condition any, leading to immediate. Enter UNDERLYING AUSE (Disease or injury hat initiated events	osses, or ort failure.	complications the List only one conductions as	O (OR AS A	CONSEQUENCE (	Mic P not anter	o r the mo	ngley Box Jode of dy	y-Gai 270 ing, such	Leon as carr	nardte flac or res	DIATO MAUTOPSY DRMED?	lary)	Approxima Interval Be Onset and
: MEDICAL CERTIFICATION	shock, or has MMEDIATE CAUSE (Finel isesse or condition esuiting in death) sequentially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disesse or injury hat initiated events esuiting in death) LAST	esses, or ort failure.  na, ata G	complications the List only one contributing to the contributing t	O (OR AS A	CONSEQUENCE (	Mic P. not antai	O r the mo	ngley Box Jode of dy	y-Gai 270, ing, suci	Part I.	24a. WAS A PERFC	DIATO MAUTOPSY DRMED?	lary)	Approxima Interval Be Onset and  WERE AUTOPSY FIN AMALABLE PRIOR T COMPLETION OF C OF DEATH?
: MEDICAL CERTIFICATION	ART II. Other significent  SAMS CASE REFERRED TO BE EXAMINER?  1 YES 2 THO	esses, or ort failure.  na, ata G	Complications the List only one contributing to the Contributing to the Contributing to the Contributing to the Contributing to the Contributing to the Contributing to the Contributing to the Contributing to the Contributing to the Contributing to the Contributing to the Contributing to the Contributing to the Contributing to the Contributing to the Contribution t	OOR AS A TO OOR AS A TO OOR AS A	CONSEQUENCE ( CONSEQUENCE ( CONSEQUENCE ( CONSEQUENCE (  The second of t	Mic P not anter P	The mo	ngley Box Jode of dy	y-Gai 270, ing, such	Part I.	24a. WAS A PERFC	DIATO MAUTOPSY DRMED?	lary)	Approxima Interval Be Onset and  WERE AUTOPSY FIN AMALABLE PRIOR T COMPLETION OF C OF DEATH?
PHYSICIAN: MEDICAL CERTIFICATION  122  124  125  127  127  127  128  129  129  129  120  120  120  120  120	ART II. Other significent  S. WAS CASE REFERRED TO SEXAMINER?  1 VES 2 NO  MANNER OF DEATH  1 MANNER OF DEATH	na, ata G C Condition	b. DUE T  d. HOSPITAL: 1   Inpetient 2 28s. DATE 0	OOR AS A TO OOR AS A TO OOR AS A	CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C ut not resulting	Profile in the unit of the uni	r tha mo	ngley Box ode of dy	y-Gai 270, ing, such given in	Part I.	24a. WAS A PERFC	DIATO MAUTOPSY DRMED?	24b.	Approxima Interval Be Onset and  WERE AUTOPSY FIN AMALABLE PRIOR T COMPLETION OF C OF DEATH?
BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or has with the condition of the	na, atta G C Condition	b. DUE T  d HOSPITAL: 1   Inpetiant 2  28e. PLACE	O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C  CONSEQUENCE C  atlent 3 DOA  28b. Til	OFFI:  OTHE 4 NUMBE OF LIVEY M	Tha mo	ngley Box ode of dy  g cause g  LACE OF D  LACE OF D  AUTHORY  ORK?	y-Gai 270, ing, such given in	Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY DRMED?  2 NO  1 INJURY OCC	24b.	WERE AUTOPSY FI AMAILABLE PRION OF DEATH?
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ART II. Other significent  EXAMINER?  1 YES 2 NO  MANUER OF DEATH  MANUER	na, ata G C C C C C C C C C C C C C C C C C C	complications the List only one of the List only one of the List only one of the List only one of the List only one of the List on the List of the List on the List of the List on the List of the List on the List of the List on the List of the List on the List of the List on the List of the List on the List of the List on the List of the List on the List of the List on the List of the List on the List of the List on the List of the List on the List of the List on the List of the List on the List of the List on the Lis	O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C  All home, farm,  All home, farm,  John March Colors (1971)	OF):  OTHE 4 Num ME OF JUNY M street, fac	r the mo	ngley Box ode of dy  g cause g  LACE OF D  no 5 R  JURY AT  ORK?  25c.  25c. LiCi	given in	Part I.  Part I.  28d. Det	24a. WAS A PERFC  1 YES  CRIBE HOW  ATION (Street or Town, State	N AUTOPSY PRIMED?  2 NO  1 INJURY OCC  4 and Number  1 Injury occ  4 and due to the	24b.	Approximatinterval Baronset and Onse
SE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  122 52 124 124 125 125 125 125 125 125 125 125 125 125	ART II. Other significant in Manner of Death  Sacider Services Ser	ma, atta G Condition  MEDICAL  Prending vestigation ould not be remined  EVING PHYS  AL EXAMINET	Complications the List only one of the List only one of the List only one of the List only one of the List only one of the List on the List of the Lis	O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE ( CONSEQUENCE ( CONSEQUENCE ( CONSEQUENCE (  TONSEQUENCE (  CONSEQUENCE OFF:  OFF:	The more representation of the more representati	ngley Box ode of dy  ag cause of the survey at the survey	given in  DEATH (Che  Beldence  NO	Part I.  Part I.  28d. Det	24a. WAS A PERFC  1 YES  CRIBE HOW  ATION (Street or Town, State	N AUTOPSY PRIMED?  2 NO  1 INJURY OCC  4 and Number  1 Injury occ  4 and due to the	24b.	Approximatinterval Be Onset and Onse	
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ART II. Other significant in Manner of Death  Sacider Services Ser	ma, atta G Condition  MEDICAL  ending vestigation ould not be be termined	Complications the List only one could be contributing to the contributing to the contributing to the contributing to the contributing to the contribution of the contr	O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A	consequence of conseq	OFF:  OFF:	The more representation of the more representati	ngley Box ode of dy  ag cause of the survey at the survey	given in	Part I.  Part I.  28d. Det	24a. WAS A PERFC  1 YES  CRIBE HOW  ATION (Street or Town, State	N AUTOPSY PRIMED?  2 NO  1 INJURY OCC  4 and Number  1 Injury occ  4 and due to the	24b.	Approximatinterval But Onset and Ons



BALTIMORE, MARYLAND 21215-0020	JAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital of attending	rificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner. If Health and Mental Hydiene prior to burial, cremation, or removal.	3
9	ding	-	•
12	tten	98	
7	9	THE PERSON	an-
2	ital	5	
岁	hosp	Che	
A	the state of	deta	
Z	1	2	ì
8	Den	Die Die	,
×	retai	S	
	2	90e	
3	may	7	
0	9 9	ecto	
≥	Pag	- G	
5	ath.	nera	•
3A	r de	al a	
ш	afte	by th	
	SULC	in Je	ľ
4	Š	filled n. c	
	9	natic	
09	Wil	nple	
87	petr	nal.	
9	poeci	and or	
X	De o	or to	
8	cate	hysid	
o	ortific	o pu	,
ď.	th Co	endi Hy	
ທົ	deal	att	
Ö	the	AT P	
S	that	Pd Pd	
ö	ires	signe	
띴	regu	of H	
1	W.	s be	
VITAL RECORDS, P.O. BOX 68760	The	rificate has been signed by the attending physician and completely filled in by the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	
	N.	Stat	
-	2	2 9	

	t. DECEDENT'S NAME (Fir	rat, Milital, Les	st)						2. DATE OF	DEATH			3. TIME OF
	Arthur		Bernar	d	Lawr	ence,	Jr.		Febru	ary 2	8, 19	994	4:30
	4. SOCIAL SECURITY NUI		5. SEX		rs. lest birthday)	IF UNDER 1	YEAR IF UN	DER 24 HRS.	7. DATE OF I	SIRTH y, Year)	8	B. BIRTHE	PLACE (State
	577-09-054		t M 2 F	89	YRS.				NOV.				rylan
œ	9e. FACILITY NAME (If not						TOWN DR LOC		EATH		COUNT		
5	St. Mary's	HOSD1	.tal			Leon	ardtow	n			St. I	Mary	y's
DIRECTOR	10e. STATE	10b, COU				TY, TOWN OR	LOCATION						10d. INSIDE
ā	Maryland		Mary's		Ab	ell							1 YES
AAL	10e. STREET AND NUMBE						101. ZIP C			t			HAT COUNT
層	General Del	Livery	12. WAS DECEDER				206					S.A.	
BY FO	1 Never Married 2 3 Wildowed 4 Di		FORCES?	t YES 2	2 XNO	11		iben, Mexic	NIC ORIGIN? (S an, Puerto Ricar fy:		- 1	Specify Vhit	— Americer, While, etc. y:
9	15. DE (Specify o	ECEDENT'S E	DUCATION ade completed)	18	e. DECEDENT'S	work done du	CUPATION uring most of wo	rkina	16b, KIN	OF BUSIN	ESS/INDU	STRY	
LÉT	Elementary/Secondary	-	College (t-4 or 5	+)	Ille. Do NOT u	ise retired.)				6 3	- 3		
COMPL	4th Grade	Martin 4 - 10			Wate	rman				afood			
_	17. FATHER'S NAME (First, Arthur		nard	Laur	ence,	Sr		other's N lary	AME (First, Midd)	e, Maiden Sur PENCE		Mor	ris
BE	19e. INFORMANT'S NAME		nard	LawL					Poute Number, (				TIS
5	Bernard R.		ence				bell,			0606	- may supp to	300)	
	20e. METHOD OF DISPOS	HTION			ACE AND DATE	OF DISPOSIT	TION (Name of		DATE	20c. LOCAT	TION — CH	ity or Tow	vn, State
	1 1 Buriet 2 Cremat 4 Donation 5 Doth	ner (Specify)	emoval from State	Sac:	red He	art Co	emeter	y 3	/3/94	Bush	hwood	d, M	aryla
	21. SIGNATURE OF FUNEF	RAL SERVICE	LICENSEE			22. N. Ma	AME AND ADD	RESS OF F	ardiner	Funo	rall	Lomo	D
	Much	//	11200	er .		I I'ICI	LLLLIGI	CV-OK		rune	Lal		
	23. PART Enter the ahock, pr IMMEDIATE CAUSE (F disease Dr condition resulting in death)	haart failur	or complications the	at coused the use on aach	ne deeth. Do n line.	P.	O. Box	270	Leona	rdtow	n, M	lary]	Land Appr
TIFICATION	IMMEDIATE CAUSE (F disease Dr condition resulting in death)  Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events	haart failur Finel	a. Out to	O (OR AS A CO	THE CONSEQUENCE CO	P. not enter to	O. Box	270	Leona	rdtow	n, M	lary]	Land Appr
SAL CERTIFICATION	IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in CAUSE (Disease or in Immediate or in Immediate or in Immediate or in Immediate or in Immediate or in Immediate or in Immediate or in Immediate or in Immediate or in Immediate or in Immediate or in Immediate or in Immediate or in Immediate or Immed	ditions, nediate LYING highly	a. List prily pria ca	O OR AS A CO	MASSEGUENCE O	P. not enter t	O. Box	270, dying, euc	Leona cordiac	rdtow	TOPSY	[ary]	Appinter on the state of the st
MEDICAL	IMMEDIATE CAUSE (F disease Dr condition resulting in death)  Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in death) LA	ditions, nediate LYING highly	a. List prily pria ca	O OR AS A CO	MASSEGUENCE O	P. not enter t	O. Box	270, dying, euc	Leona cordiac	rdtow or respirat	TOPSY	at,	Apprinter One WERE AUTO AMAILABLE I COMPLETIO OF DEATH?
MEDICAL	IMMEDIATE CAUSE (F disease Dr condition resulting in death)  Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in death) LA	ditions, nediate LYING niury	a. Due to	O OR AS A CO	MASSEGUENCE O	P. not enter t	O. Box he mode of	270, dying, eue	Leona cordiac	or reapirat	TOPSY	at,	Apprinten One Apprinten One Apprinten One Apprinten One Apprinten One Apprinten Of Death?
MEDICAL	IMMEDIATE CAUSE (F disease Dr condition resulting in death)  Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 YES 2 ANO	ditions, nediate LYING niury	a. Due to	O OR AS A CO	ONSEQUENCE O	P. not enter t	O. Box he mode of	dying, euclided and a series of the series o	Part I. 24	or reapirat	TOPSY	at,	Apprinten One Apprinten One Apprinten One Apprinten One Apprinten One Apprinten Of Death?
CAL	IMMEDIATE CAUSE (F disease Dr condition resulting in death)  Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	ditions, nediate YING nighty AST	DUE TO  BOSPITAL: 1 Nipetient 2 28e. DATE O	OR AS A CO	INSECUENCE CONSECUENCE  not enter t	O. BOX he mode of larlying caus  28. PLACE O ing Home 5  WORK?	dying, euclidence given in F DEATH (C. Rasidence	Part I. 24	andtow or reapirat	TOPSY	at,	Apprinten One Apprinten One Apprinten One Apprinten One Apprinten One Apprinten Of Death?	
MEDICAL	IMMEDIATE CAUSE (F disease Dr condition reaulting in death)  Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events reaulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5	ditions, nediate LYING niury	BOSPITAL:  1 Vinpatient:  28e. DATE Of (Month.)	OR AS A CO	INSEQUENCE OF THE PROPERTY OF	P. not enter t	O. BOX he mode of larlying caus  28. PLACE O ing Home 5  28c. INJURY AI WORK? 1 YES	dying, euclidence given in F DEATH (C. Rasidence	Part I. 244  1 (244)  1 Part I. 244  2 Deck only one)  8 Other (Sp. 28d. DESCRI	Tridtow or respirate was an au performe yes 2 x	TTOPSY ED?	24b.	Appninten Ones
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Accident  3 Suicide 8	ditions, nediate LYING niury AST TO MEDICAL	ion contributing to be be be building	OR AS A CO	INDEGUENCE OF THE PROPERTY OF	P. not enter t	O. BOX he mode of larlying caus  28. PLACE O ing Home 5  28c. INJURY AI WORK? 1 YES	dying, euclidence given in F DEATH (C. Rasidence	Part I. 244  1 Part I. 244  2 Description of the CSc 28d. Description 28t. Location 28	Tridtow or respirate was an au performe yes 2 x	TTOPSY ED?	24b.	WERE AUTO AMARIABLE COMPLETE  t YES
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease Dr condition resulting in death)  Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in death) LA  PART ii. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   24 Accident 3 Suicide 8   4 Homicide	ditions, nediate YING niury AST  TO MEDICAL Pending Investigatio Could not it determined	inna contributing to be be 28e. PLACE building	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	INSECUENCE CONSECUENCE  not enter t	28. PLACE O	dying, euclided and provided an	Part I. 244  1 [  Deck only one)  8 Other (Sp. 28d. DESCRI	and town or reapirate and a was an au performed by the secity)  Be how injury in (Street and win, State)	TTOPSY ED?	24b.	Apprinter Ones	
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease Dr condition resulting in death)  Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident 3 Suicide 8 4 Homicide  29e. CERTIFIER (Check only)	D TO MEDICAL  Pending Investigatio Could not it determined PH	ion contributing to be be be building	OR AS A CO OR AS A CO	not reculting  At home, ferm,  ge, death occur	In the und	O. BOX the mode of larlying caus  28. PLACE O The mode of section of the section	dying, euclided and provided an	Part I. 244  1 (28d. DESCRI  28t. Locatic City or R	or reapirat  WAS AN AU PERFORME VES 2  WAS AN AU PERFORME VES 3  WAS AN AU PERFORME VES 3  WAS AN AU PERFORME VES 4  WAS A	TOPSY ED? NO URY OCCU	at,  24b.  JRED  d.	WERE AUTO AMARIABLE I COMPLETIO OF DEATH?  t YES
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease Dr condition resulting in death)  Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident 3 Suicide 8 4 Homicide  29e. CERTIFIER (Check only)	ditions, nediate LYING plury  AST  TO MEDICAL  Pending Investigatio  Could not in determined  SETIEVING PHEDICAL EXAM	HOSPITAL: 1 Inpatient 2 28e. PLACE believes of the best of the bes	OR AS A CO OR AS A CO	not reculting  At home, ferm,  ge, death occur	In the und	28. PLACE O	dying, euclided and provided an	Part I. 244  1 Part I. 244  1 Check only one)  8 Other (Sc 28d. Descri	Indtown or reapirate.  I. WAS AN AU PERFORME  YES 2  WAS AN AU PERFORME  YES 2  WAS AN AU PERFORME  YES 2  WAS AN AU PERFORME  YES 2  WAS AN AU PERFORME  OPERFORME	TOPSY ED? NO URY OCCU	24b.  JRED  couse(s)	WERE AUTO APARLABLE IC COMPLETE  U YES  Outle Number
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease Dr condition reaulting in death)  Sequentially list cond if any, leeding to imm cause. Entar UNDERL CAUSE (Disease or in thet initiated events reaulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Natural 5 Aboldent  3 Suicide 8 4 Homicide  29e. CERTIFIER (Check only one) 2 ME  29b. SIGNATURE AND TITE  29b. SIGNATURE AND TITE  201 According 1 Conditions on the conditions of the	D TO MEDICAL  Pending Investigation  Could not a determined SEXIEYING PH  EDICAL EXAM	MOSPITAL: 1 Inpatient 2 28e. PLACE (be building) 1YSICIAN: To the best of liner: On the basis of the liner.	Donas a co	In line.  DISCOURNCE OF THE PROPERTY OF THE PR	In the und  OTHER:  4 Nursh  At Interest, factor  red at the tim  on, in my op	28. PLACE O	dying, euclided and provided and provided at the course of	Part I. 244  1 Part I. 244  1 Check only one)  8 Other (Sc 28d. Descri	Indtown or reapirate.  I. WAS AN AU PERFORME  YES 2  WAS AN AU PERFORME  YES 2  WAS AN AU PERFORME  YES 2  WAS AN AU PERFORME  YES 2  WAS AN AU PERFORME  OPERFORME	TTOPSY ED?  Number or es stated due to the	24b.  JRED  couse(s)	WERE AUTO AMARIABLE I COMPLETIO OF DEATH? I YES  Oute Number
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease Dr condition reaulting in death)  Sequentially list cond if any, leeding to imm cause. Entar UNDERL CAUSE (Disease or in thet initiated events reaulting in death) LA  PART II. Other algniffications of the condition of	Pending Investigation  TO MEDICAL  Pending Investigation  Could not I determined  SRIJEYING PH  EDUCAL EXAM	HOSPITAL: 1 Inputent 2 28e. DATE Of (Month, inputent) 28e. PLACE beliefing	DOR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	In line.  DISCOURNCE OF THE PROPERTY OF THE PR	In the und  OTHER:  4 Nursh  Attract, factor  attreet, factor  attreet, factor  attreet, factor  attreet, factor  attreet, factor  attreet, factor	D. BOX he mode of larlying caus  28. PLACE O ing Home 5  28c. INJURY AT WORK? 1 YES ry, office  29c. I	dying, euclided and provided at the course of the course o	Part I. 24  1 Part I. 24  1 Check only one)  8 Other (Sp. 28d. DESCRI  281. LOCATIC City or R.	Indtown or reapirate.  I. WAS AN AU PERFORME  YES 2  WAS AN AU PERFORME  YES 2  WAS AN AU PERFORME  YES 2  WAS AN AU PERFORME  YES 2  WAS AN AU PERFORME  OPERFORME	TTOPSY ED?  Number or es stated due to the	24b.  JRED  couse(s)	WERE AUTO AMARIABLE COMPLETIO OF DEATH?  I YES  Oute Numbe



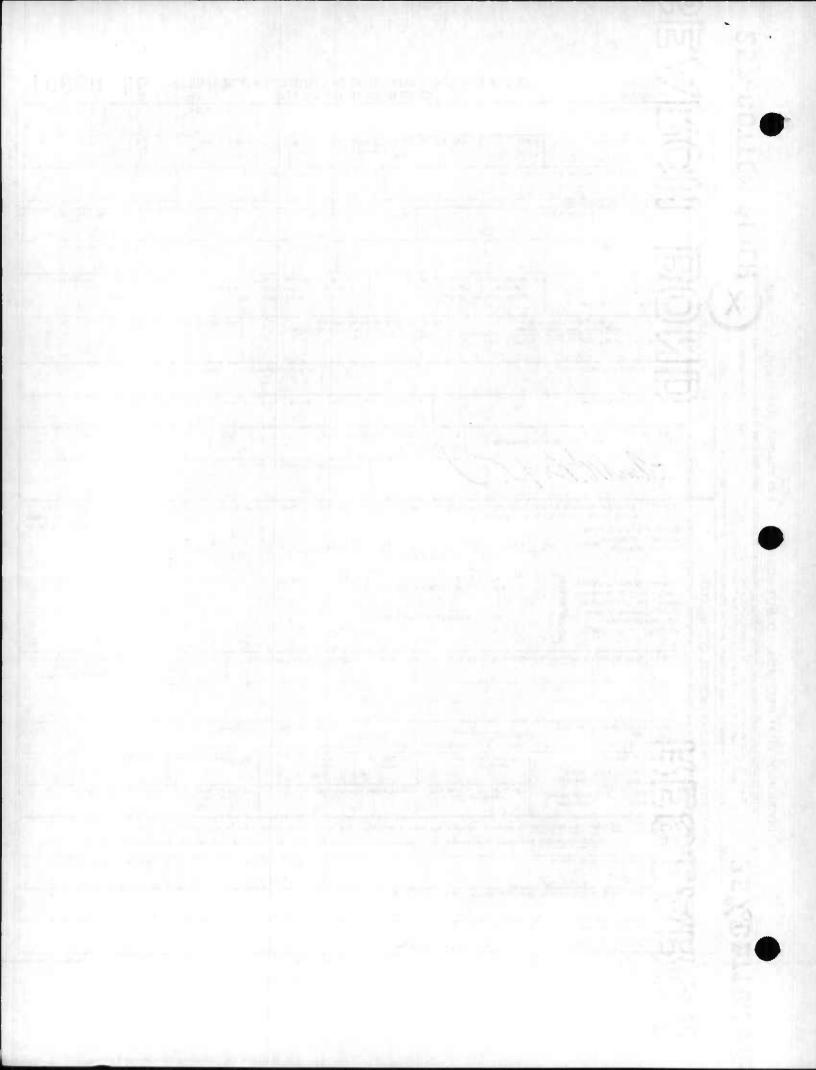
		BERTHA	ROSETTA	LYLES		FEBRUAI	DAY	94 4:00 PM M
	10	4. SOCIAL SECURITY NUMBER 218-24-2237	5. SEX 6. AGE	844	F UNDER 1 YEAR IF UNDER ONTHS DAYS HOURS	Ment (Month, Day,	Year)	BIRTHPLACE (State or Foreign Country) MARYLAND
2, 3 should	стов	99. FACILITY NAME (If not inetitution, give 8114 FORT FOOTE RESIDENCE OF DECEDENT			FORT WASHIN			y of death E GEORGE
it. Pages 1,	DIREC	10a. STATE 10b. COUNT	E GEORGE		TOWN OR LOCATION  T WASHINGTO	N	N-3114	10d. INSIDE CITY LIMITS? 1 XYES 2 NO
n ansit perm	IERAL	100. STREET AND NUMBER 8114 FORT FOOTE	ROAD		101. ZIP COD 20744		U.S	N OF WHAT COUNTRY?
21215-0020	BY FUI	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 2 10		OF HISPANIC ORIGIN? (Spin, Mexican, Puerto Rican, Specify:		A. RACE — American Indian, Black, White, stc. Specify: BLACK
	MPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of wor life. Do NOT use r HOUSEW)	k done during most of world etired.)	ng 16b, KIND	OF BUSINESS/INDU	STRY
YLA by the	at GO	17. FATHER'S NAME (First, Middle, Last) WILLIAM DOUGL	AS		S	HER'S NAME (First, Middle, ALLY HOLLEY		
RE, MA ay be retain page 5 sho	TO BI	19a. INFORMANT'S NAME (Type/Print) FAYE LYLES 20a. METHOD OF DISPOSITION	20		ORT FOOTE R			N. MD 20744
ALTIMORE Seath. Page 6 may funeral director, pa	examiner must	1 M Burlel 2 Cremation 3 Ren 4 Donation 6 Other	noval from State	UEEN OF PE	CACE  22. NAME AND ADDRE	2/24/94 ss of FACILITY	HELEN, M	
BALTIM is after death. Page to by the funeral dire	200	EDWARD N. BRI 23. PART I. Enter the diseases, or	NSFIELD, JR.			TOWN, MARYL		50-0279
within 24 hour	rent, the me	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Atlese Scle	each line.	nt disease	o ly of	uby	Interval Between Onset and Death
BOX 68760 cate be executed with objection and compile	traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	. 11	A CONSEQUENCE OF):	of History	1		
leath certification attending principles	CERTIFIC	that initiated events resulting in death) LAST	d	A CONSECUENCE OF):	The fail	how not	seen of	ne
RECORDS requires that the cen signed by the	MEDICAL	PART II. Other algorificant condition	ne contributing to death	but not resulting in	the underlying ceuse		WAS AN AUTOPSY PERFORMED? YES 2 X NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
> 0 ,	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	DEATH (Check only one)		
〇 光道道	8 1	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c, INJURY AT		E HOW INJURY OCCU	REO
OR ATTENDING DIRECTOR: After	99 [1]	3 Suicide & Could not be determined	26e. PLACE OF INJUF building, stc. (Sp	RY — At home, farm, stre ecify)	et, factory, office	281, LOCATION City or Yow	(Street end Number of n, State)	Rural Route Number.
7 70	- 2	one)	ICIAN: To the bast of my kno ER: On the basis of axaminati					cause(s) and manner se stated.
TO THE HOSPITAL TO THE FUNERAL	F 38	29b. SIGNATURE AND TITLE OF CERTIFIE	R		29c. LIC	ENSE NUMBER		SIGNED (Month, Day, Year)
221	₹ 2	30. NAME AND ADDRESS OF PERSON WI				0 1167		February, 1994
10		Jasar Nazemian, N	32. REGISTRAR'S SIG	NATURE	Suite 250, 0	xon Hill, Mary	land 20745	
		MAK 0 3 '441	2 . 2	70. J. 00.				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

94 07331

DHMH-16 Rev 1/89

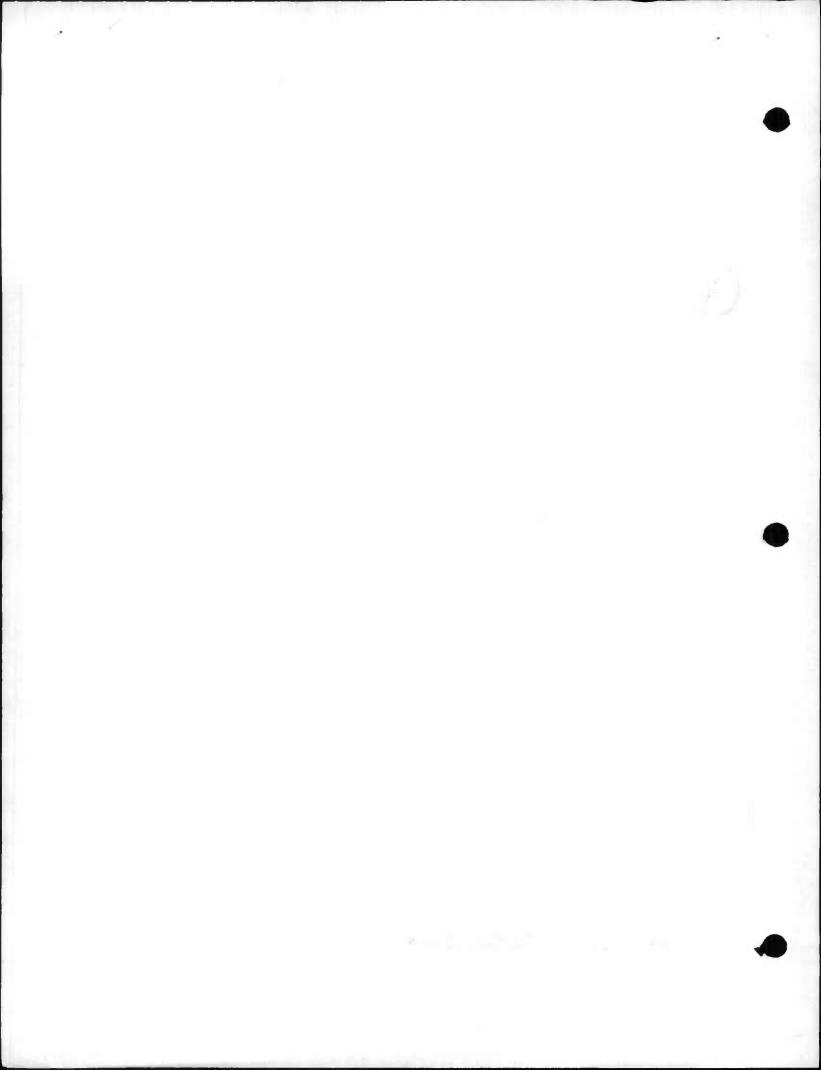
1 - STATE REGISTRAR



0
9
-
00
9
OX
0
BC
_
0
Ų
Δ.
_
10
0,
$\alpha$
0
×
0
ш
$\alpha$
-
7
P
$\vdash$
>
LL
ō
U
7
=
O
70
(1)
-
0

			1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL H	YGIENE 9 L	0	1332
	1		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH DAY	YEAR	3. TIME OF DEATH
- 1	5		Frank James M 4. SOCIAL SECURITY NUMBER					Februa	ry 28,	1994	М
) Pin			413-09-2261  98. FACILITY NAME (If not institution, give:	1 🔯 M 2 🗆 F	In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De July 5	, 1911	Country) Tenn	essee
2, 3 should		СТОВ	Laurelwood Nursi	ŕ		96. CITY, TOWN Elkto	OR LOCATION OF D	EATH		UNTY OF DEA	ATH
Pages 1,		DIREC	10s. STATE 10b. COUNT			Y, TOWN OR LOCA	ATION				10d. INSIDE CITY LIMITS?
permit		RAL I	10e. STREET AND NUMBER	11014		berdeen "	of, ZIP CODE		10g. CI		IXES 2 NO
an. 6		嘭	401 South Parke	Street			21001			U.S.	Α.
ALTIMORE, MARYLAND 21215-0020 death. Page 6 may be retained by the hospital or attending physician.  funeral director, page 5 should be detached or use as the burlat-transit permit.			11. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	275NO	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexico S 2 XXVO Specif	an, Puerto Ricen		14. RACE - Black, Specify: Whi	
1215 aftenc use as		TEL	15. DECEDENT'S EDU (Specify only highest grade	ICATION a completed)	(Give kind of s	USUAL OCCUPAT		16b, KIN	D OF BUSINESS/IN		.ce
ND 21 hospital or acheditor u	contact	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us		W				
AND the hospi	once.	COMP	17. FATHER'S NAME (First, Middle, Last)	0	Liab	orer	18. MOTHER'S NA		umber Ya	rd	
YLA by the	20	ш	William P. Mumpo	wer				ia Moo			
MAR retained 5 should	notified	TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, C	ity or Town, State, Z		
E, N ay be re page 5	8		Mr. James E. Mum				rke Stre				
Page 6 may be all director, page	must		1 Burial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	cem	PLACE AND DATE OF THE PLACE AND DATE OF THE	of disposition (N ther place) Momortial	l Gardens	DATE 2/2/	20c. LOCATION -	City or Town	n, Stats
ALTIMOF leath. Page 6 m funeral director,	Jeur		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	CI AII I	22. NAME A	ND ADDRESS OF FA	CILITY			yland
BALT er death. the funera	examiner		Hary R.L	Di Liovan	ne	Tarri	ng-Cargo leen, Mar	Funer	al Home,	P.A.	
irs aft	the m		23. PART I. Enter the diseases, or about, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CUA	ach iine.		ode of dying, auc	ch as cardiac	or reapiratory as	rest,	Approximate Interval Between Onset and Death
	c event,	_		DUE TO (OR AS A	CONSEQUENCE OF	F):					
67 (0	traumatic	2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):	<u> </u>				
BOX cate be e		S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C							
certificate ding physi	or other	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):					
S, P	Injury, o		DATE II Oak - I - III - II	d							
RECOF requires that been signed b	shows any	: MEDICAL	PART II. Other significant condition	is contributing to death be	ut not remulting	in the underlyin	ig cause given in		WAS AN AUTOPSY PERFORMED?  YES 2 NO	o o	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
- B 8	2 5	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	neck only one)			
F VIT	or Item	YSI	1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp	etlent 3 🗆 DDA	OTHER:	ne 5 🗆 Residence	6 Other (Spi	ecify)		
O 돌을	death with t	BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY	JURY AT ORK? YES 2 ND	28d. DESCRIE	BE HOW INJURY O	CURED	
DIVISION DR ATTENDING DIRECTOR: After	28 is	O.	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, stc. (Spec	At homs, farm, s	street, factory, offic	ca	261. LOCATION City or Tox	N (Street and Numbe wn, State)	r or Runal Rou	ute Number,
THE HOSPITAL DR	VT: If Item	COMPLET		ICIAN: To the best of my knowl ER: On the basis of exemination							and manner as stated.
THE FU	PORTANT:	BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	R A	0		29c, LICENSE NUI		29d. DA	TE SIGNED (A	Month, Day, Year)
22	N N	TO B		Imsa	ude	U.	D2619	83	▶7	nauch	1.1994
			30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)					,
_			31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA							
			MAD 03'94	Letia Davidson	Pandelle						

DHMH-16 Rev 1/89



9	ğ	
Spir	hed	al.
2	Settac	Duce
9	2	Ti
Pe	pino	Ped
retai	SS	otto the
2	90	96
may	, p	15
9 9	rectt	E
E	al d	in o
eath	une	Ea
b rei	The Mal	6
55	remo	dica
300	B 9	Ě
2	ly fill	the
Ath	plete	ent,
bet	E SE	8
Doeco	Pag and	ati
2	cian or to	une.
cate	e Dri	er tr
ertif	ing p	=
Æ	a H	0
e de	he al	jury, or other traumatic eve
#	by t	트
S	Dar Ha	31
arie	Sign He	OM
A Te	beel X	8
le la	Pas Der	n 2.
E :	State	Te
ICIA	the	0
SE.	this with	ked
NG F	fter f	mar
S	R. A	.00
E	ECTO S aff	128
NO.	Pour Pour	Te
MIN	PA 2	5
10SF	STATE OF THE PARTY	F
用	분	OR O
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after death with the State Dept, of Health and Mental Hyoiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)  RLICE	TARLE M	AYO	E OF DEATH	REG. NO.  2. DATE OF DEATH MONTH DAY	94 07333 YEAR 1554						
4. SOCIAL SECURITY NUMBER 005-20-8041	5. SEX 8. AGE (In yrs. 1 1 M 2 1 F 67	lest birthday) IF UND YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYB HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) NOV. 24, 1920	La marini da la la la la la la la la la la la la la						
90. FACILITY NAME (If not institution, give washington County RESIDENCE OF DECEDENT		9b, Ci	Hagerstow	DEATH 90	washington						
	v hington	10c. CITY, TOWN	thsburg		10d. INSIDE CITY LIMITS? 1 VES 2 X NO						
22152 Holiday Dr.			101. ZIP CODE 21783		U.S.A						
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 13	8. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci		No — 14. RACE — American Indian, Black, White, atc. Specify: Whate						
15. DECEDENT'S EDI. (Specify only highest gradi Elementary/Secondary (0-12)	CATION 18a, completed) College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired HOWS CL	e during most of working .)	166. KIND OF BUSINES	ss/industry OME						
17. FATHER'S NAME (First, Middle, Lost) Charles S. Guptil	l		Ru	AME (First, Middle, Malden Surn th M. Noble							
Maynard R. Mayo				House Number, City or Town, St. iths bwrg, Md.							
20s. METHOD OF DISPOSITION  1	20b. PLAC	CE AND DATE OF DISPO	Plematory 3-3.	DATE 200 LOCATION Smith	ON — City or Town, State hs bwg, Md.						
21. SIGNAPORE OF RUNERAL SERVICE U	Center Lavis	2:	name and address of Fi Davis Funera	E Home	hsburg.Md. 21783						
IMMEDIATE CALICE (Float	e. Professional that caused the Liet only one cause on each if the control of the	SEQUENCE OF):			Interval Betwe						
PART II. Other eignificant condition	Telli fu	t resulting in the	underlying ceuse given in	1 Part I. 24e. WAS AN AUTH PERFORMED 1   YES 2	27 AVAILABLE PRIOR TO COMPLETION OF CAUSE						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	act Page of Sextiff (Greek Griff Greek										
1 PYES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 FR/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	3 DOA OTHI 4 N 28b. TIME OF INJURY	9 Other (Specify)  2ed. DESCRIBE HOW INJUR	RY OCCURED							
1 Alfturel 8 Pending	2 Accident 3 Suicide 4 Homicide Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only one) 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION (Street and Number or Bural Route Number, City or Yown, State) 29a. CERTIFIER 3 DICATION										
1  Alftural 8 Pending 2 Accident Investigation 3 Suicide e Could not be	28a. PLACE OF INJURY — At building, etc. (Specify)	nome, tarm, etreet, te	ictory, office		various of flater route runnium,						

PLETED CAUSE OF DEATH (ITEM 27) Gypo Print) W. WGS Guis for

40 III Co do 32. REGISTRAR'S SIGNATURE

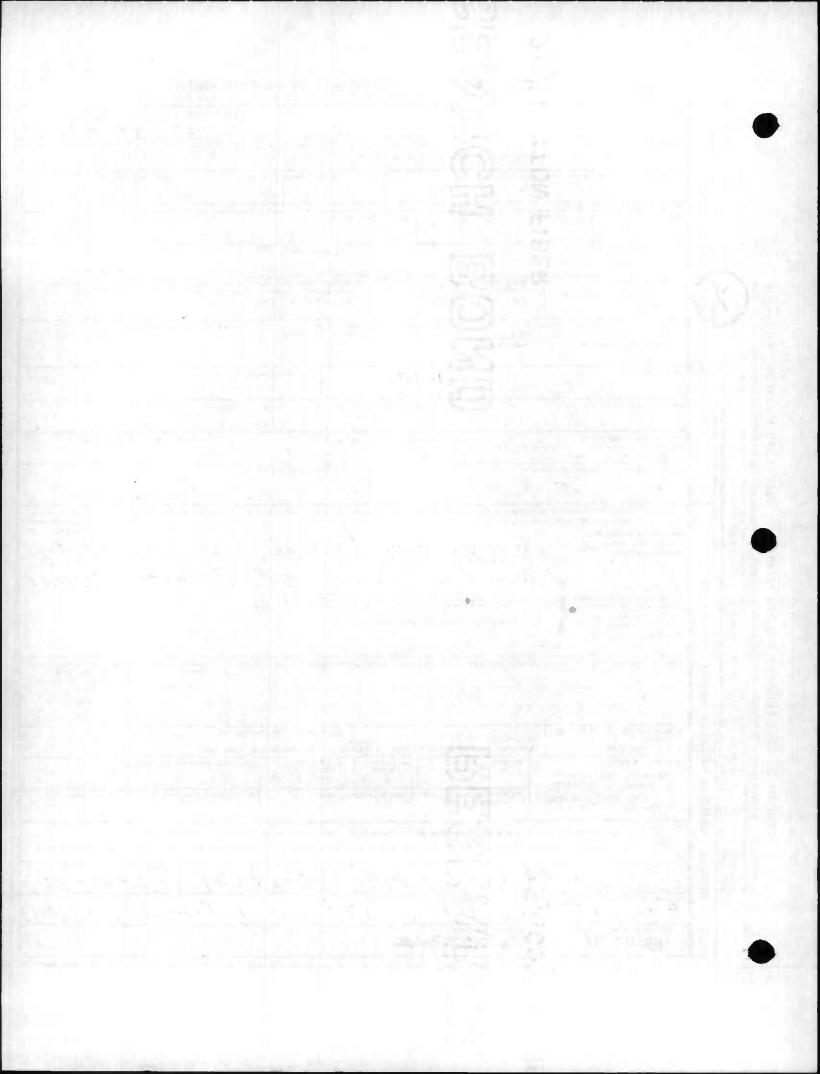
(es fown

•

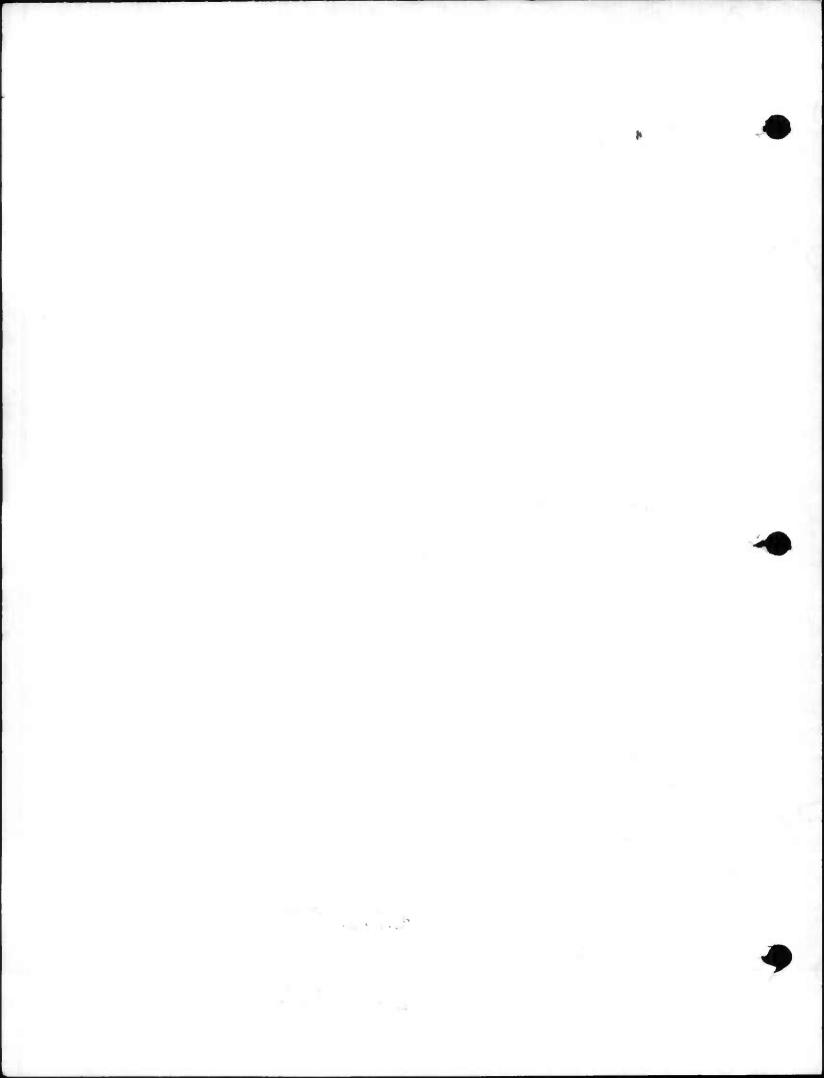
1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECE	DENT'S NAME (F	irst, Middle, Last,	5-11-11-1	1773						2. DATE OF DEATH			3. TIME OF DEATH
		I	Linda	Dia	ane		M	cC1a	ain		2 2 27 2	7 94 °	YEAR	2 36
		450-82-9		5. SEX	8. AGE (In yrs. le	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec 26 19	949	e. BIRTH	
стоя	Se. FAC	Dorche	e institution, give ester G	street and number) eneral Ho	ospital		9b. CITY		on Locati		EATH	Dorc.		
ECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION													
DIRE	Mar	yland		Dorcheste	er	10c. CIT			ridge	9				10d. INSIDE CITY LIMITS? 1 YES 2 N
15	10e. ST	REET AND NUMB		n n				10	H. ZIP COO	-		10g. CITIZ		HAT COUNTRY?
EB			.ndian	Bone Road					216	513			U.S	.A.
X	1 🗆 N	NTAL STATUS over Married 2 <sup>3</sup> Idowed 4 🔲 0		FORCES?	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES			Il yes, s		ın, Mexica	NIC ORIGIN? (Specify V in, Puerto Rican, etc.) y:	ee or No—	14. RACE Black Specif	- American Indian White, atc. White
- 0			ECEDENT'S ED		16a. D	ECEDENT'S	USUAL O	CCUPAT	ION		16b. KIND OF B	JSINESS/INOL	JSTRY	
IPLET	Elen	nentary/Secondary		College (1-4 or 5		Give kind of te. Do NOT u Tead	cher	aunng m	ost of world	ng	public	/priv	ate	schools
COM	17. FATH	ER'S NAME (First	, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maide	n Sumame)		
W W		Lac	y Ch	arles I	Purcell					C.	leta Har	grove		
2 0	100000	ORMANT'S NAME			1	9b. MAILING	ADDRES	S (Street	and Number		Route Number, City or To		Code)	
	Ro	bert H.	McCla	in Jr.	ME I	3405	Indi	lan	Bone	Rd.	, Cambridg	ge Md.	216	13
must be	Robert H. McClain Jr.  3405 Indian Bone Rd., Cambridge Md. 21613  20e. METHOD OF DISPOSITION 1A Burlel 2 Cremetton 3 Removal from State Cambridge Maryland  20b. PLACE AND DATE OF DISPOSITION (Name of Cambridge Maryland)  20c. Location — City or Town, State Cambridge Maryland													
examiner	21. SIGI	NATURE OF FUNE		R Ma	mes of	} -			Locus		Thomas			
FICATION	if any, cause, CAUSI	Metartatic Carcinoma of the Breast  CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFI	resulting in death) LAST													
MEDICAL	PART	II. Other algnif	cent condition	ne contributing to	o death but not	reaulting	in the u	nderlyir	ng ceuse	given in		PAMED?	24b.	WERE AUTOPSY FIN AMALABLE PRIOR T COMPLETION OF CO OF DEATH? 1 YES 2 N
SZ		CASE REFERRE	TO MEDICAL					26. P	LACE OF D	EATH (Ch	eck only one)			
SICI/		MINER? YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHE		me 5 🗆 Re	sidence	8 Other (Specify)			
-340	150		Pending Investigation		F INJURY Day, Year)	28b. TIN	_	28c. IN	JURY AT ORK? YES 2 [		28d. DESCRIBE HOW	INJURY OCC	URED	
28 is TED		A	Could not be determined	26a. PLACE	OF INJURY — At h	nome, farm,	street, lac	tory, offi	ce		281, LOCATION (Stree City or Town, State		or Rural A	oute Number,
MP 4	29a. CE (Ch one	eck only									to the cause(s) and m			and manner ee str
BE	296, 510	MATURE AND TH			usle	M	D		-	ENSE NUI				(Month, Day, Year) 27 - 95
7	30. NAM	AMUN C		HO COMPLETED CALL	USE OF DEATH (IT	EM 27) (Type	e, Print)	DA	turo	ra	54, Ca.	m5=ic	dro	Med 21
	31. DATE	EFILED (Month, D		12. REGISTR	AR'S GIGNATURE	della	/	7	uro	ra	st, Cal	46210	dro	May

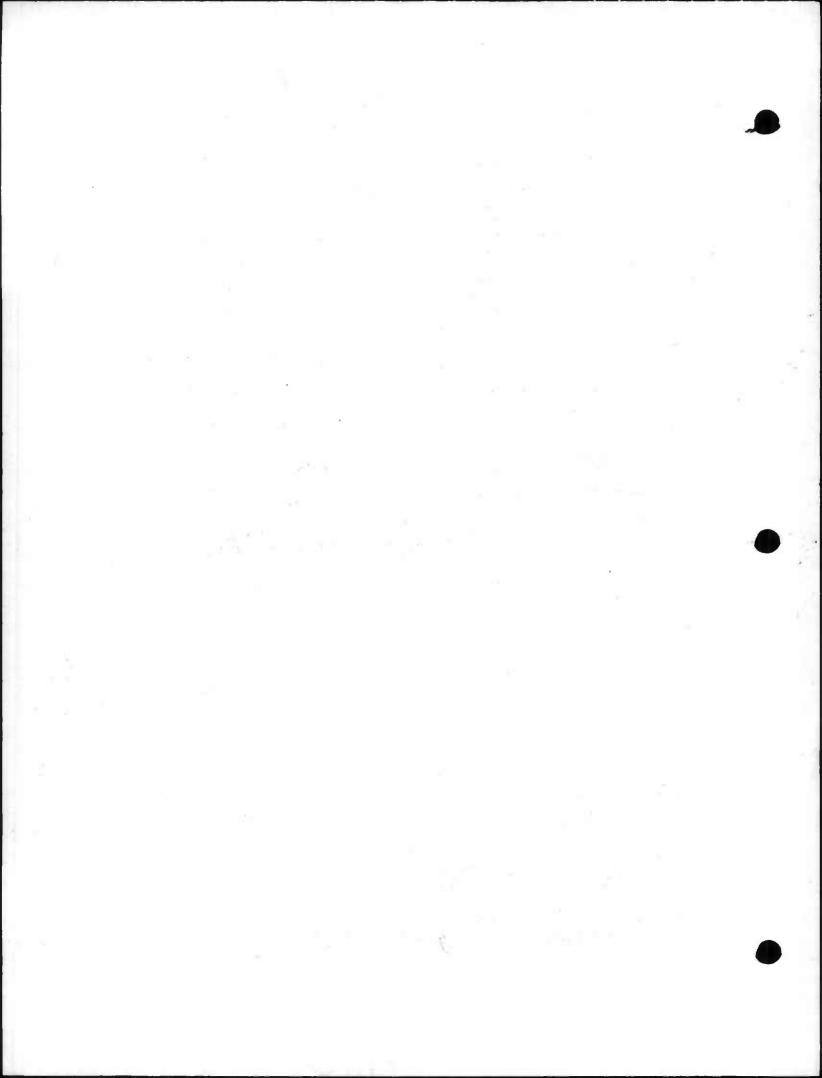


	_1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGI REG.		94 073	
	1.	DECEDENT'S NAME (First, Middle/Last	ANNE 1	MARCI	WIAK		2. DATE OF DEAT MONTH 2- 10-	H DAY	3. TIME OF DEATH	
		SOCIAL SECURITY NUMBER  212-30-4030  a. FACILITY NAME (If not institution, give	1 🗆 M 2 🔀 F	62 YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 7-1-3	7)	BIRTHPLACE (State or Fore Country) Va.	
CTOR	5 -	Anne Arundel M			Annapo	OR LOCATION OF D	EATH		y of DEATH Arundel Co	
DIREC	10	Ob. STATE 10b. COUN  MI Ant  Ob. STREET AND NUMBER	ne Arundel	10c. CITY,					10d. INSIDE CITY LIMITS? 1 YES 2 N	
MERA		329 Buena Vista MARITAL STATUS	12. WAS DECEDENT EVER IN	IUS ARMED		21012	NIC ORIGIN? (Specify	U.S		
D BY F	3	Never Married 2  Married	FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecity Cuban, Mexic 2 NO Speci	en, Puerto Rican, etc.	Yea or No.—	BACE — American Indian, Black, White, atc.     Specify:     White	
COMPLETE	1 11	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		life. Do NOT use :	rk done during mo retired.)	ost of working		BUSINESS/INDU	STRY	
		FATHER'S NAME (First, Middle, Lest) William Fr	cantalin Do	Telephor	ie Uper	18. MOTHER'S N	AME (First, Middle, Mai	den Sumame)	ince Co.	
TO BE		o. INFORMANT'S NAME (Type/Print) Steve Marciniak	2000	1			Fel Route Number, City or Arnold MI	Town, State, Zip C	ode)	
	1 1	De. METHOD OF DISPOSITION    Burlel 2   Cremation 3   Rei   Donation 5   Other (Specify)	moval from State 20b.	PLACE AND DATE OF etery, cremetory or othe Glen Have	DISPOSITION (Ne or place)	ame ot	DATE 20c	LOCATION — CH	ny or Town, State	
	21.	SIGNATURE OF SUMERAL SERVICE L	LICENSEE		22. NAME A	ND ADDRESS OF FA	CILITY	495 Rit	chie Hwy. Park MD 21	
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  IMMEDIATE CAUSE (Finel disease)  S. ACONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL CI	P/	ART II. Other significent condition	ons contributing to deeth bu	ut not resulting in	tha underlying	g cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO	
									COMPLETION OF CAL OF DEATH?	
SICIAN:		. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 200 NO	HOSPITAL:	itient 3 DOA 4	THER:  Nursing Hom	ACE OF DEATH (Ch	eck only one)  6  Other (Specify)		COMPLETION OF CAL	
AN 8	27.	EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Returns 5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME (	OTHER:  Nursing Hom  OF 28c. INJ  WO  1 1 1	URY AT PRES 2 NO		W INJURY OCCUI	COMPLETION OF COOR DEATH?	
PHYSICIAN	27.	EXAMINER?  1 YES NO  MANNER OF DEATH  1 Thetural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  a. CERTIFIER (Check only)  1 CERTIFYING PHYSICAL COURSE COUNTY OF THE COURSE COUNTY OF THE COURSE COURSE COUNTY OF THE COURSE COUNTY OF THE COURSE COUR	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME ( INJUR  At home, tarm, stra	OTHER: Nursing Hom OF 28c. (NJ WO 1 1 1 Net, factory, office	URY AT HKY YES 2 NO	6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St	net and Number or are)	COMPLETION OF CAL OF DEATH?  1  YES 2 NO RED	

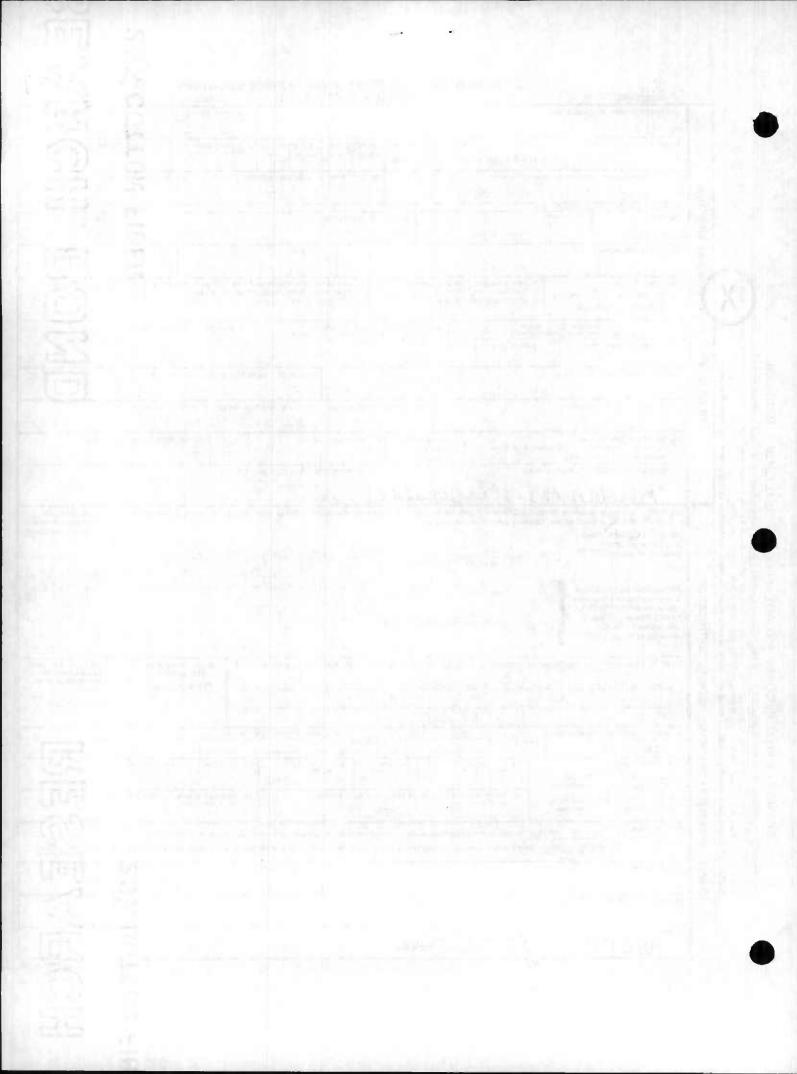


FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 07336 96 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH FEB 211 9YEAR 2:57 TERRY LYNN MACHEN 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birtnday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN BIRTNPLACE (State or Foreign HOURS 1 M 2 J YRS. 220-60-9886 39 6-4-54 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Arnold Anne Arundel 1 YES X NO FÜNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 783 21012 USA Matchpoint Dr. retained by the hospital or attending physician. 5 should be detached for use as the burilatirar 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 🕅 Married If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 TYES 2 NO Specify: Bγ Specify: 3 Widowed 4 Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Secretary Legal once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) page 5 should be Ħ Sydney G. Norfolk, Sr. BE Ethel Α. Daggett notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Michael Machen 783 Matchpoint Dr. Arnold. MD 21012 hours after death. Page 6 may be pe 20a METNOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must funeral director, 4 Donation \$ Q Other (5 Hillcrest Cemetery Annapolis, MD examiner 21. SIGNATURE OF FUNDINAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 495 Ritchie Highway Barranco Funeral Home Severna Park MD 21146 filled in by the form, or removal. medical 23. PART I. Erfer the diseases, or complications that ceused the dechock, or heart feliure. List only one cause on each line. or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximata interval Between 6 IMMEDIATE CAUSE (Final Onset and Death cremation. the diseese or condition resulting in death) an and completely fi to bunal, cremation event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO OR AS A CONSEQUE CE OF) requires that the death certificate be executed traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate attending physician prior cause. Enter UNDERLYING CAUSE (Disease or injury other Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 the atten injury. PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE any YES 2 NO OF DEATH? shows a YES 2 NO peen 6 PHYSICIAN: certificate has be the State Dept. 3W 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The HOSPITAL:
1 | Inpetient | MER/Outpetient | 3 | DOA OTHER: t X YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: 4 ☐ Nursing Home 5 ☐ Rasidenca 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? this c 28d, DESCRIBE NOW INJURY OCCURED marked, t Natural FEB 19,1994 11:35 P. 1 □ YES 2XX10 DRIVER IN AUTO/TRUCK IMPACT ВУ After Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 DIRECTOR: A hours after d 8 Could not be 4 Nomicide ON ROAD RT.2 & HARWOOD ROAD COMPLET 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL ( = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER; On the beals of examination d/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. URE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE FEB 20,1994 O.C.M.E. 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Loc Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE DEVILOR



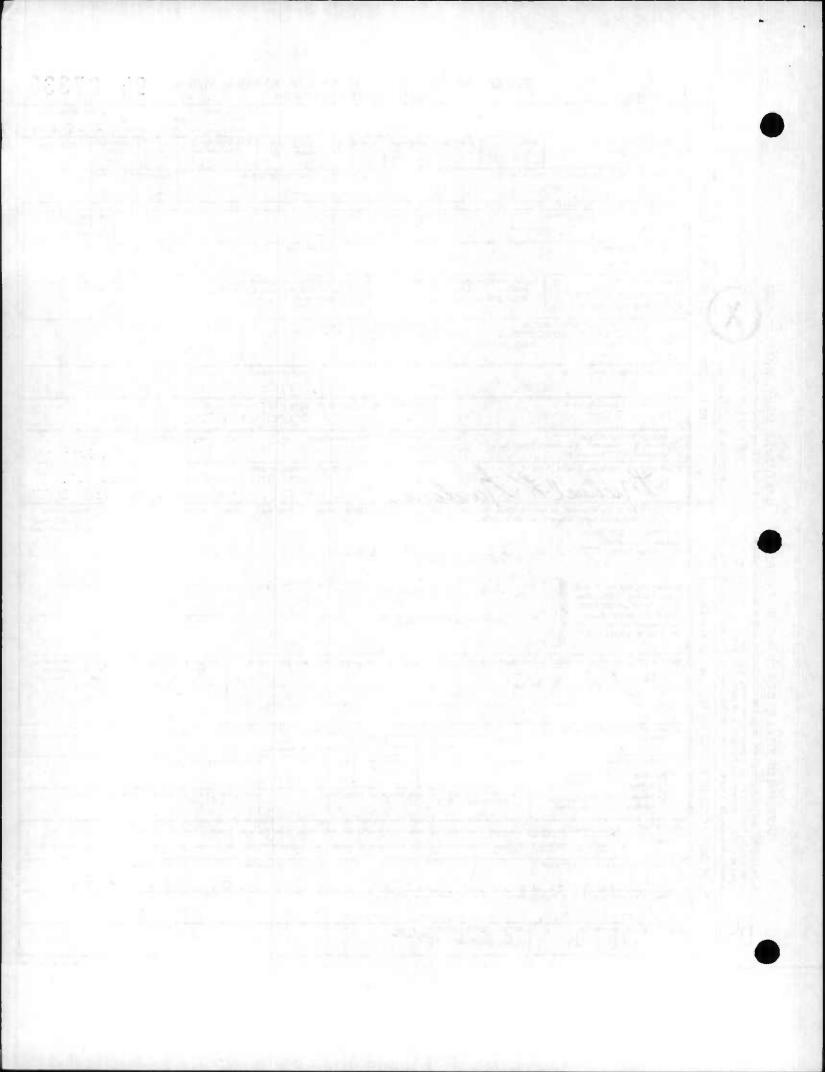
Maryland  Harford  Aberdeen  10. 20 Paltimore Street  10. 27 Paltimore Street  10. Annual Part Harbor		1. DECEDENT'S NAME (First, Middle, L	AD MA ED	11.			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DE
220-14-5094 *  "   W 3 72K   69    YMB.   SOUTH   SOUTH   SOUTH   MARY   MATTY   MARY   MATTY   MARY   MATTY   MARY   MATTY		4. SOCIAL SECURITY NUMBER	1 SEX LAGI	alyn	E INDER I VEAR	T INDER AL UMA		1 44	0 13
Sequentify in a simple. pier series and numbers    Security in Memorial Hospital   Harrord   Har			40,000		MONTHS DAYS	7	(Month, Day, Year)	Coun	ntry)
1986, STREET AME MUSIBLE   100, CITIZEN OF WHAT COUNTY   100, CITIZEN OF WHAT COUNTY   110, WAS DECEMBENT OF MARKED   120, WAS DECEMBENT OF MARKED OF MARKED   120, WAS DECEMBENT OF MARKED OF MARKED   120, WAS DECEMBENT OF MARKED OF MARKED   120, WAS DECEMBENT OF MARKED OF MARKED   120, WAS DECEMBENT OF MARKED OF				03	9b. CITY, TOWN	OR LOCATION OF DE			
1986, STREET AME MUSIBLE   100, CITIZEN OF WHAT COUNTY   100, CITIZEN OF WHAT COUNTY   110, WAS DECEMBENT OF MARKED   120, WAS DECEMBENT OF MARKED OF MARKED   120, WAS DECEMBENT OF MARKED OF MARKED   120, WAS DECEMBENT OF MARKED OF MARKED   120, WAS DECEMBENT OF MARKED OF MARKED   120, WAS DECEMBENT OF MARKED OF	TOR	Harford Memor	ial Hospital		Havre o	de Grace		Harf	ord
1. NATION   1. N	IREC	10a. STATE 10b. CO	UNTY			TION		11.00	10d. INSIDE C
11. MAPS TAKE PRIVATE   SAMPLE   TO PRIVAT			Harrord			4 710 00DC			1 X YES 2
11 MAPENDA STATUS	ERA		e Street		10		17.00		
Sequentially set conditions contributing to death but not resulting in death)   LAST   Sequentially set conditions and considerations of the set of the section of the set of	F	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPANI	C ORIGIN? (Specify Year	or No — 14. RAC	E — American II
Secretarias   Secretarias	I								
AUGUSTUS E. Styer, Sr.    No. MAILING ADDRESS (Steet and Number or Rural Route Manches or R	9		EDUCATION	16a. DECEDEN	T'S USUAL OCCUPATI	ON	16P KIND OF BIRE		white
Augustus E. Styer, Sr.    Augustus E. Styer, Sr.   The MALING ADDRESS (Street and Number or Putal Route Mander (Route Number or Route Number (Route Number)	15	(Specify only highest of	grade completed)	(Give kind life. Do NO	of work done during me T use retired.)	ost of working	TOU. KIND OF BOST	NESS/INDUSTRY	
AUGUSTUS E. Styer, Sr.    No. MAILING ADDRESS (Steet and Number or Rural Route Manches or R	MP			Homema	aker		In ho	me	
THE PROPRIES OF THE CAUSE (Disease or Influry)  The MALING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 2p Code)  Towns (TyperPrint)  Donna M. Chipman  Towns (TyperPrint)  Donna M. Chipman  Towns (TyperPrint)  Donna M. Chipman  Towns (TyperPrint)  Donna M. Chipman  Towns (TyperPrint)  Donna M. Chipman  Towns (TyperPrint)  Towns (TyperPrin	8			T-1 1-2					
20. METHOD OF DISPOSITION   Removel from State   200. PLACE AND DATE of DISPOSITION   Removel from State   200. PLACE AND DATE of DISPOSITION   Removel from State   200. PLACE AND DATE of DISPOSITION   Removel from State   200. PLACE AND DATE of DISPOSITION   Removel from State   200. PLACE OF DISPOSITION   Removel from State   200. PLACE OF DISPOSITION   Removel from State   200. PLACE AND DATE of DISPOSITION   Removel from State   200. PLACE OF PLACE OF DISPOSITION   Removel from State   200. PLACE OF DISPOSITION   Remo	1 44		Styer, Sr.						
The METHOD OF DISPOSITION   200 BROCKING   200 BROCK	5		man						PA 173
1   Septidal 2   Cremation 3   Removal from State		20s. METHOD OF DISPOSITION	26						
22. PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  23. PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WES ALS-REPERAGE TO INSERTING.  25. WAS CAS-REPERAGE TO INSERTING.  25. WAS CAS-REPERAGE TO INSERTING.  26. PLACE OF DEATH (Check only one)  27. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. CERTIFFOR II. Students S   Providing in the wilder of the students of the death of the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner or started.  29. CERTIFFOR II. CERTIFFOR PLACE OF EXTIFFORM CONTRIBUTION. The best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29. CERTIFFOR PLACE OF CERTIFFORM CONTRIBUTION. The best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29. CERTIFFOR CONTRIBUTION. The best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  20. CERTIFFOR CONTRIBUTION. The best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  20. CERTIFFOR CONTRIBUTION. The best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  20. CERTIFFOR CONTRIBUTION. The best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  20. CERTIFFOR CONTRIBUTION. The best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  20. CERTIFFOR CONTRIBUTION. The best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  20. CERTIFFOR CONTRIBUTION. The best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  20. CERTIFFOR C			Removal from State	Spesut	or other place) La Cemete:	ry			
23. PART I. Entar the diseases, or complications that cataled the death. Do not enter the mode of dying, such se certific Dr respiratory arrest, interval shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):  PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  25. WAS CASE-REPENDED TO IMBEDICAL EXAMINED?  1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 2   MO   DEPLATE    1   YES 3   MORE OF RAUMY    25. MANNER GENERAL    26. PLACE OF NAUMY   DEPLATE    27. MANNER GENERAL    28. PLACE OF NAUMY   DEPLATE    29. SIGNATURE AND TITLE 9   CERTIFIER    290. EIGHNEEN MANDER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CERTIFIER    290. SIGNATURE AND TITLE 9   CER		21. SIGNATURE OF FUNERAL SERVIC			22. NAME A	ND ADDRESS OF FAC	ILITY		
23. PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially its conditions contributing to death but not resulting in the underlying cause given in Part I. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part II. VES 2 DATE OF REAL PROPERTY CONTRIBUTION CON		Kurntan	Houlle	rlesb	le Abe	ring-carg rdeen. Ma	ryland 21	001_339	.A.
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 Me COMPLETION DF DEATH?  1 YES 2 Me COMPLETION DF DEATH?  1 YES 2 Me COMPLETION DF DEATH?  1 Implifient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER QE-BEATH DEATH 1 Mospital 5 Pending Investigation DEATH 1 Mospital 5 Pending Investigation DEATH 1 Month, Day, May) DEATH 1 Mospital 5 Pending Investigation DEATH 1 Month, Day, May) DEATH 1 Mospital 5 Pending Investigation DEAT		immediate cause (Fine)	ure. List only one cause on	each line.	o not enter the mo	ode of dying, such	ee cerdiac Dr reepire	atory arrest,	Approx Interval Onset 6
25. YMS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  26. PLACE OF DEATH (Check only one)  27. MANNER QE-BEATH 1 Japitient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER QE-BEATH 1 Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE SIGNED (Month, Day, Nar) 290. SIGNATURE AND TITLE O CERTIFIER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Nar) 290. DAT	E	shock, or heart failt iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly liet conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due TO (OR AS	A CONSEQUENCE	to not enter the mo	Anst Keath	ee cerdiac pr reepira	atory arreat,	Approx
25. YMS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  26. PLACE OF DEATH (Check only one)  27. MANNER QE-BEATH 1 Japitient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER QE-BEATH 1 Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE OF NURY (Month, Day, Nar) 28. DATE SIGNED (Month, Day, Nar) 290. SIGNATURE AND TITLE O CERTIFIER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Nar) 290. DAT	AL CERTIFIC	shock, or heart failt iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE	to not enter the mo	Anst Acciden	ee cerdiac Dr reepiri	atory arreat,	Approxinterval Onset of
29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  29b. SIGNATURE AND TITLE OCERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Young)  29d. DATE SIGNED (Month, Day, Young)  29d. DATE SIGNED (Month, Day, Young)	AL CERTIFIC	shock, or heart failt iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE	to not enter the mo	Anst Acciden	ee cerdiac Dr reepiri	atory arreat,  UTOPSY 244	Approx interval Onset of
29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  29b. SIGNATURE AND TITLE OCERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Young)  29d. DATE SIGNED (Month, Day, Young)  29d. DATE SIGNED (Month, Day, Young)	MEDICAL CERTIFIC	shock, or heart failt iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE	to not enter the mo	Anst Acciden	ee cerdiac Dr reepiri	atory arreat,  UTOPSY 244	Approx interval Onset of
29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  29b. SIGNATURE AND TITLE OCERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Young)  29d. DATE SIGNED (Month, Day, Young)  29d. DATE SIGNED (Month, Day, Young)	MEDICAL CERTIFIC	shock, or heart falls iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE	E OF):	Anst Anst Acath g cause given in F	Part   244. WAS AN A PERFORM 1 □ YES 2 [	atory arreat,  UTOPSY 244	Approx interval Onset of b. WERE AUTOPS) AMALBJE PRI COMPLETION C DF DEATH?
3 Suicide 4 Homicide 6 Could not be determined 26e. PLACE DF INJURY - At horite, farmy street, factory, office 27e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29e. SIGNATURE AND TITLE O CERTIFIER 29e. SIGNATURE AND TITLE O CERTIFIER 29e. SIGNATURE AND TITLE O CERTIFIER 29e. CERTIFIER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER	MEDICAL CERTIFIC	shock, or heart falls iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly liet conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant cond  25. WAS CASE REFERED TO MEDICA EXAMINER?	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	a consequence  a consequence  but not resulting	E OF):  E OF):  The underlying in the underlying	Anst  Cally  g cause given in F	Part   24e. WAS AN A PERFORM 1 VES 2 [	atory arreat,  UTOPSY 244	Approx interval Onset of b. Were Autops Available pra Completion of DF DEATH?
296. SIGNATURE AND TITLE OF CENTIFIER  296. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Y	HYSICIAN: MEDICAL CERTIFIC	shock, or heart falls  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 HO  27. MANNER OF DEATH  1 Retural 5 Pending	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	a consequence  but not resulting  A consequence  but not resulting  carry  carr	E OF):  26. P  OTHER: A 4 Nursing Hon INJURY 28c. IN. INJURY 28c. IN.	Anst  Carlo  Grane given in F  Harra  LACE OF DEATH (Che	Part   24a. WAS AN A PERFORM 1 YES 2 [	NUTOPSY 24	Approx interval Onset of b. WERE AUTOPS) AMALBJE PRI COMPLETION C DF DEATH?
296. SIGNATURE AND TITLE OF CENTIFIER  296. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Y	ED BY PHYSICIAN: MEDICAL CERTIFIC	shock, or heart falls  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERIED TO MEDICA EXAMINER?  1 YES 2 HO  27. MANNER GE-DEATH  1 Netural 5 Pending 1 Investigat 3 Suicide 6 Could not	DUE TO (OR AS  DUE TO	each line.  A CONSEQUENCE  A CONSEQUENCE  but not resulting  utpetient 3 DO/  28b.	26. P  A OTHER: A Nursing Hon TIME OF NUTURY M 1	And And And And And And And And And And	Part I. 24a. WAS AN A PERFORM 1 YES 2 [ Other (Specify) 2ed. OESCRIBE HOW IN.	UTOPSY 244 MED?  JURY OCCURED	Approximateryal Onset of Onset
	APLETED BY PHYSICIAN: MEDICAL CERTIFIC	shock, or heart falls iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFEREDE TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER GEDEATH  1 Retural 5 Pending Investigat  2 Accident Investigat  3 Suicide 6 Could not determine  29s. CERTIFIER (Check only 1 CERTIFYING P	DUE TO (OR AS  DUE TO	a consequence  A consequence  B A consequence  B Dut not resulting  A consequence  Carry  Carry  Ca	To not enter the model of the m	ANST  CALL  Grant Check  Grant	Part I. 24a. WAS AN A PERFORM 1 YES 2 [ Other (Specify) 2ed. OESCRIBE HOW IN. 2ef. LOCATION (Street an City or Town, State) o the cause(a) and mann	JURY OCCURED  and Number or Rural mer as stated.	Approximaterval Onset of  Number,  Number,  Approximaterval Onset of  Number,
30. NAME AND ADDRESS OF RISDN WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	APLETED BY PHYSICIAN: MEDICAL CERTIFIC	shock, or heart falls iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant cond  25. W.S. CASE-REFERIED TO MEDICAE EXAMINER?  1 YES 2 MO  27. MANNER GE-DEATH  1 Retural 5 Pending Investigat  3 Suicide 6 Could not determine  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINERY	DUE TO (OR AS  DUE TO	a consequence  A consequence  B A consequence  B Dut not resulting  A consequence  Carry  Carry  Ca	To not enter the model of the m	ANST  ANST	Part I. 24a. WAS AN A PERFORM 1 YES 2 [ Other (Specify) 2ed. DESCRIBE HOW IN. 2ef. LOCATION (Street an City or Town, State) o the cause(a) and mannine, data and pieca, and	JURY OCCURED of Number or Rural due to the cause	Approximaterval Onset a Onset



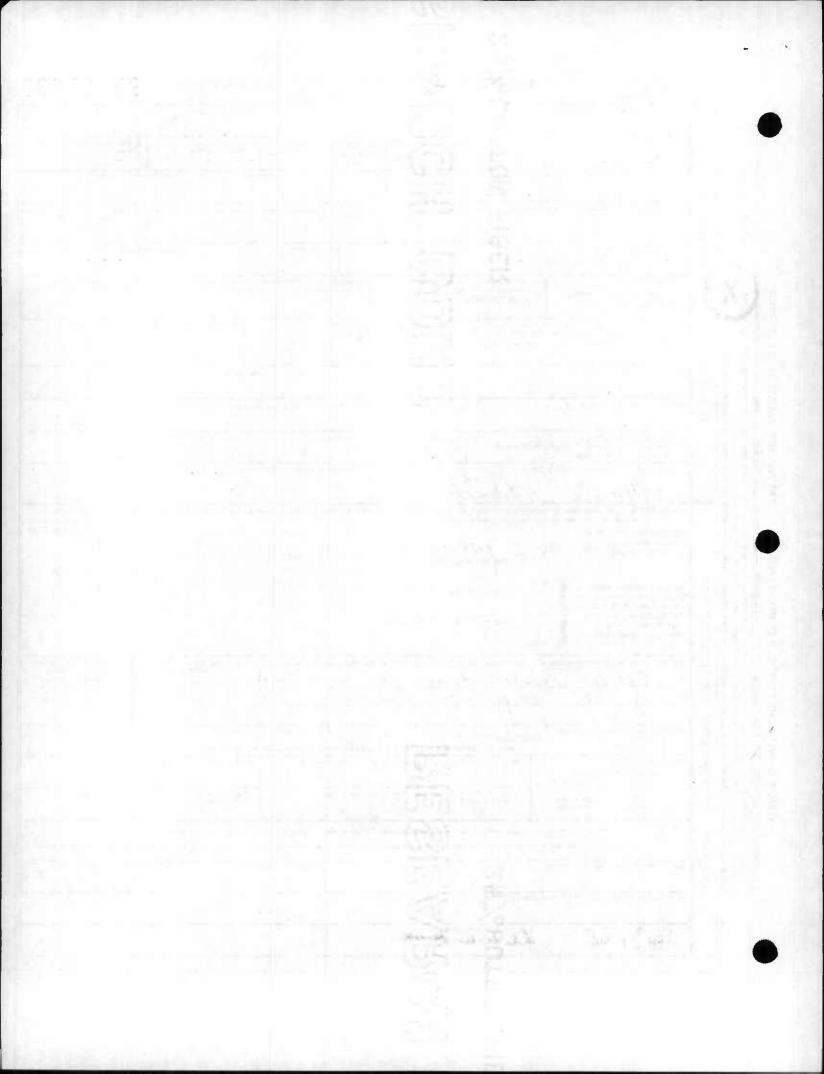
	١
	4
	ı
30	
7	
00	
9	
~	
0	
8	
	į
0	
٧.	
0	
m	
S	
0	
7	
4	
0	
0	
	•
ш	
Œ	
-1	
7	
Q.	
=	
0.0	ľ
-	1
0	
_	
Z	
0	
$\simeq$	
S	1
-	
>	
-	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1
	i
	9

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 07338 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 2,00 PMI Ella Roberta Mattingly 1994 February 4. SOCIAL SECURITY NUMBER BIRTHPLACE (State or Foreign Country) 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 215-52-6057 1 M 2 F 81 Aug 23, 1912 Maryland Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH 1, 2, 3 s RECTOR At. Home, Rt. 1 Box 60 Leonardtown St. Mary's RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland St. Mary's Leonardtown 5 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? Rt. 1 Box 60 transit 20650 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married À BER 1 YES 2 ND Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high E Elementary/Secondary (0-12) College (1-4 or 5+) hospital COMPL Housewife Home detached 12th Grade 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Page 6 may be retained by the Richard Theodore Latham K Annie Elizabeth funeral director, page 5 should be Knott 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code, 2 Ann W. Loker Rt. 1 Box 60, Leonardtown, Maryland 20650 2 20a. METHOD OF DISPOSITION
1X Burtal 2 Cremation 3 Ram
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Cemetery Cremetory of other place)
Our Lady S Cemetery 3/1/94 Leonardtown, Maryland 22. NAME AND ADDRESS OF FACILITY
Mattingley-Gardiner Funeral Home, P.A. 21. SIGNATURE OF FUNERAL BERVICE LICENSEE examiner KChal P.O. Box 270, Leonardtown, Maryland 20650 ysician and completely filled in by the prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** the within 24 disease or condition resulting in death) Perdace orr event, ulmmary traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury physician other DUE TO (DR AS A CONSEDUENCE OF): that initiated events the attending p resulting in death) LAST 6 amy Injury, PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the Kreimer 1 TES 2 NO OF DEATH? Shows 1 YES 2 NO peen ŏ has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) State certificate HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 |s 8 Could not be determined DIRECTOR: / COMPLETED 4 Homicide FUNERAL DIRECT within 72 hours a TANT: If Itom 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 380 2 John Fenwick. M.D. Leonardtown, Maryland 20650 31. DATE FILED (Month, Day, Year) 32. REGISTBAR'S SIGNATURE

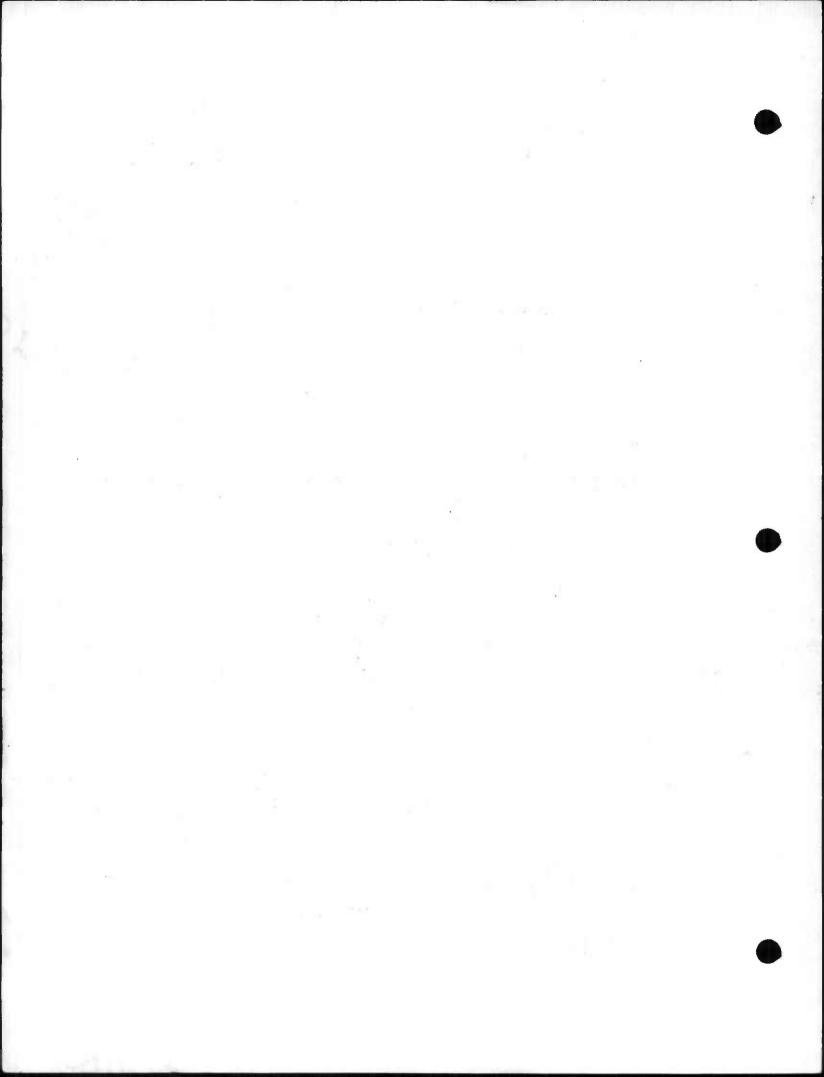
DHMH-16 Rev 1/89



		FOR STATE REGISTRAR	STATE OF MARY		TMENT OF		MENTAL HYGIE		94 073:	39			
		1. DECEDENT'S NAME (First, Middle, Las. H.F.I.F.N. MAI		10SER			2. DATE OF DEATH MONTH FEB. 26.	DAY	3. TIME OF DEATH 6:40AM	M			
P		4. SOCIAL SECURITY NUMBER 220-18-0225	5. SEX 6. AGE 1 FREMALE	(In yrs. last birthday) 79 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH  JUL 8, 1		ARTEAND	iign			
, 2, 3 should	СТОВ	90. FACILITY NAME (If not institution, give NORTHAMPTON MANOI RESIDENCE OF DECEDENT			FREDER	OR LOCATION OF D	EATH	FREDI	ERICK				
it. Pages 1,	DIRE		DERICK						10d. INSIDE CITY LIMITS? 1 YES 2 N	ю			
permit.	VERAL	8519 HORNETS NEST	Γ RD.		(1	2172	7	10g. CITIZE	U.S.A.				
X bords	Bred	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed it Dripperd	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 ND	If yes, s		NIC ORIGIN? (Specify tin, Puerto Rican, atc.) y:	fes or No 1	4. RACE — American Indian, Black, White, etc.	i,			
MARYLAND 21215-002 retained by the hospial or attending 5 should be detached for use a new notified at once.	APLETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of v iffe. Do NOT us SEAMSTRI	vork done during m re-retired.)	ION lost of working		ING FAC					
YLAND by the hospi be detached at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) CHARLES E. GRIMES	3				ME (First, Middle, Meid LA DORSEY	en Surneme)					
40	TOB	19a. INFORMANT'S NAME (Type/Print) PATSY L. WETZEL	L. WETZEL B519 HORNETS NEST RDEMMITSBURG MD						MD 21727				
MORE, ige 6 may be director, page		20e. METHOD OF DISPOSITION BUIL 1 Gurlel 2 Cremation 3 Re 4 Donation 6 Other (Specify)		BID HOPE	"CEMETEI	RY	3/1 W	OODSBO	,				
BALTIMORE after death. Page 6 may by the funeral director, pa smoval.		21. SIGNATURE OF FUNERAL SERVICE	O. Sante	len	22. NAME /		SORO, MD	HARTZI	LER & SONS				
O. BOX 68760, certificate be executed within mours ding physician and completely filled in tryplene prior to burial, cremation, or resingher traumatic event, the median other traumatic event, the median control of the control of th	: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS	A CONSEQUENCE OF	P):	oue of dying, suc	ar as column of the	priatory arres	st, Approximate interval Bet Onset and I	tween			
W requires that been signed by it. of Health and I shows any		PART II. Other significent condition CEREBRO V	Ascular d	caloù		ng ceuse given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	WSE			
F VITAL P SICIAN: The law certificate has be the State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   inpatient 2   ER/Ou	rtpatient 3 🗆 DOA	OTHER	PLACE DF DEATH (C/	8 Other (Specify)						
PHYSIC this ce with the third this ce	BY PHY:	27. MANNER OF DEATH  1 Retural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	Y 28b. TIM INJ	E OF 28c. IN	JURY AT YORK? YES 2 NO	28d. DESCRIBE HOY	V INJURY OCCU	RED				
ATTEN TOR after	TED	3 Suicide 6 Could not b	28e, PLACE OF INJUS	RY — At home, farm, (	street, factory, off	ice	261. LOCATION (Stree City or Town, Ste	et end Number or te)	r Rural Route Number,				
HOSPITAL OR I FUNERAL DIRE within 72 hours	MPLE	COMPLET	MPLET	MPLET	one) —	SICIAN: To the best of my knows							rted.
THE FINE PORT	BE	296. SIGNATURE AND TITLE OF CERTIF	bomill	101	70	29c. LICENSE NU	MBER 577	29d. DATE !	2/28/94				
	2		ITH, JR.	300 W. 9t		FREDERI							
		FEB 28 '94	2. REGISTRAR'S SIG	SNATURE									



	1 - STATE REGISTRAR	STATE OF MARYL	LAND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIE	NE 9	4 07340
	1. DECEDENT'S NAME (First, Middle,	, Last)				2. DATE OF DEATH	0.414	3. TIME OF OEATH
	ROBERT KER	IGAN	ODELL				0 9	4 2:45 A
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	219-84-8195	1 <b>/S</b> M 2 □ F	3 2 YRS. M	ONTHE DAYS	HOURS MIN.	(Month, Day, Year)		Country)
	9a. FACILITY NAME (If not institution,	, give street and number)		b. CITY, TOWN (	OR LOCATION OF D	6-3-61 EATH		Washington.
CTOR	ANNE ARUNDI	EL GENERAL HO		ANNAF				E ARUNDEL
\Me	10a. STATE 10b. C	COUNTY	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY
<b>4</b>	MD	Anne Arundel	Se	verna	Park			LIMITS?
J/H	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
FUNER	470 Cardiff	Court			21146			USA
S	11. MARITAL STATUS X	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Y	es or No.— 14	. RACE — American Indian,
	1 Never Married 2XXMarried	FORCES? TYPES IF YES, GIVE WAR OR L		It yes, sp	ecify Cuban, Maxica	en, Puario Rican, etc.)		Black, White, etc.
BY	3 Widowed 4 Divorced	14	2-14-84	I U YES	ZY KNO Specif	у:		Specify:
O.	15. OECEDENT	S EDUCATION	18a. DECEDENT'S US	SUAL OCCUPATION	ON	16b, KIND OF B	USINESS/INDUS	white
COMPLETED	(Specify only highes		(Give kind of wor	rk done durina ma	est of working	Tool Kills Of B	001112007111000	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		2500		0		
N N	17. FATHER'S NAME (First, Middle, La	-41	Carpen	ter		_	struc	tion
		isty				ME (First, Middle, Maide		
BE	John Odell					garet Go		
5	19a. INFORMANT'S NAME (Type/Print	1)	19b. MAILING A	DDRESS (Street e	and Number or Rural	Route Number, City or To	wn, State, Zip Co	ode) 21122
-	Elizabeth 0	dell						asadena, MD
	20a. METHOD OF DISPOSITION		b. PLACE AND DATE OF	DISPOSITION (Na				y or Town, State
	1 Donation 5 Other (Specify		metery, crematory or othe Metro Cr	r place)	02 2	2 04 0-		: 11 - MD
	21. SIGNATURE OF FUNERAL SERVI	ICELICENSEE	Metro Cr	22. NAME A	ND ADDRESS OF FA	<u>JF94 ICa</u>	Lonsv	
	1 2/4 XX		//			nd Sons	Funer	al Home
	10000	X D	11	495	Ritchi	e Hwy, S	evern	a Park, MD
CERTIFICATION	immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS .	A CONSEQUENCE OF):  A CONSEQUENCE OF):	jur ? ĕ	5			interval Betwee Onset and Deat
AL	PART II. Other aignificant con	ditiona contributing to deeth i	but not resulting in	the underlying	g cauee given in	Part I. 24s. WAS A PERFO	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
SICIAN: MEDIC						1X YES	2 🗍 NO	COMPLETION OF CAUSE OF DEATH?
C	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)		
S	TYTYES 2   NO	1 ☐ Inpetient 2 X ER/Out		OTHER:	ne 5 🗆 Residenca	8 Other (Specify)		
РНҮ	27. MANNER OF DEATH	26s. DATE OF INJURY	26b. TIME (	OF 28c. INJ	URY AT	2ed. DESCRIBE HOW	INJURY OCCUP	RED
	1 Netural 5 Pending		199411:39	T R wo	PRK? YES 2 NO	DACCENC	דאד מים	AUTO/TRUCK
ВУ	2 Accident Investig	26s. PLACE OF INJUR	Y - At home, lerm, stre		Λ	PASSENG:		AUTO / IMPAC'
ED	4 Homicide e Could n	not be building, alc. (Spe				City or Town, State	9)	
Щ	20a CERTIFIE						HARWOO	DD ROAD
7		PHYSICIAN: To the best of my know						
COMPL	One) 2 MEDICAL EX	AMINER: On the basis of examination	on and/or investigation,	in my opinion, d	leath occured at the	lime, data and place, a	and due to the c	sause(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CE	RTIFIKE			29c. LICENSE NU	MBER	29d. DATE 9	IGNED (Month, Oay, Year)
BE	Mal	100			O.C.M.			3.20,1994
2	30. HAME AND ADDRESS OF PERSO	WHO OTHER ETED CAUSE OF THE	EATH //TFM A# /* -	-t-et	0.0.11	-	7 1 111	2.20/2224
	AVEUD	YEA 11	ll PENN S		,BALTIN	MORE, MAR	YLAND	21201
	FFB 2.4 199	32. REGISTRAR'S SIG	who Davidson	- Binde M.				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use-as be filed within T2 hours after death with the State Debt. of Health and Mental Hygher prior to burial, certifician, or entropy and the state of them 23 should be detached to them 23 should be detached to them 23 should be detached to them 23 should be detached to them 23 should be detached to them 23 should be detached to them 24 should be detached to the south and the should be detached to them 23 should be detached to them 24 should be detached to the should be detached to the south and the should be added to the south and the should be added to the south and the should be should be added to the south the should be added to the south and the should be should be added to the south the should be should be added to the south and the should be added to the south the should be should be added to the south should be added to the south should be should be added to the south should be should be added to the south should be should be added to the south should be should be added to the south should be should be added to the south should be shoul	ter no morning of once.
hould I	ter no mornien
5 5 5	191 00
ge 6 may by lirector, page	
r death. Pa he funeral d ral.	CAGIIIII
nours after in by the in, or remove	in monte
completely i	DAGIN' I
rsician and prior to bun	A DANIMON
ath certifica intending phy tal Hygiene	J. OI CANGE
that the dended by the a	and min
as been sign Dept. of Hea	TO SHOWS
SICIAN: The certificate h the State [	1 01 110111
VDING PHYS : After this r death with	novious es
L DIRECTOR	07 111011
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a floor death. Page 6 may be retained by the above TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within T2 hours after death with the State Dept. of Health and Mental Hygher prior by controlled, or remove the parties of the property of the markled of page.	IMPOUND IN

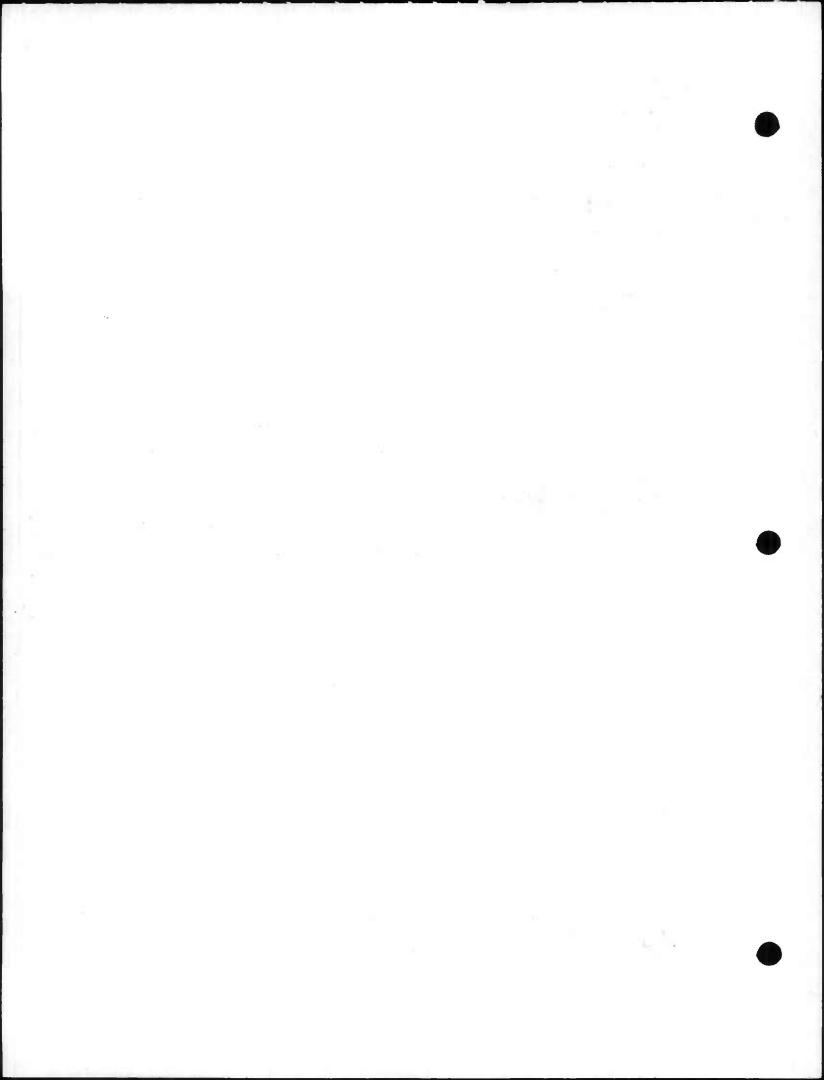
"FEB 25 1994

	1 - FOR REGISTRAR	STATE OF N				IEALTH AI		NTAL HYGIEN		07341		
	1. DECEDENT'S NAME (First, Middle, Last) ASBURY			PULL	EY			DATE OF DEATH ON 18	94	3. TIME OF DEATH 4 9:40 AM M		
	4. SOCIAL SECURITY NUMBER  214-12-0223  90. FACILITY NAME (If not institution, give st	5. SEX 1 ⊠XM 2 ☐ F	Month, Day, Year)  YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)  11 23 19						19	a. BIRTHPLACE (State or Foreign Country) MARYLAND		
DIRECTOR	NORTH ARUNDEL HOS	PITAL AS							Little benefit	A. COUNTY		
L DIRE	MARYLAND AND	NE ARUNDE		SEVE	RNA P					10d. INSIDE CITY LIMITS? 1 Ares 2 No		
FUNERAL	112 MCKINSEY ROAD	40 1410 1100				21146				U.S.		
BY	1 Never Married 2 Married 3 Wildowed 4 XXX Verorced	FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARME  YES 2 ZAMO  AR OR OATES	D	If yes, sp	ENDENT OF Hecify Cuben, N	laxican, P	ORIGIN? (Specify Yes Puarto Rican, etc.)		4. RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8th	CATION completed) College (1-4 or 5 a	(Give life, Do	PENT'S USUA kind of work of NOT use retir	ione during mo ed.)	ON st of working		16b, KIND OF BUS	SINESS/INDU	STRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) PHILLIP I. PUI	LEY				BE	RTHA	(First, Middle, Meiden GRIFFIN				
5	190. INFORMANT'S NAME (Type/Print) SANDRA PULLEY							Number, City or Town				
	20e. METHOD OF DISPOSITION 1 🔀 Muriel 2 🗆 Cremation 3 🗆 Rame 4 🗆 Donation 5 🗆 Other (Specify)	oval from State	20b. PLACE AND cemplery, coma MT • CAT				. 2			ty or Town, State		
(4	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Delse						RTUARY, I		21401		
	23. PART I. Enter the diseases, or cahock, or heart felture. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only ona cau	t caused tha death se on each line.			No.		s cardiac or reapi	ratory arre	Approximata Interval Between Onset and Daath  I O Sleep		
CERTIFICATION	Sequentially list conditions, it any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSEQUE	ENCE OF):								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Never in the structure of the structure											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆		HER:	ACE OF DEAT		only one)  Other (Specify)				
B	27. MANNER OF DEATH  Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		86. TIME OF INJURY	M 1 🗆	PRK? YES 2 N	0	id. OESCRIBE HOW I				
LETED	3 Suicide 8 Could not be 4 Homicide detarmined	building,	atc. (Specify)					BI. LOCATION (Street a City or Town, State)				
COMPLET		R: On the basis of e								f. cause(s) and manner as stated.		
TO BE	30. NAME AND ADDRESS OF PERSON WHO	m	)			29c. LICENS	E NUMBE		29d. DATE ▶ 2	SIGNEO (Month, Day, Year)		

MARK A GOLDSTEIN, M.D./1600 CRAIN HIGHWAY, SW #601/GLEN BURNIE MARYLAND 21061

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randale



1	8		
5	2		
2	PIG		
T C	કુ		-
9	5		
3	Dag.		
Ē	00,		•
0	Tec.		
2	P		
Ė	ner		
Š	e fu	-	
	4	Dova Dova	
2	5	5	**
3	8	6	
47	il v	POL	
	ate)	ELL	
1	Mg .	5	
	3	rial	
25	and	2	
R	Jan 1	7 10	
2	Sic	듐	
2	6	90	
193	ding	Š	•
	죑	- le	
90	69	lent.	
E E	y th	N P	
P	A P	19	
ß	gne	Ball	
5	S	H	
2	ě	X.	
9	has	8	-
	36	tate	
3	tific	e S	•
2	Ce	5	
E	this	WIL	,
2	fler	eath	
2	. A	or de	
1	E	afte	-
JA ALLENDING PRINCIPAR. THE LAW REQUIRES DIAG UP DESIGNED BE EXCLUDED WITHIN 24 HOURS SHEEL DESIGN. PAGE O HISY DE FELSINEED BY UPE	IRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	Urs	
3	~	0	

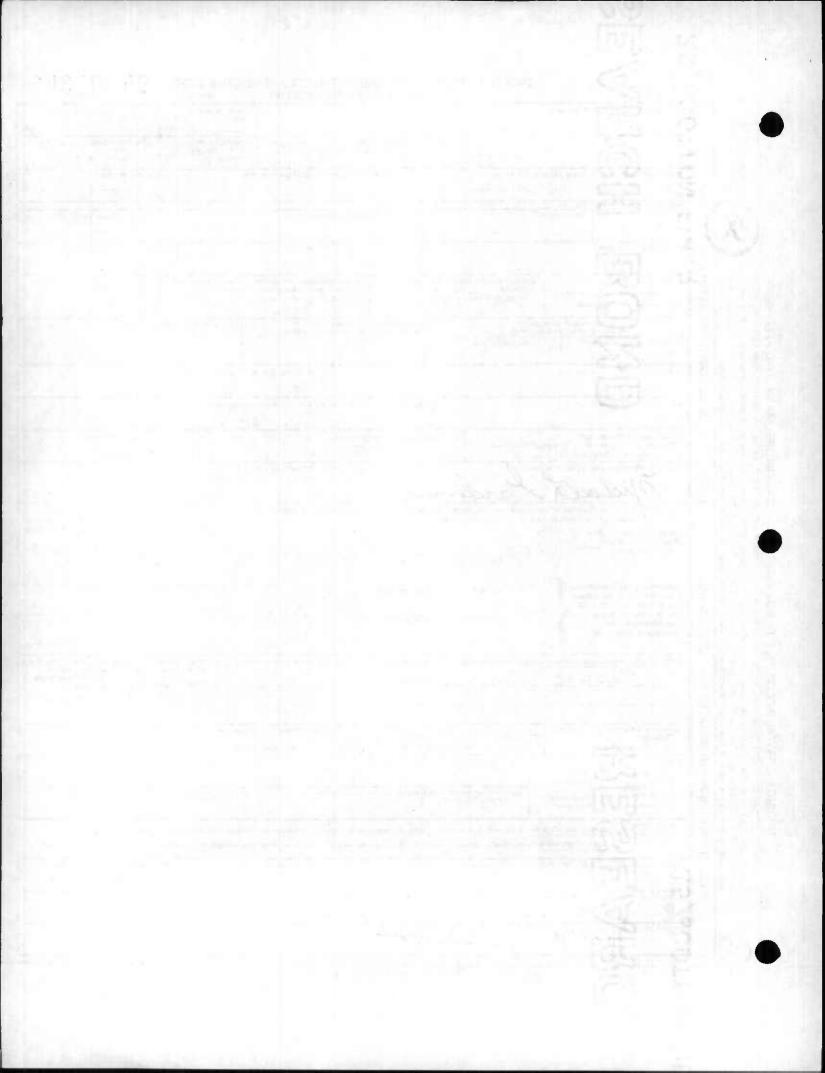
	1. DECEDENT'S NAME (First, Middle, La		Dange		DEATH	2. DATE O	F DEATH DAY	YEAR	3. TIME OF DEATH	
	***************************************	uise	Pence	,			uary 19,			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthde)	MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month,	F BIRTH Day, Year) 1907	Cou	TTHPLACE (State or Foreign	
	578-12-8126	71	86 YRS.						aryland	
or	9s. FACILITY NAME (If not institution, git			96. CITY, TOWN OR LOCATION OF DEATH Leonardtown						
TOP	St. Mary's Nur		er	Leona	ratown		Si	t. Ma	Mary's	
RAL DIREC							TY, TOWN OR LOCATION  Washington, D.C.			
¥	10e, STREET AND NUMBER				Of. ZIP CODE		10g.	CITIZEN OF	F WHAT COUNTRY?	
E	2101 T Stree	et, S.E.			20020			U.S	.A.	
BY FUNER	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED 1 ☐ YES 2 ☑ NO WAR OR DATES	If yes, s	CENDENT OF HISPA pecify Cuben, Maxic S 2 X NO Spec	can, Puerto Ric		Sp	ACE — American Indian, eck, Whita, etc.	
8	15. DECEDENT'S E		16a. DECEDENT	'S USUAL OCCUPAT	ION	16b. I	(IND OF BUSINESS			
ш	(Specify only highest gr Elementary/Secondary (0-12)	ede completed) College (1-4 or 5	life Do NOT	f work done during n use retired.)	nost of working	111				
APL	10th Grade			etary			Telephor	ne Cor	mpany	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Mit	ddie, Maiden Surnan	ne)		
ш	George R	Robert	Williams		Jane		Odie	Dea	an	
10 8	19a. INFORMANT'S NAME (Type/Print)				and Number or Rura				TO LITTER	
F	Helen A. Thomp	son	6 Ma	attingly	Road, A	venue,	Marylar	nd :	20609	
	20s. METHOD OF DISPOSITION 1 💢 Burist 2 🗆 Cremetion 3 🗆 R	amoval from State	20b. PLACE AND DAT	E OF DISPOSITION (	Vame of	DATE	20c. LOCATION		Town, State	
	4 Donation 5 Other (Specify)	nom swit	cemetery, crematory, o	ll Cemete	ery		Suitla	and, I	Maryland	
	23. PART J. Enter the diseases, of	San or complications th	dine deeth. Do	P.O.	ingley-Garage Box 270	ardine , Leon	ardtown	, Mar		
	23. PART /. Enter the diseases, shock, pr heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	re. List only one ca	et caused tha deeth. Do	P.O.	ingley-Garage Box 270	ardine , Leon	ardtown	, Mar	yland 206 Approximate Interval Betw	
ERTIFICATION	/ shock, pr heart fallul IMMEDIATE CAUSE (Final disease or condition	DUE TO	use on each line.	P.O.  o not enter tha m  OF):	ingley-Garage Box 270	ardine , Leon	ardtown	, Mar	yland 206 Approximate Interval Betw	
MEDICA	/ shock, pr heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO  C. DUE TO  d	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	P.O. o not enter tha m	ingley-G Box 270 loda of dying, su	ardine , Leon ch as cardio	ardtown,	, Mar, Arreat,	Approximate Interval Betwoest and D	
SICIAN: MEDICAL	/ shock, pr heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditi	DUE TO  C.  DUE TO  d.  HOSPITAL:	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	P.O. Onot enter tha m OF): OF): OF): OF): OTHER:	ingley-G Box 270 loda of dying, su	n Part I.	ardtown, ac or respiratory  Plan. WAS AN AUTOR PERFORMED?  1 YES 2 MAR	, Mar, Arreat,	Approximate Interval Betwood and D	
MEDICAL	Ashock, pr heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit  SEXMINER?  1 YES 2 190  27. MANNER OF DEATH 1 Metural 5 Pending Investigation	DUE TO  DUE TO  DUE TO  DUE TO  C.  DUE TO  d.  HOSPITAL:  1   Inpetient 2  28a. DATE C. (Month, on)	D (OR AS A CONSEQUENCE D (OR AS A CONSEQUENCE D (OR AS A CONSEQUENCE D death but not resulting D death but not resulting ER/Outpetient 3 DOA F INJURY Dey, Year)  28b. T	P.O. o not enter the m or of the underlying in the underlying to t	ingley-Gr Box 270  Box 270  Roda of dying, su  Roda	n Part I.	ardtown, ac or respiratory  24a. WAS AN AUTOF PERFORMED? 1 YES 2 JAM  (Specify) RIBE HOW INJURY	, Mar, Arrest, PSY 2	Approximate Interval Betwood Department of Department of Completion of Cauror Department of Dearth?	
TED BY PHYSICIAN: MEDICAL	A shock, pr heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease pr injury that initiated events resulting in death) LAST  PART II. Other significant condit  SEXMINER?  1 YES 2 149  27. MANNER OF DEATH  1 Metural 5 Pending Investigatic 3 Suicide 6 Could not detarmined	DUE TO  DUE TO	D (OR AS A CONSEQUENCE D (OR AS A CONSEQUENCE D (OR AS A CONSEQUENCE D death but not resulting	P.O.  o not enter tha m  OF):  OF):  OF):  OF):  26. If Norsing Ho NJURY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ingley-Gr Box 270  Box 270  Roda of dying, su  Roda	n Part I.	ardtown, ard or respiratory  Rea. WAS AN AUTON PERFORMED?  1 YES 2 AM  (Specify) RIBE HOW INJURY TOWN, State)	PSY 2	Approximate Interval Betwood Description of Completion of Cau of Death?	
ED BY PHYSICIAN: MEDICAL	Asce, pr heart failur  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr Injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  EXAMINER?  1 YES 2 HO  27. MANNER OF DEATH 1 Metural 5 Pending Investigatic 3 Suicide 6 Could not determined  298. CERTIFIER (Check only 1 CERTIFYING PH	DUE TO  DUE TO	D (OR AS A CONSEQUENCE D (OR AS A CONSEQUENCE D (OR AS A CONSEQUENCE D death but not reculting ER/Outpetlent 3 DOA F INJURY At home, farm J, stc. (Specify)	P.O. Onot enter tha moore of the moore of th	ingley-Gr Box 270  Bo	n Part I. : Check only one) 281. LOCAT Chy or	ardtown, ard or respiratory  Real WAS AN AUTOR PERFORMED?  1 YES 2 MM  (Specify)  RIBE HOW INJURY  TOWN, Street and Nur  Town, State)	PSY 2	Approximate interval Betwoest and E Desert a	

Leonardtown, Maryland

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)

David Allen, M.D. Leonardtown, M.

Whe Daydoon Raydoll DHMH-16 Rev 1/89

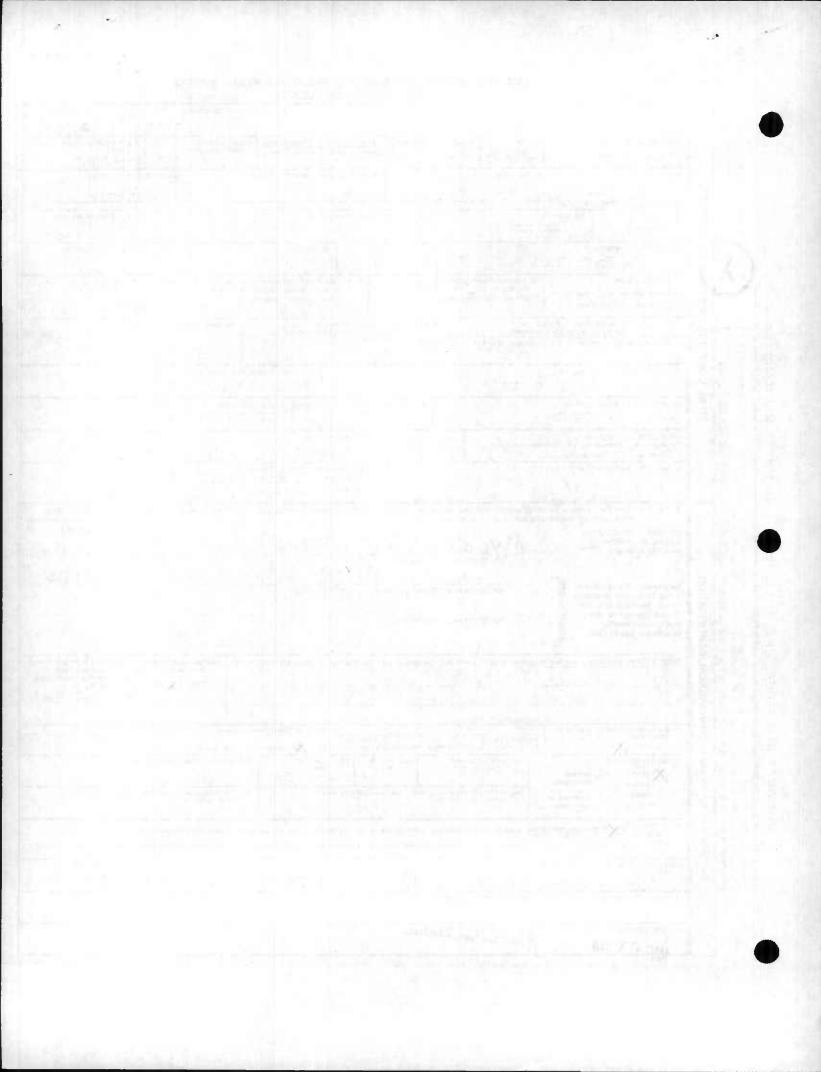


ITEMS: 23 PART I, 27, PER MEO FILM G-709 3/28/94 t.t

_	1 - STATE REGISTRAR	STATE OF MAR			OF HEALTH		TAL HYGIEN REG. NO.	E	94 0731
	t. DECEDENT'S NAME (First, Middle, RICHARD OU	JEEN					ATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE	92	3. TIME OF OEATH 4:00 A
	4. SOCIAL SECURITY NUMBER 212-42-1855		GE (In yrs. last birthday) 48 YRS.	IF UNDER 1 Y	YEAR IF UNDER	24 HRS 7. D4	TE OF BIRTH lonth, Day, Year) 28 194	T a	BIRTHPLACE (State or Foreig Country) ARYLAND
3 should	90. FACILITY NAME (If not institution ANNE ARUNDE)				NAPOL	ON OF DEATH		9c. COUNT	Y OF DEATH ANNE ARUND
1. 2, CTO	RESIDENCE OF DECEDER								
DIRE	100.0	COUNTY		TY, TOWN OR					10d. INSIDE CITY
	MARYLAND  100. STREET AND NUMBER	ANNE ARUNDEL	A	NAPOL:					1 TYES 2 THO
A A	642 WAYWARD D				21401				S.A.
Pre burial-tra	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES S VIO	lf y	S DECENDENT Cos, specify Cubs	n, Maxican, Pue	GIN? (Specify Year to Rican, atc.)	or No — 14	. RACE — American Indian, Black, White, etc. Specify: BLACK
USe as	15. DECEDENT' (Specify only highes		16a. DECEDENT				16b. KIND OF BUS	INESS/INDUS	
E W	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	work done our use retired.)	ing most of working	g			
once.				CHEF			CLIPPER	CLUB	
	17. FATHER'S NAME (First, Middle, La	Ti			18. MOTH	HER'S NAME (Fir	st, Middle, Maiden S	Surname)	
BE at BE		THOMAS QUEEN			SA	NTONIA	GREEN		
T metifi	JANICE QUEEN						APOLIS,		,
st pe	20a. METHOD OF DISPOSITION 150 Burial 2 Cremation 3	Removal from State	20b. PLACE AND DATE	OF DISPOSITI	ON (Name of		ATE 20c. LOC	ATION - CIT	y or Town, State
director, a	4 Donetion 5 Other (Specify	<u>/</u>	PINELAWN N	IEM. P	ARK	2/2	24/94 A	NNAPO	LIS, MD.
examiner	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE			ME AND ADDRES	SS OF FACILITY			
n by the funeral removal. edical examine	<b>I</b>						RTUARY, NAPOLIS,		22.4.02
tending physician and completely mis al Hygiene prior to burial, cremation, or other traumatic event, the ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR A	AS A CONSEQUENCE (	DF): DF):					
Mental Hy nijury, or		d							
of Health and thows any I	PART II. Other algolificant con	ditione contributing to deet	th but not resulting	In the unde	rlying cause o	given in Part i	24s. WAS AN / PERFORI 1 DEVES 2	MED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
AN 23	25. WAS CASE REFERRED TO MEDIC	CAL			00 PU ACT OT -	E I TIL CO.			
State Item	EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF D				
들을 이 수	27. MANNER OF DEATH	1 Inpetient 2 1 FR/C			Home 5 Re			I III OOOU	350
with with	1 Netural Rending	(Month Day Wa		JURY	WORK?		DESCRIBE HOW IN	JUHY OCCUP	4ED
s mar	2 Accident Investig	ation	URY — At home, ferm,		1 YES 2		OCATION (Committee)		Rural Route Number.
E 2 2	3 Suicide 8 Could n 4 Homicide detarmi	building, etc. (3	Specify)	attest, factory	, ornes		City or Town, Stete)	nd Number or	riural rioute Number,
K = Z		PHYSICIAN: To the best of my kr							ause(a) and menner as state
- SE -	29b. SIGNATURE AND TITLE OF CE		4		29c. LICE	NSE NUMBER	T	29d. DATE S	IGNED (Month, Day, Year)
	Venn	is a. Chus	te inso			O.C.M.	E.	► E	FEB 18 /
2 2 2 2	30. NAME AND ADDRESS OF PERSO	N WHO DOMPLETED CAUSE OF			eet, I	Baltim	ore, M	arvla	and 21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE Sulia						
	FED 25 100/	, 30° (C. mc)	yuna.	WILL TOOK	-Marion				

## FOR

		REGISTRAR		CE	RTIF	CATE OF	DEATH		REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH			3. TIME OF DEATH
1		CLIFTON H	OLDEN		RO	GERS		March			YEAR	8:00 A "
10		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. leat		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		a. BIRTH	PLACE (State or Foreign
1		215-28-9535	1 M 2 F	89	YRS.	MONTHS DAYS	HOURS MIN.	(Month,	Day, Year)		Country	1)
phoods		9a. FACILITY NAME (If not institution, give	A	0,5		9b. CITY. TOWN	OR LOCATION OF D	Nov.	28,	1904 ]		
8. E	Œ			NA 01	005			LAIII.				
.2	CTOR	1001 Old Joppa Ro	au, Joppa	1, Ma. 21	.085]	Joppa		-		Ha	rfor	d
Pages	DIREC	10e. STATE 10b. COUNT	Y mfand		10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY
. 2	ā	Maryland Ha	rford			Joppa						LIMITS?
K.	14	10e. STREET AND NUMBER					H. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
(1)	( ) 5	1001 Old Joppa Ro	ad				21085			US	A	
ON	1	11. MARITAL STATUS		T EVER IN U.S. ARM			CENDENT OF HISPAI			or No-		- American Indian, White, atc.
00.0	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V				pecify Cuben, Mexica S Z/CXNO Specif		en, etc.)		whit	
21215-0020 tal or attending from	0 8									7	whit	e
2124 lor use a		16. DECEDENT'S EDI (Specify only highest grad		(Gh	e kind of we	JSUAL OCCUPATI ork done during m		18b. K	IND OF BU	SINESS/INDU	STRY	
d for	1 1 1	Elementary/Secondary (0-12)	College (1-4 or 5 -	+)	Do NOT use			,	2007			
ND 21 hospital or ached for u	ONCE.	AT PATHERIN MANE (Flor Addd), A	1	Re	alto	Ľ				Estate	3	
LA et e	-	17. FATHER'S NAME (First, Middle, Last)  Clifton (nmn)	Rogers				Agnes					
RYL ed by	- 1 44		TOGOLD -									
MARYLAND retained by the hospit 5 should be detached	TO B	19a. INFORMANT'S NAME (Type/Print) Holden P. Rogers		22	6 Ca	lvert. S	t., Chest	Route Number	City or Yow	n, State, Zip (	1620	
	2	20e. METHOD OF DISPOSITION	~					_				
BALTIMORE, its after death. Page 6 may be n by the funeral director, page removal.	must	(X) Buriel 2 / Cremetion /3 Ren	novel from State	cemetery, crem	ND DATE Of	FDISPOSITION (N	ame of	DATE	20c. LO	CATION C	ity or Tov	vn, State
Page (		4 Donation 5 Other (force)	muner /	St. M	ary's	s Episc	opal Cem	. 3/5/	94 E	mort	on,	Maryland
TT. Peral	examiner	1/1/1/	MITIU	. 1	/	Howar	d K. McC	omas 1	III F	mera.	L Ho	me, P.A.
BALT after death. y the funeral noval.		y rancy KJ	VI Jam	en - N	_	1317	Cokesbur	yRd.,	Abin	gdon,	Md.	
in by tremo	medical	21 PART i. Enter the diseases, or shock, or heart failure.	compileations the	t caused the dea	th. Do no	ot enter the me	ode of dying, auc	h aa cardis	c or reap	iratory arre	st,	Approximata
Pod in po		IMMEDIATE CAUSE (Final		1	1		P 1	8				interval Between Onset and Death
	2	disease or condition reauiting in death)	. Myo	CATO	ina	11	farct	ion				IMINS
ted within completely ial, creman	event,		DUE TO	(OR AS A CONSECU	UENCE OF)	):						
68760 secuted wit and comple burial, cre		Commendate the transmission of	b. A	SCVD								yrs
	'ATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEO	UENCE OF)	):						
BOX	2 3	CAUSE (Disease or injury	c									
certificate nding physiene pri	TIFIC	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSECU	UENCE OF)	):						1 300.3
D 5 5	히뜌		d,		_							
() 0 m		PART II. Other aignificant condition	na contributing to	death but not re	suiting in	the underlyin	g couse given in	Part i. 2	4a. WAS AN	AUTOPSY	246.	WERE AUTOPSY FINDINGS
T # 5 %	DICAL								PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
RECO requires the	MED					-		_   '	YES 2	NNO		OF DEATH?
w requires been sign of, of Heal	shows							_				1 YES 2 NO
A Pas	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		-		26. P	LACE OF DEATH (Ch	eck only one)				
F VITA	SIC!	EXAMINER? 1 □ YES 2 🔼 NO	HOSPITAL:	ER/Outpatient 3 (		OTHER:	ne 5 KResidence		Constitut			
Sicia certi	E E	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME	OF 28c. IN	JURY AT			NJURY OCCI	JRED	
PHYSIC This cer		1 Netural 5 Pending	(Month, D	lay, Year)	INJU	4.0	YES 2 NO					
ON DING After death		2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY At horr	no, term, et			20f. LOCAT	ION (Street o	and Number o	r Aural A	oute Number,
る馬馬	28 H	4 Homicide determined	building,	etc. (Specify)				City or	Town, State)			
DIV OR A DIREC hours	PLE Item	29a. CERTIFIER								-	_	
= = = = = = =	- 3	(Check only one) 2 MEDICAL EXAMIN										
HOSPITAL FUNERAL within 72	8 8	2 MEDICAL EXAMIN		AMERICAN MINOSOF IN	ive stigation	i, in my opinion,	seath occured at the	time, date a	na place, en	d due to the	cause(s)	and marrier as stated.
THE HOSPITAL THE FUNERAL filed within 72	BE	296. SIGNATURE AND TITLE OF CERTIFIE		1.1	1		29c. LICENSE NUI		0	29d. DATE	SIGNED	(Month, Day, Year)
TO THE HOSPITA TO THE FUNERA TO FILE WITHIN 7	10	Tuyun F.	Villen	- /WI	1		109	62	U	- 0	2/	02144
	1	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Туре,	Print)						
		31. DATE FILED (Month, Day, Year)	A Javis	AS SIGNATURE	120							



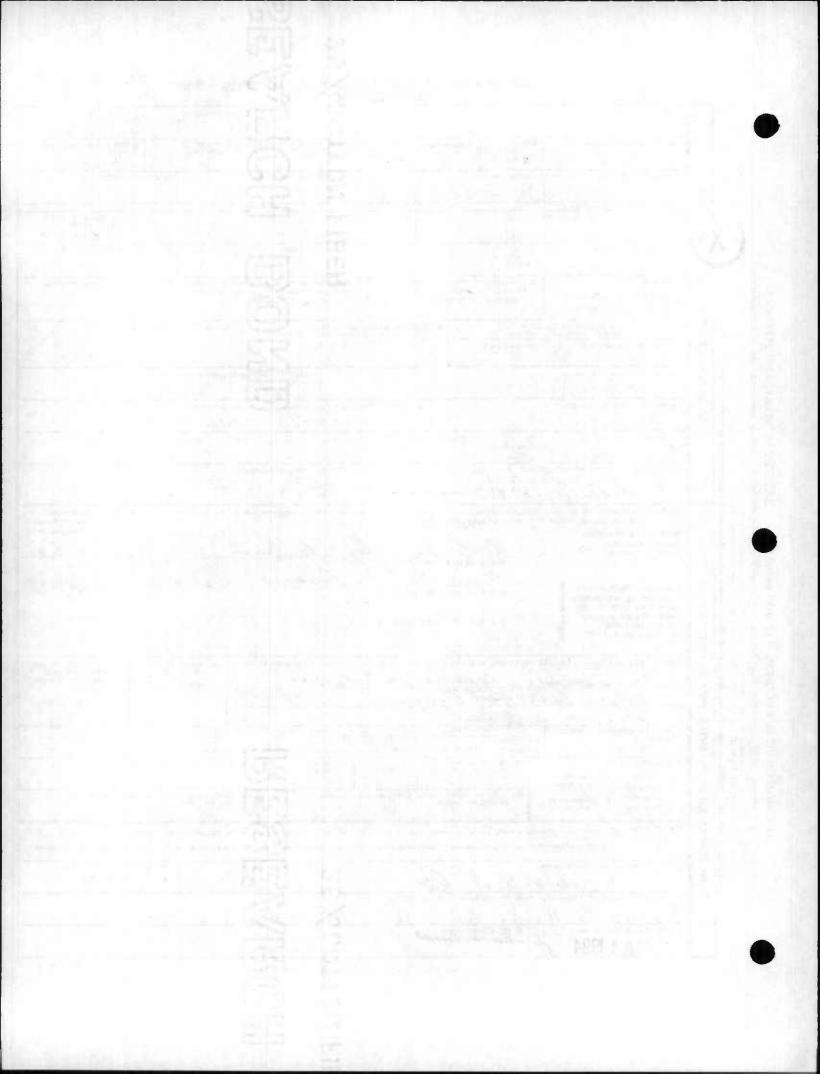
hos	tach		.00
the	e de		t on
Pa Pa	d bi		9
taine	Shou		Ě
e re	6 5		00
lay E	pag		ě.
6	ctor,		nus
age	dire		10
th.	eral		를
dea	3 6		exa
after	y th	DOVA	ca
S S	lo b	ref	edi
8	illed	9,	E 9
4	ely s	natio	=
with	plet	Crem	rent
Detu	00	rial.	5
Date	and	DO DE	nati
8	clan	for t	DE.
cate	physi	e pr	er t
ertiff	ing	dien	8
ath	tend	a H	10
de	he at	Vent	5
It th	by th	Pul	- I
s tha	Den	Ath a	and a
pulre	Sign	Hea	DWS
Je /	beer	1.0	5
e law	has	De D	23
F	afe	tate	tem
NAI	rtific	he S	10
NS.	is ce	it t	ed,
2 6	ar th	*	ark
DIN	Att	dea	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
B A	IREC	SIN	E
AL O	O T	2 40	1 1
SPIT	VERA	nin 7	ij
¥	FU	WITH	TIA
F	THE	filed	20
2	2	2	Ξ

31, DATE FILED (Month, Day, Year)

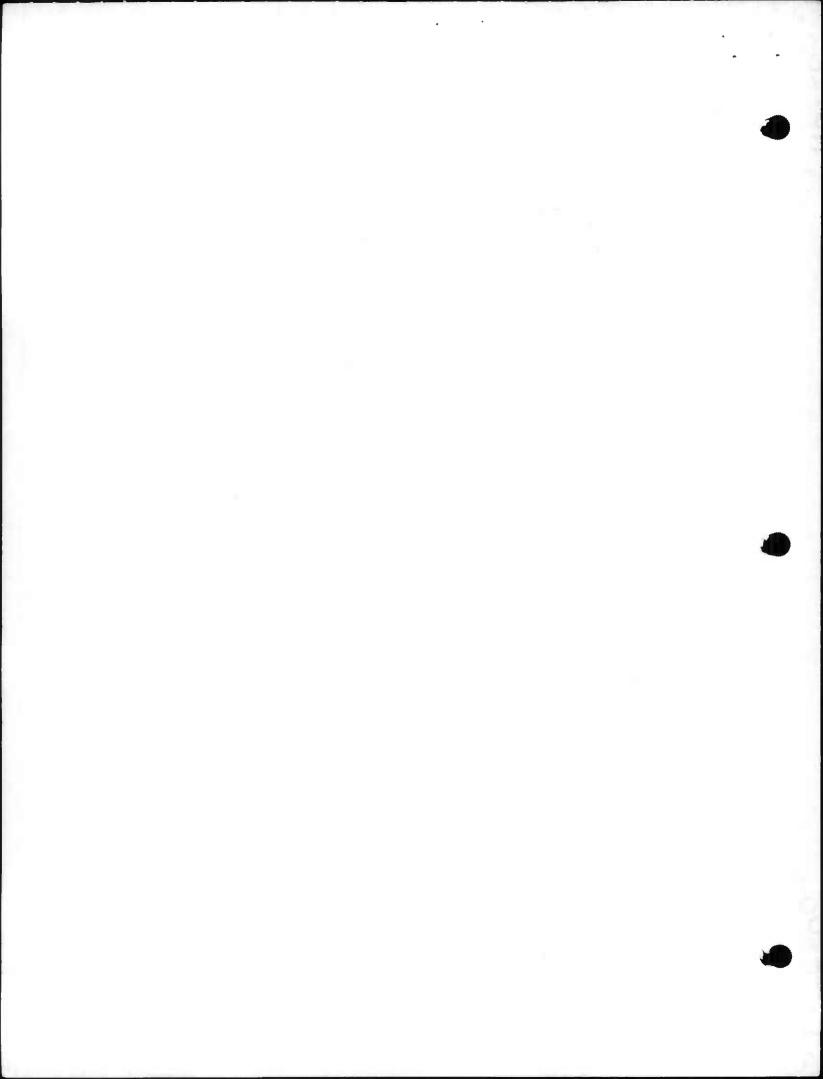
WHO COMPLETED DAUSE OF DEATH (ITEM 27) (Type, Print)

M. ) 190

REGISTRAR  t. DECEDENT'S NAME (First, Middle,	, Lest)			TOME	. 01	DEAT	п	2. DATE	REG. NO	).		3. TIME OF DEATH
Everar	d G	uy	RYCE	jr.			313	MONTH	Ab.	DAY	YEAR GGU	nulh
4. SOCIAL SECURITY NUMBER	5. SEX		s. lest birthday)		1 YEAR	IF UNDER 2	24 HRS.	7. DATE C	F BIRTH		11.	IPLACE (State or Foreign
218-24-0041	1 M 2 - F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	000	Count	vland
9a. FACILITY NAME (If not institution	, give street and number)	- 02		9b. CITY,	, TOWN OF	A LOCATIO	N OF DE		15,1		INTY OF D	
Washington	County Hosp	ital		Н	lager	stow	n			WA	ASHIN	IGTON
RESIDENCE OF DECEDER	OUNTY		T 40. 00	TV TOURIO	00.100.71	-						
				TY, TOWN O								10d. INSIDE CITY LIMITS?
Maryland 100, STREET AND NUMBER	Washingto	n		Hager		ZIP CODE	-			Tue- our	1754 05 1	1 YES 2 NO
Note that the second se										10g. CI1		YHAT COUNTRY?
115 Bester St	12. WAS DECEDEN	T FIFT IN II O	AMAED	T		2174	-				USA	
1 Never Married 2 Merried 3 Widowed 4 Divorced	FARRIOR	YES 2	□ NO			city Cuban	, Mexica	n, Puerto A	(Specify Yelcon, etc.)	is or No-	14. RACI Blaci Speci	- American Indian, t, white, etc. by: White
15. DECEDENT' (Specify only highes	'S EDUCATION	16a	DECEDENT'S	S USUAL OC	CCUPATION	N t of unobles		16b.	KIND OF BU	ISINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u		daning mos	t or working						
12		P	lumbe	r			1 6		Mech	anica	al Co	ntractor
17. FATHER'S NAME (First, Middle, Li									iddle, Maider			
Everard G		Ryce,				_	Mary			erine		Wood
19a. INFORMANT'S NAME (Type/Prin	0		19b. MAILIN									
Angela C.Ryce			115	Best	er A	ve.	Hage	ersto	wn,MD	2174	10	19 12 7
20e. METHOD OF DISPOSITION    Method of Disposition	ICE LICENSEE	Rive	ACEAND DATE  I, cremetory or  CTV I EW	Ceme 22. I	HERY NAME AND BORN O.Bo	Mar ADDRES E FUI × #	NER <i>A</i> 348	AL HO	ME iamsp	ort,M	nspor	t,MD 21795
1) Burlal 2 Cremation 3 4 Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL SERV 23. PART i. Enter/tha disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition	ICE LICENSEE	Rive	crematory or carry i e.w.	Ceme 22. I	HERY NAME AND BORN O.Bo	Mar ADDRES E FUI × #	NER <i>A</i> 348	1994 CILITY L HO WIII	ME iamsp	lliam ort,№	nspor	t,MD 21795
1 Burlal 2 Cremation 3 4 Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL SERV  23. PART I. Enter/tha disease shock, or heert fa	s, or complications the siture. List only one can be.  b. August To c.	Rive	e death. Do line.	other piece) Cerrie 22.1 OS P.  not enter	HERY NAME AND BORN O.Bo	Mar ADDRES E FUI × #	NER <i>A</i> 348	1994 CILITY L HO WIII	ME iamsp	Ort,M	nspor	795 Approximate Interval Between
23. PART i. Enter/tha disease shock, or heart fa lisease or condition reaulting in dasth)  Sequentially list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	a. Augustiona the dilure. List only one certain the dilure. List only one certain the dilure. List only one certain the dilure. List only one certain the dilure to di	cemetery Rive	e death. Do line.	other piece) Cerrie 22.1 OS P.  not enter	NAME AND BORN O. BO. the modern of the moder	Mar D ADDRESS E FUI X # : le of dyin	NERA 348 348 Seas Seas Seas Seas Seas Seas Seas Seas	Part i.	Wi ME i amsp ac or reap Accor 24a. WAS AR PERFO 1   YES	Ort, North ort, North ort, North ort, North ort, North orthographic or	nspor	795 Approximate Interval Betwee Onset and Date Manager
23. PART I. Enterthal disease shock, or heart fallisease or condition resulting in dasth)  Sequentially list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions or lawy.	a. Due TO d. Due TO d. HOSPITAL:	It coused the use pri each (OR AS A COM (OR	e death. Do line.  Requeste of the sequence of	other piece) Cerrice 22. 1 OS P. Interpretation P. Interpretation OF): In the unit	NAME AND SHORT OF THE PROPERTY	Mar D ADDRESS E FUI X # Se of dying Face of dying Face of dying Face of DE Second Seco	NERA 348 348 September 19	Part I.	ME i amsp ac pr reap	Ort, North ort, North ort, North ort, North ort, North orthographic or	nspor	795  Approximate Interval Betwee Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset
23. PART I. Enter/tha disease shock, or heert fa immediate cause. Final disease or condition reaulting in dasth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions. It is not the condition of the condit	a. Augustion at the siliure. List only one certain a. Due to Due to Due to Due to d. D	cemetery Rive	e death. Do line.  REQUENCE CONSEQUENCE CO	other piece) Cerrice 22. 1 OS P. Inpt enter	NAME AND SHORT OF THE PROPERTY	Ceuse gl	NERA 348 348 348 348 348 348 348 348 348 348	Part I.	ME i amsp ac pr reap	ort, North Autopsy	AD 21 rest,	795  Approximate Interval Betwee Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset
23. PART I. Enter/tha disease shock, or heart fa immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other algnificant conditions. If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions. If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions. It is a conditions of the cause	a. Augustian and the second and the	cemetery Rive	e death. Do line.  A CALLER OF THE CONTROL OF THE C	other piece)  Cerrie  22. 1  OS  P. i  not enter  cutury  pri:  orher  4   Num  MUORY  MI  MI  OTHER	NAME AND SECTION O. BO. The moderlying Public Publi	Ceuse gl	NERA 348 348 348 348 348 348 348 348 348 348	Part I.  eck only one  6 Dither  286, DES6	ME i amsp ac or reap  24a. WAS AT PERFO 1 YES  (Specify)	Ort, Nolratory are	1D 21 rest,	795  Approximate Interval Betwee Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset



		1 - FOR STATE REGISTRAR	STATE OF MAR			RTMENT OF		MENT	AL HYGIEN	_	1	07346
0		1. DECEDENT'S NAME (First, Middle, Last)							TE OF DEATH	AV	YEAR	3. TIME OF DEATH
		Virginia Palmer				· · · · · ·		C	2/24/		94	6:00 P.
-		214-32-5720		GE (In yrs. les 72	t birthday) YRS.	MONTHS DAYS		(Mc	TE OF BIRTH onth, Day, Year)		a. BIRTH Country	
200		9e. FACILITY NAME (If not institution, give a	Α .	12		9b. CITY TOW	OR LOCATION OF I		9/12/21		TTY OF DE	Md.
(X	Clon	home, 8543 Langn	naid Road								ester	
Page	DIRE		cester			Newark,	ewark,					10d. INSIDE CITY LIMITS? 1 YES 2 NO
Sit 28	FUNERA	8543 Langmaid Ro					101. ZIP CODE 21841			10g. CITIZEN OF V		
Z I S-UUZU attending physician. se as the burial-transit	ВУ	11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced	FORCES? 1 Y	WAS DECEDENT EVER IN U.S. ARMED ORCES? 1 ☐ YES 2 ☑ NO FYES, GIVE WAR OR DATES		If yes,	3. WAS DECENDENT OF HISPANIC ORIGIN? If yes, specify Cuben, Maxican, Puerto Rid 1 YES 2 NO Specify:			or No-	14. RACE Black Specif	
	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DE	CEDENT'S	USUAL OCCUPA work done during i	TION	- 1	6b. KIND OF BUS	SINESS/IND	USTRY	white
spital or ed for	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT u	se retired.)	Station		Automob	oile a	serv:	ice
	8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (Firs	t, Middle, Malden	Surname)		
should be	BE	Horbort Smack  19a. INFORMANT'S NAME (Type/Print)		lan	****				owell B			
2 2 2	2	Paul Russell		196			and Number or Rural					
DAL IIMORE, after death. Page 6 may be by the funeral director, page moval. cal examiner must be in		20a. METHOD OF DISPOSITION  11 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovet from State	cemetery, cres	ND DATE	OF DISPOSITION (	Name of	D/	ATE 20c, LO	CATION —	City or Tov	rn, State
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LIC		bower	Met	h. Ceme	CETY AND ADDRESS OF F		94 Ne	wark	Md.	. 21841
DAL IIIN rs after death. Pag r by the funeral di removal.		+ atricia	( Denr									Md.21863
filled in by the on, or remova	la.	23. PART I. Enter the diseeses, pr ahock, pr heart feliure.	Emplications that cause or List only one cause or	sad tha de n each lina.	ath. Do i	not anter tha m	loda of dying, au	ch aa ca	ardiec or raspi	retory err	eat,	Approximate interval Between
₽ 6 E		IMMEDIATE CAUSE (Final disease or condition	11.				11. 6	. //	6/2-1-1			Onset and Death
ted within completely ial, cremati, t		resulting in death)	DUE TO (OR A	S A CONSEC	UENCE O	F):	14 0		0/20/00			3 years
and and bur nation	RTIFICATION	Sequentially list conditions, if any, leading to immediata	b. DUE TO (OR A	S A CONSEO	UENCE O	F):						
1 6 5 4 . 1	S	cause. Enter UNDERLYING CAUSE (Disease or Injury	с									
8 8 8 8 6	HE I	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEO	UENCE O	F):						
the death of the attended Mental Hy	CEI		d									
- >0 -1	CAL	PART II. Other aignificant condition	a contributing to daeti	h but not re	eauiting	in the undarlyl	ng ceuse given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
law requires that the as been signed by the pet. of Health and 23 shows any in	EDIC								1 TYES 2	NO.		COMPLETION OF CAUSE OF DEATH?
v required of the strong of th	Σ											1 YES 2 NO
The law ite has be ate Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. 1	PLACE OF DEATH (C	heck only	one)			
ICIAN: The sertificate h the State or Item	VSIC	1 YES 2 NO	HOSPITAL: 1 Impatient 2 ER/O	Outpatient 3	□ DOA	OTHER: 4 Nursing Ho	me 5 🕅 Residence	6 🗆 Ott	her (Specify)			
	РНҮ	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea		28b. TIM INJ	URY W	JURY AT	28d. D	ESCRIBE HOW IN	JURY OCC	URED	
	ВУ	2 Accident Investigation	280 BLACE OF IN III	IDV At her			YES 2 NO					
TTEN TOR:	TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S	Specify)	ne, tarm, i	erreet, rectory, off	ica		CATION (Street e. by or Town, State)	nd Number	or Aurel Ac	oute Number,
	MPLET		CIAN: To the best of my kn									
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	8	29b. SIGNATURE AND RULE OF GERTIFIEF		THOU STANDS IN		n, m my opinion,			te end place, and	1		
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	H	1	V/_				D300	C G .		1 0	0 -	Month, Day, Year)
FFA	TO	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	1 27) (Type,	Print)	+. , Salis	, ,		- 3		- 177
		James E. Martin, 31. DATE FILED (Month, Day, Year)	[M.D. 14]	S K.	Car	-011 5	t. , Jalis	500	7 . Ms	0 8	218	0/
1	8	MAR 0 1 19	32. REGISTRAR'S SI	GNATURE								



0	-80	答
Æ:	- 55	10
==	-	2
<u>.</u>	-55	75
Θ.	- 22	25
BALTIMORE, MARYLAND 21215-0020	w	-
NO.	-81	10
-	28	200
N	18	8
-	be	5
01	0	30
6.4	76	85
0	-1	P
	8	2
Z	2	교
-	-	23
4	ĕ	-6
_	2	60
>	5	Ā
-		D
Œ	8	3
es.	.5	9
_	2	S
5	9	10
	413	
gh.	Z	8
ш	>	40
~	(0	CZ
-	-	75
$\circ$	40	=
$\simeq$	60	6
2	0	1975
=	Po	-
l-a	Τ.	10
-	45	0
_	100	5
<b>4</b>	윤	#
-	-	9 76
ш	9	如务
	23	S.E.
	60	- 6
	5	C .
	ō	T1 0
	~	
		# 5
		>ë
•	di .	e e
0	#	5 5
-	3	0.5
<u></u>	77	€ .
-	<u>a</u>	8 6
$\infty$	5	= =
9	8	2 2
	8	49 0
×	do	5 -
0	Ã	5 %
~	63	- S. C.
1	31	20
	2	3 8
~	1	m.9
U	60	20
	0	五千
П,	£	0 -
	60	年福
10	5	10 6
00	411	2 4
DS, P.O. BOX 68760,	the death certificate be executed within hours after death. Page 6 may be retained by the hospital or amount or physical	r the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fundal different hygiene prior to burial, cremation, or removal.

FEB 28 '94

												7
	L	LILLIAN	8.	Rob	inson	l E	Robinso	on	2. DATE OF MONTH	A727	94 94	3. TIME OF DEATH 0945
1/2		SOCIAL SECURITY NUMBER $17-03-5237$		5. SEX		yrs. lesi birthday) O YRS.		EAR IF UNDER 24 HRS AYS HOURS MIN.	7. DATE OF (Month, D) 03/2	9/1903	Course	HPLACE (State or Foreity) ryland
OR		FACILITY NAME (If not instite orchester				al		own or Location of			Dorc	hester
RECTOR	10a.	STATE 10	DENT	Υ			TY, TOWN OR I	OCATION		10d. IN		
MED	10e.	aryland STREET AND NUMBER		rchest	er		Can	nbridge 101. ZIP CODE		10g. (		1 TYES 2 THE
FUNE	11.	10 Algonge MARITAL STATUS Never Married 2 Mar		12. WAS DECED	DENT EVER IN 1	U.S. ARMED		21613 B DECENDENT OF HISP BE, specify Cuban, Max			- 14. RAC	E — American Indiar
ED BY		<b>X</b> Widowed 4 ☐ Divorce	ed	IF YES, GIV	E WAR OR DAT	TES T	10	YES 2 NO Spe	clfy:			White
LETE		(Specify only his Elementary/Secondary (0-12		College (1-4 or		life. Do NOT u	work done duri	ng most of working		nd of Business/		hina
COMPLET	17. 1	FATHER'S NAME (First, Middle Howard		CIIM		Barc	.5 010	18. MOTHER'S		dle, Malden Surname		
TO BE		INFORMANT'S NAME (Type)	e/Print)					treet and Number or Rur	al Route Number,	City or Town, State,		21613
	20a,	METHOO OF DISPOSITION  Burlal 2 Cremation  Donation 6 Other (Sc	N 3 □ flam		20b. P	PLACE AND DATE	OF DISPOSITIO		DATE	20c. LOCATION	— City or To	
												,
9		PART I. Enter the dise	A))	XXXII-1	Seement that caused to	Well the deeth. Do	22. NAI Cui	ME AND ADDRESS OF Cran-Bro B High S e mode of dying, s	mwell	mbridg	e, M	D. 2161 Approxima
ERTIFICATION	23. iMi dis res	PART I. Enter the dise	paises, or or fatture.	complications List Dnly one of OUE b	that caused to cause on each	the deeth. Do	22. NAI Cui 308 inot enter the	ran-Bro B High S	mwell t., Ca uch ss cardied	mbridg or respiretory	e, M arrest,	D. 2161 Approximatinterval Be
MEDICAL CERTIFICATION	23. iMi dis res	PART I. Enter the dise shock, or has MEDIATE CAUSE (Final seese or condition suiting in desth)  Adjusted in the seese or condition suiting in desth)  Adjusted in the seese or injury at initiated events	beliefs, or it fatture.	complications List Dnly one of the DUE of DU	TO (OR AS A C	the deeth. Do ch line.  CONSEQUENCE CONSEQ	22. NAI Cui 308 inot enter the	rran-Bro B High S e mode of dying, so	mwell t., Ca uch as cardied	mbridg or respiretory	e, Marrost,	Approxime interval Be Onset and I/B of O
MEDICAL	23. iMi die res	PAAT I. Enter the dise shock, pr hasi MEDIATE CAUSE (Final seese or condition suiting in desth)  Advantage of the condition stry, leading to immediate the condition stry, leading to immediate the condition stry, leading to immediate the condition stry, leading to immediate the condition stry, leading to immediate the condition stry, leading to immediate the condition stry, leading the condit	ns, ate G	complications List pnly one of a. OUE b. DUE c. DUE d	TO (OR AS A CO) TO (OR AS A CO) TO (OR AS A CO) TO (OR AS A CO) TO (OR AS A CO)	the deeth. Do ch line.  CONSEQUENCE CONSEQ	22. NAI Cui 308 mot enter the	rran-Bro B High S e mode of dying, se  rlying cause given  C A F  26. PLACE OF DEATH	In Part I. 24  Check only one)	ambridg correspiretory	e, Marrost,	Approximatinterval Be Onset and WB of Onset and WB of Onset and WB of Onset and WB of Onset and
PHYSICIAN: MEDICAL CERTIFICATION	23. IMM dispress See if a cet CA that rese PA	MEDIATE CAUSE (Final shock, or haar MEDIATE CAUSE (Final shock, or haar MEDIATE CAUSE (Final shoes or condition suiting in death)  Equentially list condition suiting in death)  Equentially list condition suiting in death)  Equentially list condition suiting in death)  Example of the suiting in death LAST  WAS CASE REFERRED TO A EXAMINER?  1 YES 2 NO  MANNER OF OEATH  1 Netural 5 Per	condition	complications List pnly one of the contributing  b. DUE  c. DUE  d. HOSPITAL: 1 Vinpatiant  288. DATE	TO (OR AS A CO) TO (OR AS A CO) TO (OR AS A CO) TO (OR AS A CO) TO (OR AS A CO)	the deeth. Do ch line.  CONSEQUENCE CONSEQ	22. NAI Cui 308 mot enter the Cuito DF):  OF):  OF):  OTHER: 4   Nursing ME OF 28	rran-Bro B High S e mode of dying, se C V A  rlying cause given  C L A  rlying cause given  C L A  Residence C INJURY AT  WORK?	In Part I. 24  Check only one)  8 © Other (S	ambridg correspiretory	e, Marrost,	D. 2161 Approxima interval Be Onset and #8 of the Approximation of the A
ED BY PHYSICIAN: MEDICAL CERTIFICATION	23. IMI distress See See See See See See See See See	MEDIATE CAUSE (Final seese or condition suiting in death)  Aguentially list condition suiting in death)  Aguentially list condition suiting in death)  Aguentially list condition suiting in death)  LAST  WAS CASE REFERRED TO REXAMINER?  TO SEE THE CAUSE (ST. NO.)  WAS CASE REFERRED TO REXAMINER?  TO SEE THE CAUSE (ST. NO.)  WAS CASE REFERRED TO REXAMINER?  TO SEE THE CAUSE (ST. NO.)  WAS CASE REFERRED TO REXAMINER?  TO SEE THE CAUSE (ST. NO.)  WAS CASE REFERRED TO REXAMINER?  TO SEE THE CAUSE (ST. NO.)  WAS CASE REFERRED TO REXAMINER?  TO SEE THE CAUSE (ST. NO.)	mes, of condition	Complications List Dnly one of the contributing  DUE  DUE  DUE  DUE  DUE  DUE  DUE  DU	that caused it cause on each to (OR AS A Co TO (OR AS A Co TO (OR AS A Co TO (OR AS A Co TO (OR AS A Co TO (OR AS A Co TO (OR AS A Co TO (OR AS A Co TO (OR AS A Co TO (OR AS A Co TO (OR AS A Co TO (OR AS A Co TO (OR AS A Co TO (OR AS A CO TO))))))))))))	the deeth. Do ch line.  CONSEQUENCE CONSEQ	OFF:  OTHER: 4   Nursing M   OTHER: 5   JUHY   M   1	rran-Bro B High S e mode of dying, se C V A  rlying cause given  C L A  rlying cause given  C L A  Residence C INJURY AT WORK?  VES 2 NO	In Part I. 24  Check only one)  6 8 Other (S  286. DESCR	ambridg c or respiretory  a. WAS AN AUTOPPERFORMED?  VES 2 NO	e, Marrest,	Approximatinterval Be Onset and III Onset an
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. IMM dispress See if a cet CA that rese PA	PART I. Enter the dise shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock provided by the	mester, of our faithure.  Condition  MEDICAL  MEDICAL  Anding reatigation ould not be termined  YING PHYS	Complications List pnly one of the control of the c	that caused it cause on each to (OR AS A Company of the Company of	the deeth. Do ch lina.  CONSEQUENCE CONSEQ	22. NAI Cui 308 not enter the cuto OF):  OF):  OF):  OTHER: 4   Nursing ME OF JUHY M street, factory,	rran-Bro B High S e mode of dying, se  C V A  rlying cause given  C V A  28. PLACE OF DEATH 19 Home 5 Residence 1. INJURY AT 14 VES 2 NO 1. office	In Part I. 24  Lin Part I. 24	ambridg c or respiretory  autification and a was an autrop performed?  VES 2 1 NO  pecify)  IBE HOW INJURY (  on (Street and Num fown, State)	e, Marrest,  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	D. 2161 Approxima interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset Interval Be Onset Interval Be
D BY PHYSICIAN: MEDICAL CERTIFICATION	23. iMiddle reserved at the care CA that rese	PART I. Enter the dise shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock, pr has shock provided by the	condition  medical  condition  medical  medical  medical  medical  medical  medical  medical  muld not be  termined  muld not be  termined	Complications List pnly one of the complex of the c	that caused it cause on each to (OR AS A Company of the Company of	the deeth. Do ch line.  CONSEQUENCE CONSEQ	22. NAI Cui 308 not enter the cuto OF):  OF):  OF):  OTHER: 4   Nursing ME OF JUHY M street, factory,	rran-Bro B High S e mode of dying, se  C V A  rlying cause given  A F  28. PLACE OF DEATH 19 Home 5   Residence 1. INJURY AT 14   YES 2   NO 1. office	In Part I. 24  Check only one)  28f. LOCATI Chy or I  use to the cause the time, data an	ambridg c or respiretory  A. WAS AN AUTOPS PERFORMED?  YES 2 (NO  OPECITY)  ON (Street and Num own, State)	e Marrest,  2 241  SY 241  DOCCURED  stated, o the cause(	D. 2161 Approxima interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset Interval Be Onset Interval Be

idson-Randall

And the second

444
1
*
-
1
-
4
í
200
ì
3
-
The second secon

ě defached urs after death. Page 6 may be retained by the and HOSPITAL DR

X to the botal transit p filled in by the funeral director, page 5 should be on, or removal. notified at pe must examiner medical l completely filled irial, cremation, o the event. burial. traumatic prior to has been signed by the attending physician Dept. of Health and Mental Hygiene prior to other t 6 Injury, any 23 shows this certificate his with the State [ Hem 6 marked, DIRECTOR: After the hours after death w 80 28 tem FUNERAL I \* TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I

BY

COMPLETED

BE

2

Pages 1, 2, 3 should

permit.

DIRECTOR

FUNERAL

COMPLETED-BY

BE

2

19a. INFORMANT'S NAME (Type/Print)

PATRICIA LEE ROSS

296. SIGNATURE AND TITLE OF GERTIFIER

MAR 01 94

w

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)

32. REGISTRAR'S SIGNATURE his Davidson Rondolle

20a. METHOD OF DISPOSITION
1 Gurlel X X Cremetion 3 Removal from State
4 Donation 5 Other (Specify)

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 94 ROSS PAULA FER 2400 JANE 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
AUG. 29, 1959
MARYLAND 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 1 - M 2 -220-88-8993 34 YRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH NORTHWESTERN MEDICAL CENTER RANDALLSTOWN BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND HARFORD STREET 1 WES 2 NO 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 3145 DUBLIN ROAD 21154 UNITED STATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuban, Maxican, Puerto Rican, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 XNO Specify: 3 Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) RAYMOND E. Ross PATRICIA LEE

20b. PLACE AND DATE OF DISPOSITION (Name of

YORKTOWNE POCCREMATORY

21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HARKINS F.H. INC., DELTA, PA., 17314 HARKINS F.H. INC., DELTA, F.

23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, ove Approximate ahock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death RESPIRATORY PAILURE
DUE TO (OR AS A CONSEQUENCE OF): disease or condition 5 DAYS reaulting in death) RESTRICTIVE LUNG DISEASE PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING PULMONARY HYPERTENSION CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? MENTAL 1 - YES 2 1,NO 1 D YES 2 THO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 000 1 Pinpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner ee stated.

19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

29c. LICENSE NUMBER

STREET, MD

20c. LOCATION — City or Town, State

YORK, PA

DATE

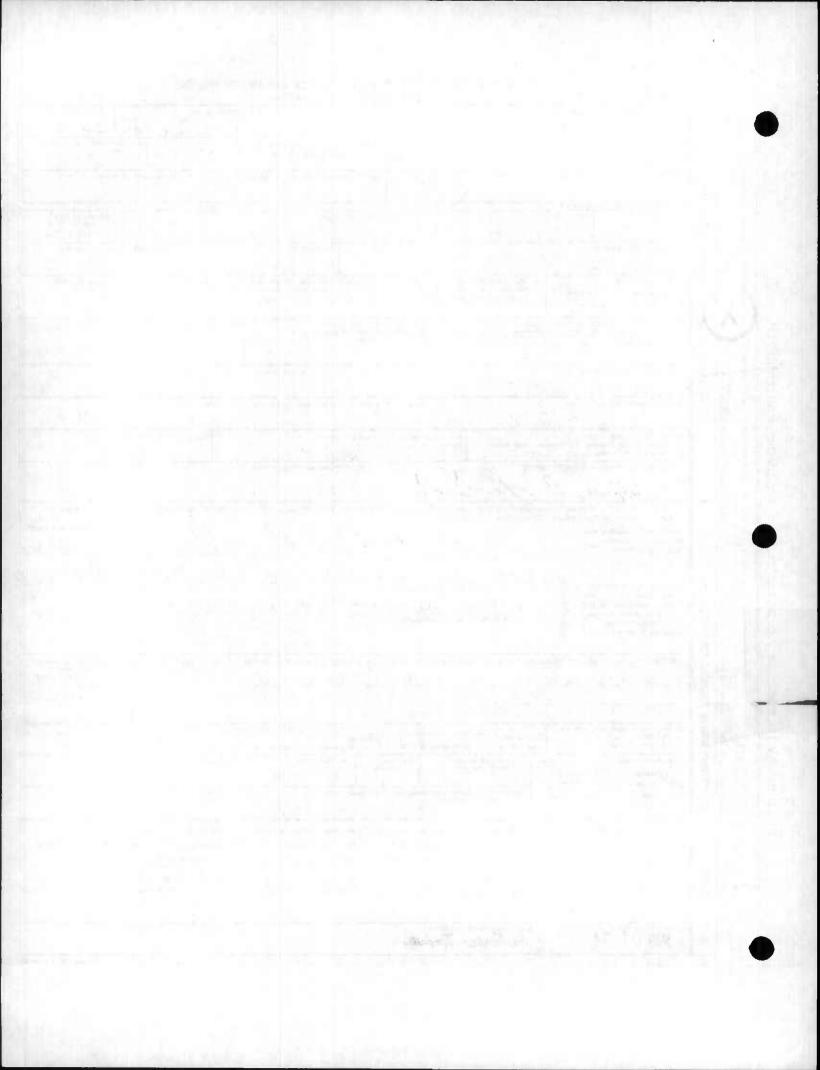
2/26/94

21154

DUBLIN ROAD

29d. DATE SIONED (Month, Day, Year)

> FEB 24, 199

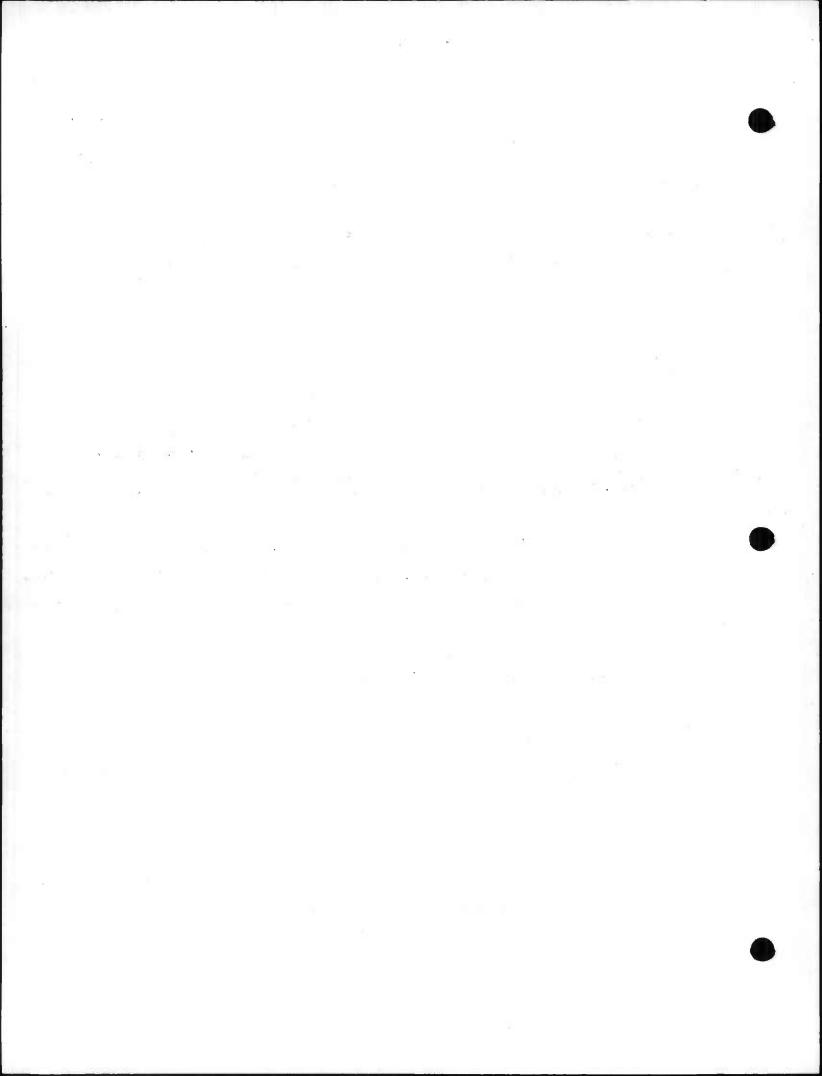


7	Ē	Ē
B.	-E	CANADA COM
BALTIMORE, MARYLAND 21215-0	att	nse
7	10	ğ
	spita	8
Z	200	ach
A	the	de
₹	3	2
Œ	Dec	물
¥.	etai	S
~	9	60 C7
ш	No.	pag
E E	Ë	0,
$\leq$	9	9
=	Page	9
_	Ð.	Der
Ø	de	5
m	fter	the Board
	55	ren ren
	00	P 0
	B	P. C.
-	E	tely
90	X	Sce Se
2	rted	ial.
8	CCL	2 3
×	8	200
õ	te b	Sici
	Poy	들
0	erti	ing S
۵.	#	HH
ທົ	dea	ent ent
ö	the	日日
Œ	-	53
	20	77
$\aleph$	s tha	afth a
S	luires tha	signed Health a
RECO	requires tha	of Health a
L RECC	law requires tha	as been signed lept. of Health a
AL RECO	The law requires that	e has been signed te Dept. of Health a
TAL RECO	N: The law requires tha	ficate has been signed State Dept. of Health a
VITAL RECO	CIAN: The law requires tha	ertificate has been signed the State Dept. of Health a
OF VITAL RECORDS, P.O. BOX 68760,	HYSICIAN: The law requires that the death certificate be executed with: ours after death. Page 6 may be retained by the hospital or attending	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT CERTIFICATI	OF HEALTH AND	MENTAL HYGIEN	7 4.5	07349
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
		Cecil Halliday	RUSSELL 6. AGE (In vi	rs. last birthday) IF UNDER	t YEAR IF UNDER 24 HRS.	February 7. DATE OF BIRTH	16 199	94 6:05 M
pinc			1 M 2 🗆 F	YRS. MONTHS	DAYS HOURS MIN.	Month, Day, Year)	57 '	Country) MD
1, 2, 3 should	TOR	The Kent & Queen A			nestertown	EATH	Sc. COUNTY Kent	OF DEATH
rt. Pages	DIRECTOR	10a, STATE 10b, COUNTY	LENT	10c. CITY, TOWN	TESTER 1	WN		10d. INSIDE CITY LIMITS? 1 YES 2 NO
(X	ERAL	10e. STREET AND NUMBER RD 3 BOX	357		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
15-0020 Inding physics is the burner	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MNO	WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 470 Specif	in, Puerto Rican, atc.)	is or No 14.	RACE — American Indian, Black, White, etc. Specify:
or aff	ETED.	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BU	USINESS/INDUST	TRY
LAND 2 the hospital e detached fo	COMPL	13		Sales		(tea	NYC	- 9 upment
2 5 2 E	BE CO	17. FATHER'S NAME (First, Middle, Last)  TOHN OFAN	T RUSSE	u	16. MOTHER'S NA	ME (First, Middle, Maide)	ca L	ombdin
MAR retained 5 should	5	Thom Bratt		196. MAILING ADDRESS	S (Street and Number or Rural	Prive E	ng State Zip good	mo21227
MORE age 6 may director, pa		20a METHOD OF DISPOSITION  1 Burtel 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	ral from State 20b. PLi	ACE AND DATE OF DISPOS (y, crematory or other place)	KK CEM &	DATE 20c. LO	OCATION - CITY BOL	or Jown, Stata
BALTIMORE, after death. Page 6 may be moyal. thuneral director, page moyal.		21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE	22	NAME AND ADDRESS OF FA	CILITYANDSO	INSA	NERMADINE
BAI ter dea the fur wal.		1000		4	85 Ritchis	Hux. S	guerna	Parte mo 2114
in the		23. PART i. Enter the diseases, or co shock, or heart failure. Li	emplications that caused in ist only one cause on each	e deeth. Do not enter i lina.	the mode of dying, aud	h aa cardlac or reap	piratory arrest.	Approximata interval Between
a life		iMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE R	ENAL	FAILURE			Onset and Death
68760, eccuted within and completely burial, crematic		a.	DUE TO (OR AS A CO	INSEQUENCE OF):				7
Secure and and and burn and bu	NOI	Sequentially flat conditions, b.	PNEUMON DUE TO (OR AS A CO					SWK
BOX ate be e sysician prior to	CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	100010000					
- 12 P	ERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):				
DS, P.O. re death certifie attending Mental Hygie	CER	d.						
C = 55 -	SAL	PART II. Other algorificant conditiona CIHVONIC OBS					N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
O = 8 = 8	MEDIC	CONGESTIVE 1	HEADT EALL	THE	AICH SISER	1 TES	2 (XVIO	OF DEATH?
> 600	Z: M	<u>Cor 60 77 (00 0</u>	TAIL TAIL			-		1 TYES 2 NO
AL has Deg	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C/	eck only one)		
F VITA SICIAN: The certificate the State the State , or Item	YSI	1 Tes 2 No	1 Inpetient 2 ER/Outpetie		sing Home 5 - Residence			
O H SH S	/ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is man	ED BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY — i building, etc. (Specify)	At home, ferm, street, fec		28f. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,
IVIS R ATTE RECTOR INS after IN 28	ETE	4 Homicide detarmined					,	
구 그 다 ~	COMPLET		AN: To the beat of my knowledg : On the basis of examination an					ouse(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 PIMPORTANT: It i	BE	296. SIGNATURE AND TITLE OF CERTIFIER	le mo		29c. LICENSE NU	MBER 587		GNED (Month, Day, Year)
F F 5 2	5	30. NAME AND ADDRESS OF PERSON WHO HELEN A NOB			RD. Cite			
		FEB 2 4 1994	32. REGISTRAR'S SIGNATU					

DHMH-16 Rev 1/89

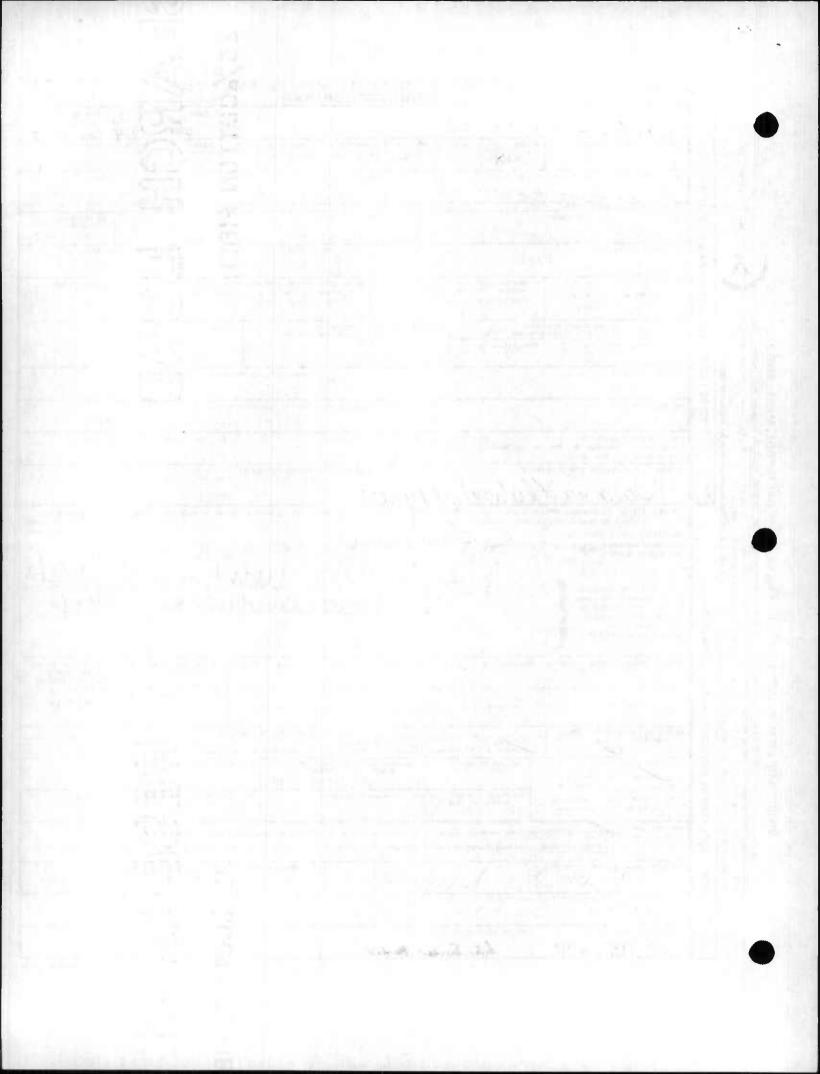
		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H			HYGIENE REG. NO.	9	4 07350	
		1. DECEDENT'S NAME (First, Middle, Last) SUZANNE MARIA	HYDE		RYA	AN	2. DATE OF		1994	R 4:03 P	
P		215–44–2723	□ M 2 X F 49	yrs. last birtnday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, De 01-03-	sy, Year)	Co	RTHPLACE (State or Foreign puntry)  Tyland	
2, 3 should	OR	90. FACILITY NAME (If not institution, give street PHYSICIANS MEMORIA			96. CITY, TOWN O	OR LOCATION OF DE		9c.	CHARL	F DEATH	
Sabo	бівесто	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Charle			Y, TOWN OR LOCAT	TION	<u> </u>			10d. INSIDE CITY LIMITS? 1 YES 2/ NO	
(at X	THE STATE OF	100. STREET AND NUMBER  Idlewood Trailer Pa		1 11	aldorf	1. ZIP CODE 20601		10g		DF WHAT COUNTRY?	
The berman	BY FUN		2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2-Z NO	If yes, sp	CENDENT OF HISPAN Decify Cuban, Maxica 3 2 NO Specify	in, Puarto Rica		8	ACE - American Indian, Heck, Whita, etc.	
of for use as	COMPLETED		(ION mpleted) College (1-4 or 5+)	eted) (Give kind of work done during most of working				ND OF BUSINES	S/INDUSTR		
by the hospital be detached for at once.		12 2 17. FATHER'S NAME (First, Middle, Last)		пошеща	Ker	18. MOTHER'S NA		Omestic			
retained by 5 should be notified at	TO BE	Albert A Hydo Sr 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING		Taura A Mattingly Street and Number or Rural Route Number, City or Town, State, Zip Code)					
ay be		Tohn T. F. Hvde  20a. METHOD OF DISPOSITION 1 Durial 25 Cremation 3 Removal	20b.F come		OF DISPOSITION (Na		DATE	20c. LOCATIO			
eath. Page funeral dire		I Donestory 2-26-94 Clinton, MD 20735  21. SIGNATURE OF LINERAL SERVICE LICENSEE  MO0173  MO0173  J.H. Eberwein Mortuary  4433 White Pls. I.a. White Pls., MD 20695									
Leaf, Co. DO. DO. O. O. O. O. O. O. O. O. O. O. O. O. O	ERTIFICATION	Sequentielly list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ch line.  Liston  CONSEQUENCE OF  CONSEQUENCE OF  CONSEQUENCE OF	nder di THE A Pi THE	BRAIN	EAIN C	Compa	2354	Approximate interval Between Onset and Death  Says  1-2 years  3 year	
v requires that the consistency been signed by the t. of Health and Me shows any injury	MEDICAL C	PART II. Other significant conditions of		st not resulting to		g ceuse given in		e. WAS AN AUTO PERFORMED YES 2	3	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
The la	SICIAN:		IOS ITAL:	tlant 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch					
FE with FE	ву рну	27. MANNED OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	IE OF 26c. INJ	JURY AT ORK? YES 2 NO		BE HOW INJUR	Y OCCURE	)	
TTENDI TOR: A after de	ETED B	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26s. PLACE OF INJURY – building, etc. (Specify	– At home, farm, e	street, factory, offic	100	28f. LOCATIO City or To	ON (Street and Ni own, State)	umber or Ru	ral Route Number,	
N N N N	COMPLE	29e. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: 0	IN: To the best ot my knowled On the besis of exemination s							se(a) and manner as stated,	
TO THE HOSPI TO THE FUNER be filed within	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  CHURCHE C. C.  30. NAME AND ADDRESS OF PERSON WHO CO	de la face.	M.D.		29c. LICENSE NUN	4	29d		NED (Month, Day, Year) - 24-94	
	ř	AURELIO C.De la Paz	OMPLETED CAUSE OF DEAT 2, MD. P.O.BO	гн (ІТЕМ 27) (Туре, Х 1230	. Print) LA PLATA			16			
		31. DATE FILED (Month, Day, Year) FEB 28 1994	32. REGISTRAR'S SIGNAT	TURE Pandell	2						



N	8	8	
2	la la	10	
0	pspir	hed	al
A	e P	Jetac	Duc
7	by th	2	7
œ	Pe	Pinc	pe
M	retai	55	- S
BALTIMORE, MARYLAND 2121	2	90	n ac
æ	тау	Y,	at I
5	9	rectc	Ē
3	Pag	a di	ner
5	ath.	nueu	aml
BA A	or de	현	ex
_	afte	DY DE	Sica Sica
	OUR	9 50	He
		fille ion,	he
0,	黄	ertely	F,
292	W D	I, cre	eve
8	Curte	d co	tic
×	exe	n an	E
0	le b	Sicia	12
Ш.	iffica	Pho a	her
0	Les Les	Hygin	10
0	eath	atter	У, о
OS	he d	Me	흔
8	hat t	五百	À
00	es ti	gned	4
E	aduir	en Si	No.
0.	J ME	p pe	65
A	he	e Pa	E
E	N.	ficat	=
H	SICIA	certi	0
0	PHY	this with	rked
Z	NG	the	E
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Tours after death. Page 6 may be retained by the hospital or 🕋	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
N N	FA	ECTO S aft	1 28
0	OR	DIR	iten
	M	PA S	=
	OSP	UNE	ANT
	부	年を	THE
	11 0	0 T	MP
		- 0	=

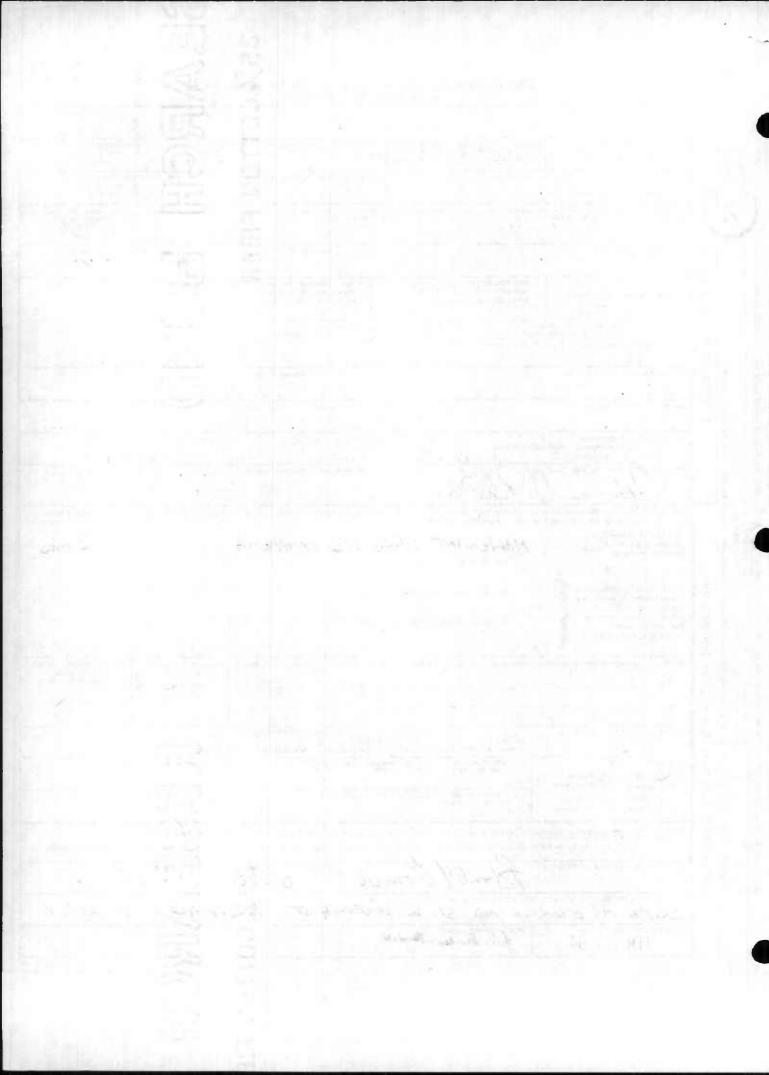
mit. Pages 1, 2, 3 should

REGISTRAR	SIAIL OF MAINLA	CERTIFIC	IENT OF HEALTH AND ATE OF DEATH	MENIAL HYGIE REG. N	1	4 0/351
1. DECEDENT'S NAME (First, Middle, Last,	./\			2. DATE OF DEATH		3. TIME OF DEATH
martha - E	- Royer	(m.n.E)	lizabeth)	MONTH		394 0630 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. fast birthday) #	UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign
215-28-9405	1 🗆 M 2 🔀 F	91 YRS. MOI	NTHE DAYS HOURS MIN.	Jan 16,	1903	Marvland
Se. FACILITY NAME (If not institution, give	street and number)	// 5 / 96	CITY, TOWN OR LOCATION OF			Y OF DEATH
Shally 600 C RESIDENCE OF DECEDENT 100. STATE 100. COUN Maryland Ca	Adventis TA	apria/	ROCKUII	10	Mi	ntsomey
Maryland Ca	m arroll		OCKVILLE			10d. INSIDE CITY / ] LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	kville Nurs		404 777 0000		10g. CITIZE	N OF WHAT COUNTRY?
303 Adclare Ro	oad	ing nome	20850		Unit	ed States
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U		13. WAS DECENDENT OF HIS			RACE — American Indian, Black, White, atc.
N.V.	FORCES? 1 YES		If yes, specify Cuban, Mex 1 ☐ YES 2 ☑ NO Spe		17-1	Black, White, atc.  Specify:
			- n		The d	White
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Lest)	ucation not 16 completed) known	(Give kind of work	JAL OCCUPATION done during most of working	16b. KIND OF B	USINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 6+)	life. Do NOT use re	done during most of working tired.)			
		Homer	maker	Do	mesti	C
17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S	NAME (First, Middle, Maide	n Surname)	
Ezra Louis Roy	er		Fran	nces Kelc	hner	
II 19a INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rur			ode)
Atty Mallon A. S	Snyder	99 Sout	h Washington :	St. Rockvi	lle. M	20850
20s, METHOD OF DISPOSITION	20h P	LACE AND DATE OF D				y or Town, State
1 Surial 2 Cremation 3 Ret		ery, crematory or other	ch Cemetery	2/25 Wes	-tminat	OM MO
21. SIGNATURE OF FUNERAL SERVICE L		adow Drain	22. NAME AND ADDRESS OF	FACILITY	SUMINSU	er, MD
NS	11.0 11		Myers Fune			
- Cularix	5lahortis	MUINO				r, MD 21157
23. PART I. Enter the diseases, or shock or heart fellows	complications that caused to	he death. Do not	enter the mode of dying, so	uch as cerdiac or rea	piratory arrea	
IMMEDIATE CAUSE (Final disease or condition	Sept	tcem	woi			Onset and Dea
resulting in death)	DUE TO (OR AS A C	CONSEQUENCE OF):				
	100001	Men	ver 11	IMAL	211	A IDAN VOIL
	11. 1 0				100	JA HIVYTO
Sequentially list conditions,	b. DUE TO (OR AS A C	CONSEQUENCE OF)		10000		100900
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF	Sovere	will.	MAPON	Dank
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.	DUE TO (OR AS A C	2 Ameh	ravers	ulin	HERN	rlant
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	2 Ameh	rovers	ulin	MEQN	rant
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	2 Ameh	rovers	ulin	MEON	rant
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A C	ONSEQUENCE OF):	200 cl		WEON IN AUTOPSY	24b. WERE AUTOPSY FINDING
Sequentially liet conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A C	ONSEQUENCE OF):	200 cl	PERF	PRMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A C	ONSEQUENCE OF):	200 cl		PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A C	ONSEQUENCE OF):	200 cl	PERF	PRMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other algnificent condition	c. DUE TO (OR AS A C	ONSEQUENCE OF):		PERF	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A C	CONSEQUENCE OF):	28. PLACE OF DEATN (	PERF	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	c.  DUE TO (OR AS A C  d.  ina contributing to death but	CONSEQUENCE OF):		PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN	DUE TO (OR AS A C	CONSEQUENCE OF):	28. PLACE OF DEATN ( THER: Nursing Home 5  Residence F	PERFO	DRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  Wetural 5 Pending	DUE TO (OR AS A C	CONSEQUENCE OF):	28. PLACE OF DEATN ( THER: Nursing Home 5  Residence F	PERFO	DRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Metural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR AS A C  d	consequence of):  It not resulting in the second of the se	28. PLACE OF DEATN ( THER: Nursing Home 5 Residence F 29c. INJURY AT WORK? M 1 YES 2 NO	PERFO	PRMED? 2 NO 7 INJURY OCCUP	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO 27. MANNER OF DEATN 1   Metural 5   Pending 2   Accident   Investigation	DUE TO (OR AS A C d	consequence of):  It not resulting in the consequence of the consequen	28. PLACE OF DEATN ( THER: Nursing Home 5 Residence F 29c. INJURY AT WORK? M 1 YES 2 NO	Check only one)  a 5 Other (Specify)  2ed, DESCRIBE NOW	PRMED? 2 NO 7 INJURY OCCUP	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide	DUE TO (OR AS A C  d	consequence of):  t not resulting in the second sec	28. PLACE OF DEATN ( THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	PERFORM  1 VES  Check only one)  5 Other (Specify)  28d. DESCRIBE NOW  City or Town, State	PRMED? 2 NO 2 NO 4 INJURY OCCUP 4 and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NEO  Rural Route Number,
PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide detarmined  29a. CERTIFIER (Check only	DUE TO (OR AS A C  d	consequence of:  t not resulting in the second of the seco	28. PLACE OF DEATN ( THER: Nursing Home 5   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO Rt, factory, office	Check only one)  5 Other (Specify)  28d. DESCRIBE NOW  281. LOCATION (Stree City or Town, State)	PAMED?  2 NO  1 INJURY OCCUI  4 and Number or  anner as stated	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  REO  Rural Route Number,
PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A C  d	consequence of:  t not resulting in the second of the seco	28. PLACE OF DEATN ( THER: Nursing Home 5   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO Rt, factory, office	Check only one)  5 Other (Specify)  28d. DESCRIBE NOW  281. LOCATION (Stree City or Town, State)	PAMED?  2 NO  1 INJURY OCCUI  4 and Number or  anner as stated	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  REO  Rural Route Number,
PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide detarmined  29a. CERTIFIER (Check only	DUE TO (OR AS A C  d	consequence of:  t not resulting in the second of the seco	28. PLACE OF DEATN ( THER: Nursing Home 5   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO Rt, factory, office	PERFO  1 YES  Check only one)  a 5 Other (Specify)  28d. DESCRIBE NOW  281. LOCATION (Street City or Town, State)  ue to the cause(a) and make time, data and place,	PAMED?  2 NO  1 INJURY OCCUI  4 and Number or  1 anner as stated and due to the 6	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  REO  Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Metural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A C  d	consequence of):  It not resulting in the consequence of the consequen	28. PLACE OF DEATN ( THER: Nursing Home 5 Residence F 29c. INJURY AT WORK? M 1 YES 2 NO R, fectory, office	PERFO  1 YES  Check only one)  a 5 Other (Specify)  28d. DESCRIBE NOW  281. LOCATION (Street City or Town, State)  ue to the cause(a) and make time, data and place,	PAMED?  2 NO  1 INJURY OCCUI  4 and Number or  1 anner as stated and due to the 6	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  REO  Rural Route Number,
PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A C  d	consequence of):  It not resulting in the consequence of the consequen	28. PLACE OF DEATN ( THER: Nursing Home 5 Residence F 29c. INJURY AT WORK? M 1 YES 2 NO R, fectory, office	PERFO  1 YES  Check only one)  a 5 Other (Specify)  28d. DESCRIBE NOW  281. LOCATION (Street City or Town, State)  ue to the cause(a) and make time, data and place,	PAMED?  2 NO  1 INJURY OCCUI  4 and Number or  1 anner as stated and due to the 6	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  REO  Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Metural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A C  d	consequence of):  It not resulting in the consequence of the consequen	28. PLACE OF DEATN ( THER: Nursing Home 5 Residence F 29c. INJURY AT WORK? M 1 YES 2 NO R, fectory, office	PERFO  1 YES  Check only one)  a 5 Other (Specify)  28d. DESCRIBE NOW  281. LOCATION (Street City or Town, State)  ue to the cause(a) and make time, data and place,	PAMED?  2 NO  1 INJURY OCCUI  4 and Number or  1 anner as stated and due to the 6	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  REO  Rural Route Number,



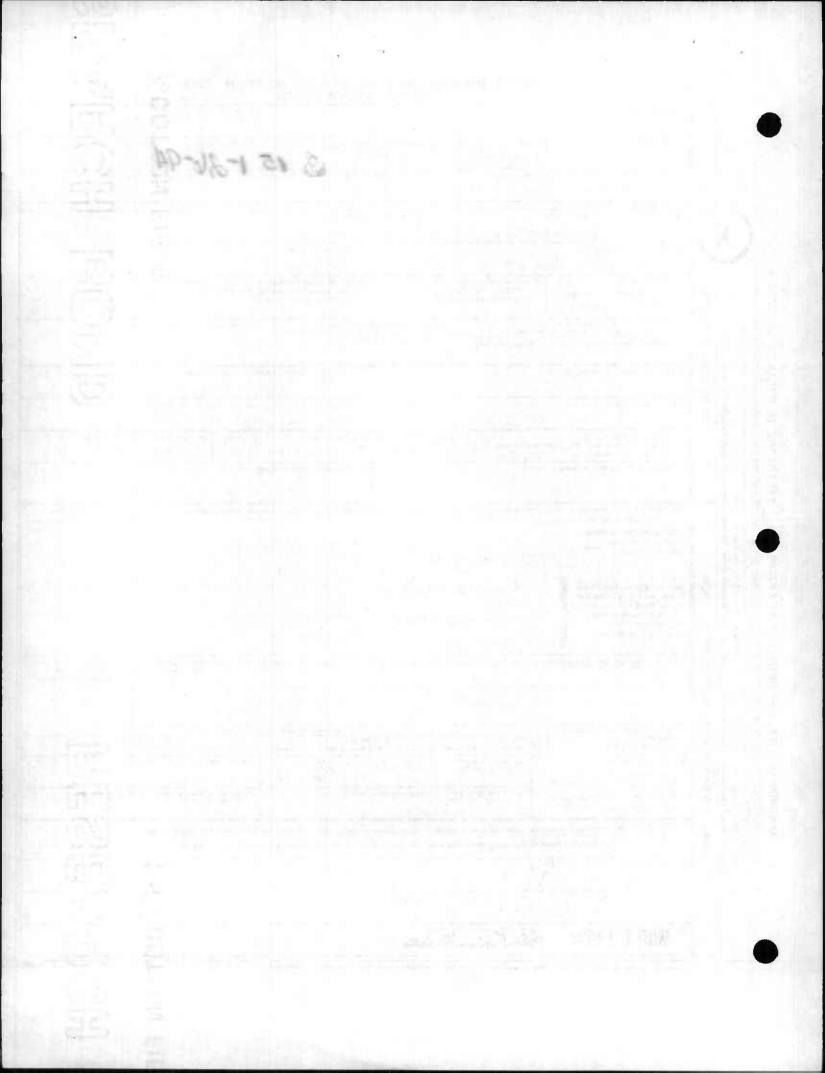
•	1	-	STATE	A
ı	1		ECEDENT'S	

æ	1. DECEDENT'S NAME (First, Middle, La	4)				REG.				
æ	THOMAS 1	PAUL	ROBERTSO	N, SR	•	2. DATE OF DEATH MONTH Feb. 1	DAY	3. TIME OF DEAT 10:05A		
	4. SOCIAL SECURITY NUMBER 214-28-0869	s. sex s. age	E (In yrs. lest birthday) 67 vrs.	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH		BIRTHPLACE (State or For		
30 1	90. FACILITY NAME (If not institution, gh 6020 SHARRETT I				OWN OR LOCATION OF D	EATH		Y OF DEATH ROLL		
REGI	RESIDENCE OF DECEDENT  100, STATE  100, COUNTARROLL  100, REFERENCE LOCATION						10d. INSIDE SITY			
RAL D	100 SUZU ANSHARRETT I	RD.			101. ZIP CODE 21	757	10g. CITIZE	N OF WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed Ma Phorped d	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	S 2 NO	If ye	S DECENDENT OF HISPA se, specify Cuben, Maxico YES 2 NO Specify NO	n, Puerto Rican, etc.	Yes or No- 14	Black, White, etc.  Specify: WHITE		
PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT us  BUS DR	vork done duri se retired.)	JPATION ng most of working		BUSINESS/INDUS	STRY		
E COMPL	17. FATHER'S NAME (First, Middle, Last) PAUL W. ROBERTSON  18. MOTHER'S NAME (First, Middle, Maiden Surname) LENA SINGER						CHOOL			
TO B	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
TO B	LOUISE S. ROBE  20a. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 R	0b. PLACE AND DATE (	OF DISPOSITION	ON (Name of		LOCATION CIT				
	Burlat   2   Cremation   3   Ramoval from State   Cemeter Committee of Pictor Piece   Pictor									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF	F):						
	PART II. Other algnificent conditions	d.	but not resulting i	in the unde	rlying cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?		
MEDICAL						_		1 - YES 2		
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (CI			1 🗆 YES 2 💢		
PHYSICIAN: MEDICAL	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL: 1   Inpatient 2   ER/Ou  28a. DATE OF INJURY (Month, Day, Year)	Y 28b. TIM	OTHER: 4 Nursing E OF 28	26. PLACE OF DEATH (CI g Home 5 N Residence ic. INJURY AT WORK? 1 YES 2 NO		W INJURY OCCU			
ED BY PHYSICIAN: MEDICAL	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (So	Y 28b. TIM INJ	OTHER: 4   Nursing E OF   28	Home 5 Residence c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HO	eet and Number or			
D BY PHYSICIAN: MEDICAL	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident 8 Could not determined  29a. CERTIFIER (Check only)  1 CERTIFYING PM	HOSPITAL: 1 Inpetient 2 ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (So	Y 28b. TIMI INJ RY — At home, farm, s pocify)	OTHER: 4   Nursing E OF   28 URY   M   street, factory	g Home 5 Residence ic, INJURY AT WORK?  I VES 2 No offica	8 Other (Specify)  28d. DESCRIBE HO  28t. LOCATION (Str. City or Town, S  to the cause(e) and	pet and Number or ate) manner as stated	RED  Aural Route Number,		

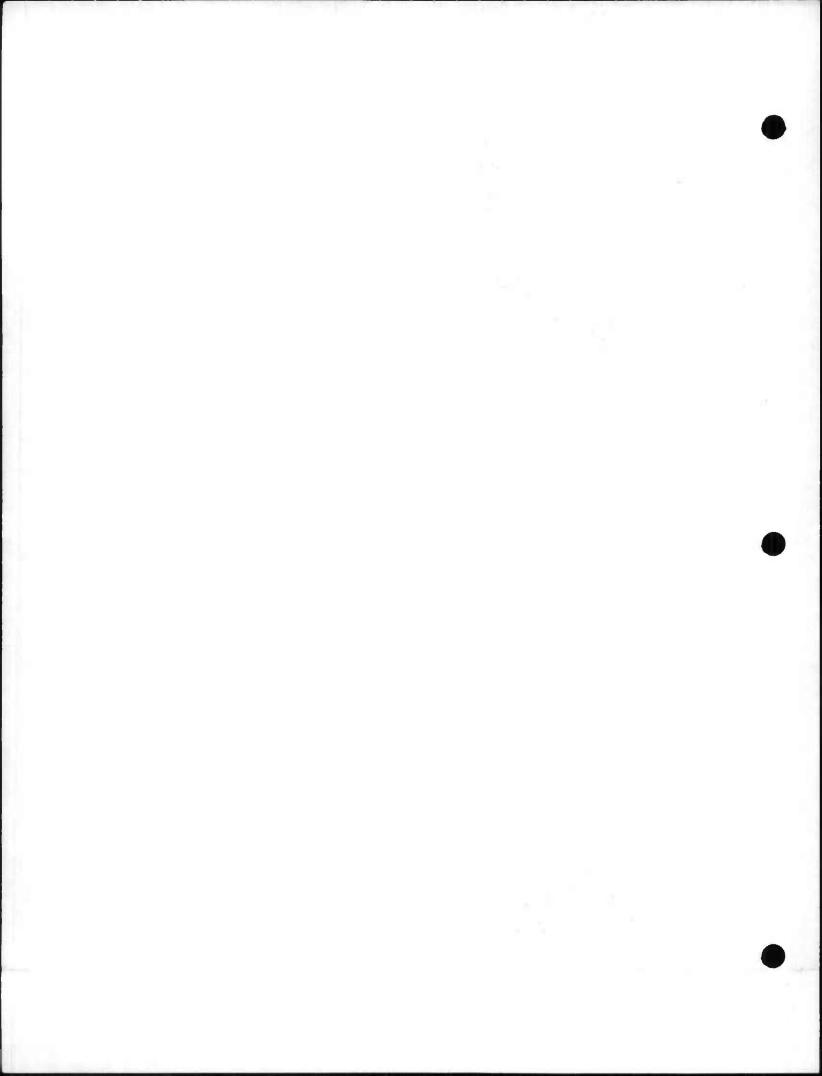


0	4		
0	2	the state	
Ś	9	52	
<b>BALTIMORE, MARYLAND 21215-00</b>	e e	52	
-	70	5	
2	78	ě	
	5	9	
Z	2	50	
4	92	det	
_	×	2	
~	0	P	
1	9	2	
2	E	20	
~	9	5	
шì	9	8	
Œ	E E	2	
0	9	8	
5	8	5	
	2	70	
-	=	9	
7	ea	2	
8	70	53	
	affe	YE OF	
	55	2 5	
_	8	5 0	
	177	45	
		PH.	
		ely filler ration,	
0,0	vittni.	eletely filler remation,	
,09	d within h	mpletely filler cremation,	
8760,	uted within.	completely filler	
68760,	xecuted within.	and completely fille burial, cremation,	
X 68760,	executed within	in and completely filler to burial, cremation,	
OX 68760,	be executed within	ician and completely filler rior to burial, cremation,	
BOX 68760,	rate be executed within	hysician and completely filler prior to burial, cremation,	
BOX 68760,	lificate be executed within	physician and completely filler ene prior to burial, cremation,	
.O. BOX 68760,	certificate be executed within	ding physician and completely filled lygiene prior to burial, cremation,	
P.O. BOX 68760,	th certificate be executed within	ending physician and completely filled if the hygiene prior to burial, cremation,	
3, P.O. BOX 68760,	feath certificate be executed within	attending physician and completely filler mal Hygiene prior to burial, cremation,	
S, P.O. BOX 68760,	e death certificate be executed within	the attending physician and completely filled Mental Hygiene prior to burial, cremation,	
3DS, P.O. BOX 68760,	the death certificate be executed within	by the attending physician and completely filler of Mental Hygiene prior to burial, cremation,	
ORDS, P.O. BOX 68760,	that the death certificate be executed within	d by the attending physician and completely filled and Mental Hygiene prior to burial, cremation,	
CORDS, P.O. BOX 68760,	is that the death certificate be executed within	ned by the attending physician and completely filler aith and Mental Hygiene prior to burial, cremation,	
<b>ECORDS, P.O. BOX 68760,</b>	uires that the death certificate be executed within	signed by the attending physician and completely filler Health and Mental Hygiene prior to burial, cremation,	
RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within	een signed by the attending physician and completely filler of Health and Mental Hygiene prior to burial, cremation,	
. RECORDS, P.O. BOX 68760,	in requires that the death certificate be executed within	<ul> <li>been signed by the attending physician and completely filler</li> <li>pt. of Health and Mental Hygiene prior to burial, cremation,</li> </ul>	
<b>AL RECORDS, P.O. BOX 68760,</b>	e law requires that the death certificate be executed within	has been signed by the attending physician and completely filler. Dept. of Health and Mental Hygiene prior to burial, cremation,	
TAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed within	ite has been signed by the attending physician and completely filler ate Dept. of Health and Mental Hygiene prior to burial, cremation,	
VITAL RECORDS, P.O. BOX 68760,	IN: The law requires that the death certificate be executed within	ficate has been signed by the attending physician and completely filler State Dept. of Health and Mental Hygiene prior to burial, cremation,	
VITAL RECORDS, P.O. BOX 68760,	CIAN: The law requires that the death certificate be executed within	ertificate has been signed by the attending physician and completely filler the State Dept. of Health and Mental Hygiene prior to burial, cremation,	
OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending pl	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	

	1 - FOR STATE REGISTRAR		LAND / DEPARTMENT OF CERTIFICATE OF	HEALTH AND MENT	TAL HYGIENE 9 1	07353	
	1. DECEDENT'S NAME (First, Middle, Baby Boy S')	EWART	/	2. DA	Musry day26, 1	3. TIME OF DEATH 11:10 p:	
	4. SOCIAL SECURITY NUMBER infant	1 XXM 2 🗆 F	E (in yrs. lest birthday   IF UNDER 1 YEAR YRS.   MONTHS   DAYS	A. 15 1	-2 (-94	BIRTHPLACE (State or Foreig Country) MD	
CTOR	9a. FACILITY NAME (If not institution, Franklin Squar RESIDENCE OF DECEDEN	e Hospital Cen		nore	Balt	imore County	
DIREC	10a. STATE 10b. Co		Baltimore			10d. INSIDE CITY LIMITS? 1 TYES 2 THE	
SER ME	9000 Franklin	Square Drive	1	or. ZIP CODE 21237	U.S	EN OF WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS  1. Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO It yes, s	ECENDENT OF HISPANIC ORI specify Cuben, Maxican, Puer S 2 NO Specify:	GIN? (Specify Yes or No— 1 to Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify: black	
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	grade completed)  College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPAT (Give kind of work done during in life. Do NOT use retired.)	TION nost of working	16b. KIND OF BUSINESS/INDU	STRY	
OMP	Infant  17. FATHER'S NAME (First, Middle, Let	infant	infant	18. MOTHER'S NAME (FIN	infant at, Middle, Melden Sumame)		
BE C	Reynolds Stewart			Sabrina		1	
TO B	19a. INFORMANT'S NAME (Type/Print)  hospital records  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  9000 Franklin SQuare Drive						
		hospital dispo	ob. PLACE AND DATE OF DISPOSITION (I emetery cremetory or other place) OSAL Franklin S	quare Hospit	ate 20c. LOCATION — Cr a1 2/3/94 B.	ty or Town, State altimore MD	
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	22. NAME	AND ADDRESS OF FACILITY			
AL CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A COMSEQUENCE OF):	Iver &	2304	Es .	
MEDICAL	PART II. Other eignificant con-	iltiona contributing to death	but not resulting in the underlyi	ng ceuse given in Part i.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	OTHER:	PLACE OF DEATH (Check only			
HYS	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year,	Y 26b. TIME OF 28c. II	me 6 Residence 6 0 #JURY AT 26d. I	ther (Specify) DESCRIBE HOW INJURY OCCU	RED	
ВУ	Netural 6 Pending 2 Accident Investigs 3 Suicide 6 Could no	tion 28e PLACE OF INJUI	M 1RY — At home, farm, street, factory, off	YES 2 NO 251. L	OCATION (Street and Number of ity or Town, State)	- Rural Route Number,	
LETED	4 Homicide detarmin	ed				072	
COMPLET		MINER: On the beals of examinat	owledge, death occurred at the time, de tion and/or investigation, in my opinion,		lete and place, and due to the		
TO BE	c AKNO	We MI	OB-GYN DEATH (ITEM 27) (Type Print)	D0924	13 11	126194	
	Stephen L. Hoo		OEATH (ITEM 27) (Type, Print) O Franklin Squar	e Drive Ba	ltimore, Mary	land 21237	
	MAR 1 1 1994	32. REGISTRAR'S SIC	Randall				



		diririle Leet		(	CERTIFI	CATE O	HEALTH AND F DEATH		REG. NO.		94	
	1. DECEDENT'S NAME (First, A	WOONE, LIISI)	Ch					M	ATE OF DEATH		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	R	Shu 5. SEX	D D B. AGE (in yrs.	last birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.		Februar ATE OF BIRTH			4 7:15 ACE (State or Foreign
	217-56-03	40	1- M 2 F	83	YRS.	MONTHS DAY		(1	Worth, Day, Year)	. [	Country)	
	9a. FACILITY NAME (If not insti			0.3		9b. CITY, TOW	VN OR LOCATION OF I		5-8-191		TY OF DEAT	
ECTOR	Avalon Man	nor H	ome Inc	•		Hage	erstown				ingt	
- J. SE		10b. COUNTY			10c, CITY	TOWN OR LO	CATION				10-	d. INSIDE CITY
VA	MD.	Washi	naton		C1	ear S	Spring.				1.8	LIMITS? YES 2NO
<b>₹</b>	10e. STREET AND NUMBER						101. ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
9	15128 Hic	ksvi]	le Road	<u> </u>			21722			Π.	S.A.	
FUN	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 15	EVER IN U.S.	ARMED	13. WAS I	DECENDENT OF HISPA , specify Cuban, Mexic	ANIC OF	IIGIN? (Specify Yes		14. RACE -	American Indian, hite, etc.
_ ≿	Never Married 2 M 3 Widowed 4 Divorc		IF YES, GIVE WA	R OR DATES			YES 2 NO Spec		rio riican, etc.)	ı	D W	white
	15. DECEC	DENT'S EDUCA	ATION	160	DECEDENT'S	ISHAL OCCUP	ATION		445 KIND OF BUIL			"11100
		highest grade c	ompleted)		(Give kind of w life. Do NOT use	ork done durina	most of working		16b. KIND OF BUS	SINESS/INDI	USTRY	
7	Elemental y Secondary (0-1)	4)	College (1-4 or 5+)		Farm	er		ı	Far	m		
once. COMPLETED	17. FATHER'S NAME (First, Mide	dle, Last)					18. MOTHER'S N	AME (FI	rst, Middle, Malden			
# III	Joseph M	Shi	ınn						Cline		Ch.	
TO BI	19a. INFORMANT'S NAME (Typ				19b. MAILINO	ADDRESS (Stre	et and Number or Rura					pp
	Lillie P	almer			249	S. Mu	1berry	St	Hager	etow	n M	D 2174
E E	20a. METHOD OF DISPOSITIO	N			CEANDDATEO	F DISPOSITION					Ity or Town,	
must.	4 Donation 5 C Other (5		al from State		Paul		2-28-1	994	Cle	ar S	nrin	a. MD
examiner	21. SIGNATURE OF FUNERAL	BERVICE LICE	MARIE / A /	/		22, NAME	AND ADDRESS OF F	ACILITY	,		_	
E K	1/// 1/4	1//1		au			ompson O.Box 3					
medical	23. PART I. Enter the dise	on co	mplications that	caused the	death. Do no	ot enter the	mode of dying, su	ch as	cardiac or respi	ratory am	eat.	MD. 21
	snock, ser nea	Tallure. Li	ist only one cause	e on each if	ina.							interval Bety
흩							44,					Onset and D
	iMMEDIATE CAUSE (Final disease or condition		Card	mml	MARI	in In	reluse)					Onset and D
vent.		a.	Cardi DUE TO (D	DML DR AS A CONS	MANA SEQUENCE OF	y Fo	reluse			_		2-3 d
tic event, the	disease or condition resulting in death)		Cardo DUE TO (0	DML DR AS A CONS	MONIX SEQUENCE OF	Pome	reluse					2-3 d
	disease or condition resulting in death)  Sequentially list condition if any, leading to immedia	na, C b.	DUE TO (0	DML OR AS A CONS LASA CONS	SEQUENCE OF	lome	reluse					2-3 d
	disease or condition resulting in death)	na, ata	DUE TO (O	bent	SEDUENCE OF	lome in	)					2-3d 2yrs
	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events	na, ata	DUE TO (O	bent	My	lome	)	In	. 1180	'asc	,	2-3d 2-3d 2/13
or other traumatic	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury	na, ata	DUE TO (O	bent	SEDUENCE OF	lome lome	)	la	disc	ax		2-3 d 2 / 3 3 / 0 / 2
injury, or other traumatic	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events	ne, ata G	contributing to d	HAS A CONS	SEQUENCE OF	lome in BC	) Vacu		l. 24a, WAS AN	AUTOPSY	24b. WE	2-3d 2 /2/2 /0/2
any injury, or other traumatic	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ne, ata G	A40	HAS A CONS	SEQUENCE OF	lome in BC	) Vacu		24a, WAS AN PERFOR	AUTOPSY MED?	24b. WE	2-3 d 2-
any injury, or other traumatic	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ne, ata G	contributing to d	HAS A CONS	SEQUENCE OF	lome in BC	) Vacu		l. 24a, WAS AN	AUTOPSY MED?	24b. WE	2-3 d
MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ne, ata G	contributing to d	HAS A CONS	SEQUENCE OF	lome in BC	) Vacu		24a, WAS AN PERFOR	AUTOPSY MED?	24b. WE	2-3 d 2-
MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G d d d d d d d d d d d d d d d d d d	contributing to di	HAS A CONS	SEDUENCE OF	lomes:	) Vacu	n Part	24a, WAS AN PERFOR	AUTOPSY MED?	24b. WE	2-3 d
flem 23 shows any injury, or other traumatic SICIAN: MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G Conditiona	contributing to d	HAS A CONS	SEDUENCE OF SECUEN	Lane.	)  Vacuation of the second of	n Part	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WE	2-3 d
or Item 23 shows any injury, or other traumatic IYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent  25. WAS CASE REFERRED TO EXAMINER?  1  YES 2 NO  27. MANNEROF DEATH	ate G d d d d d d d d d d d d d d d d d d	contributing to de	eath but no	SEDUENCE OF SECUEN	OTHERS	VICLUA Ving cause given in	heck on	24a. WAS AN PERFOR	AUTOPSY MED?	24b, WE AM CO OF 1 [	MPLETION OF CAUS DEATH?
or Item 23 shows any injury, or other traumatic IYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediacause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNEROF DEATH  1 Netural 5 Pe	ate G d d d d d d d d d d d d d d d d d d	contributing to de	eath but po	SEDUENCE OF SEOUEN	OTHER: 4 Drursing H OF 28c. RY M 1	PLACE OF DEATH (Come 5 Residence INJURY AT WORK?	heck on	24a. WAS AN PERFOR  1  YES 2	AUTOPSY MED?	24b, WE AM CO OF 1 [	2-3 d
is marked, or item 23 shows any injury, or other traumatic D BY PHYSICIAN: MEDICAL CERTIFICATION	disease or condition resulting in death)  Sequentially list condition if any, leading to immediacause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNERIOF DEATH  1 Natural 5 Part III Natural	ata G d d d d d d d d d d d d d d d d d d	contributing to de	eath but po	SEDUENCE OF SEOUEN	OTHER: 4 Drursing H OF 28c. RY M 1	PLACE OF DEATH (Come 5 Residence INJURY AT WORK?	Part   Check on 28d.	24a. WAS AN PERFOR  1  YES 2	AUTOPSY MED?  NO	24b. WE AW CO OF 1 [	2-3 d
m 28 is marked, or item 23 shows any injury, or other traumatic ETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNEROF DEATH  1 Natural 5 Pa 2 Accident Imm 3 Suicide 8 Cc 4 Homicide de	a. a. a. a. a. a. a. a. a. a. a. a. a. a	Contributing to de	eath but po	SEDUENCE OF SEOUEN	OTHER: 4 Drursing H OF 28c. RY M 1	PLACE OF DEATH (Come 5 Residence INJURY AT WORK?	Part   Check on 28d.	24a. WAS AN PERFOR 1 YES 2  Ny one)  Other (Specify)  DESCRIBE HOW IN	AUTOPSY MED?  NO	24b. WE AW CO OF 1 [	2-3 d
if Item 28 is marked, or Item 23 shows any injury, or other traumatic IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNEROF DEATH  1 Natural 5 Part III Natural 5 Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	me, ate G I conditiona  MEDICAL  Medical  Med	contributing to de CALLE   Contributing to de CALLE   Contribution	eath but po	SEDUENCE OF SEOUEN	OTHER: 4 Driving H OF 28c. In the time, d	PLACE OF DEATH (Come 5   Residence INJURY AT WORK? YES 2   NO	Check on 28d.	24a. WAS AN PERFOR 1 YES 2  The result of th	AUTOPSY MED?  NO NURY OCC	24b, WE NW CO OF 1 [	2-3 de 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2
if Item 28 is marked, or Item 23 shows any injury, or other traumatic IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNEROF DEATH  1 Natural 5 Part III Natural 5 Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	me, ate G I conditiona  MEDICAL  Medical  Med	contributing to de CALLE   Contributing to de CALLE   Contribution	eath but po	SEDUENCE OF SEOUEN	OTHER: 4 Driving H OF 28c. In the time, d	PLACE OF DEATH (Comments of the comments of th	Check on 28d.	24a. WAS AN PERFOR 1 YES 2  The result of th	AUTOPSY MED?  NO NURY OCC	24b, WE NW CO OF 1 [	2-3 d
if Item 28 is marked, or Item 23 shows any injury, or other traumatic IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNEROF DEATH  1 Natural 5 Part III Natural 5 Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	me, ata G d d d d d d d d d d d d d d d d d d	contributing to de CALLE   Contributing to de CALLE   Contribution	eath but po	SEDUENCE OF SEOUEN	OTHER: 4 Driving H OF 28c. In the time, d	PLACE OF DEATH (Come 5   Residence INJURY AT WORK? YES 2   NO	check on 28d. 28f. 28f.	24a. WAS AN PERFOR 1 YES 2  The result of th	AUTOPSY MED? NO NO NURY OCC	24b, WE NW CO OF 1 [	2-3 d
IPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNEROF DEATH  1 Netural 5 Part Immediate death Immed	me, ate G E E E E E E E E E E E E E E E E E E	contributing to de  CONTRIBUTION  CONTRIBUTI	ER/Outpatient JURY Vear)  INJURY — Al c. (Specify)  y knowledge, mination and/	SEDUENCE OF SEOUENCE OF CLUB SEOUENCE OF	OTHER: A Driving H OF 28c. RY M 1 [ reet, factory, or	PLACE OF DEATH (Colors 5   Residence INJURY AT WORK?   YES 2   NO office Injury At work and place, and during death occurred at the colors of	check on 28d. 28f. 28f.	24a. WAS AN PERFOR 1 YES 2  The result of th	AUTOPSY MED? NO NO NURY OCC	24b, WE MM CO OF 1 [ I VIDED OF Flural Flouries of cause(a) and cause(a) and cause(a) and cause(a) and cause(b) and cause(	2-3 d  2-
TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNEROF DEATH  1 Natural 5 Part In Na	me, ate G E E E E E E E E E E E E E E E E E E	contributing to de  CONTRIBUTION  CONTRIBUTI	ER/Outpatient JURY Vear)  INJURY — Al c. (Specify)  y knowledge, mination and/	SEDUENCE OF SEOUENCE OF CLUB SEOUENCE OF	OTHER: A Driving H OF 28c. RY M 1 [ reet, factory, or d at the time, d ,, in my opinior	PLACE OF DEATH (Come 5   Residence INJURY AT WORK?   YES 2   NO office Interest of the course of the	check on 28d. 28f. 28f.	24a. WAS AN PERFOR 1 YES 2  The result of th	AUTOPSY MED? NO NO NURY OCC	24b, WE MM CO OF 1 [ I VIDED OF Flural Flouries of cause(a) and cause(a) and cause(a) and cause(a) and cause(b) and cause(	2-3 d
IPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNEROF DEATH  1 Netural 5 Part Immediate death Immed	me, ata G E E E E E E E E E E E E E E E E E E	contributing to de  CONTRIBUTION  CONTRIBUTI	ER/Outpatient JURY Vear)  INJURY — Al c. (Specify)  y knowledge, mination and/	SEDUENCE OF SEOUENCE OF CLUB SEOUENCE OF	OTHER: A Driving H OF 28c. RY M 1 [ reet, factory, or d at the time, d ,, in my opinior	PLACE OF DEATH (Colors 5   Residence INJURY AT WORK?   YES 2   NO office Injury At work and place, and during death occurred at the colors of	check on 28d. 28f. 28f.	24a. WAS AN PERFOR 1 YES 2  The result of th	AUTOPSY MED? NO NO NURY OCC	24b, WE MM CO OF 1 [ I VIDED OF Flural Flouries of cause(a) and cause(a) and cause(a) and cause(a) and cause(b) and cause(	2-3 d



1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH March 2. 1994 YEAR Wilbur Ray Sigler 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) Feb. 17, 1917 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 DM 2 - F 216-07-7237 YRS. Maryland J, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 50 N. Main St. Washington Smithsburg FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Ma. Washington Smithsburg TY YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 50 N. Main St. 21783 U.S.A hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 — YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married specify White BY 3 Widowed 4 Divorced as the COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY use (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) detached for Metal Worker Army Depot 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) urs after death. Page 6 may be retained by the Wilbur R. Sigler Mary Case notified at BE funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary G. Sigler 50 N. Main St. P.O. Box 173 Smithsburg, Md. 21783 pe 20a. METHOD OF DISPOSITION

XX Burtal 2 Cremation 3 Ren 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, Stata must Sincomology of other placed emetery 3-5-94 Smithsburg, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGHT examiner 22. NAME AND ADDRESS OF FACILITY Davis Funeral Home Cenno 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, Smithsburg, Md. 21783 signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. the medical Approximate ahock, or heert failure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final **Onset and Death** LERMINAL CANCER OF LOWES WITH METAS FAS IS
DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with X-Vece Emphy SEMA traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO shows 1 YES 2 NO has been s Dept. of H 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) this certificate has with the State Carte EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO marked, 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY After 1 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: AF 28 is i 3 Suicide 6 Could not be COMPLETED 4 Homicide ltem. 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL TO THE FUNERAL ID BE filed within 72 h MEDICAL EXAMINER: On the bests of exemination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

ClevelAND

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

913

REG. NO

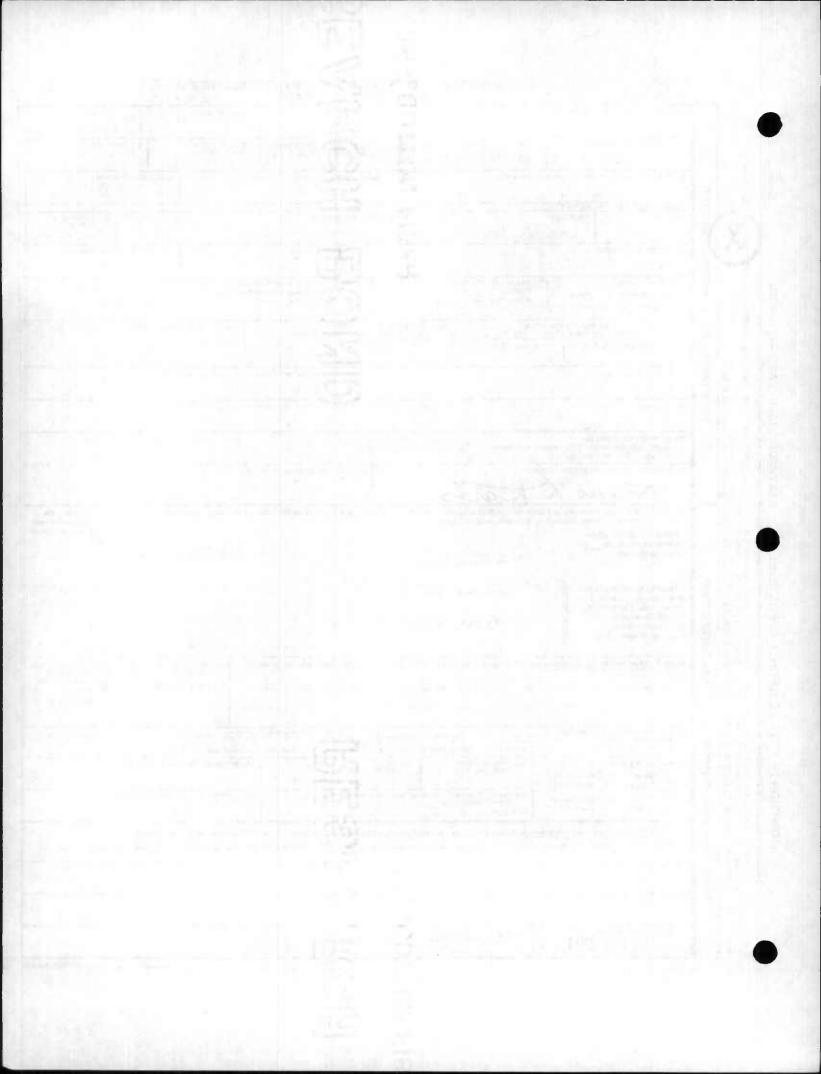
FOR STATE REGISTRAR

1 -

2

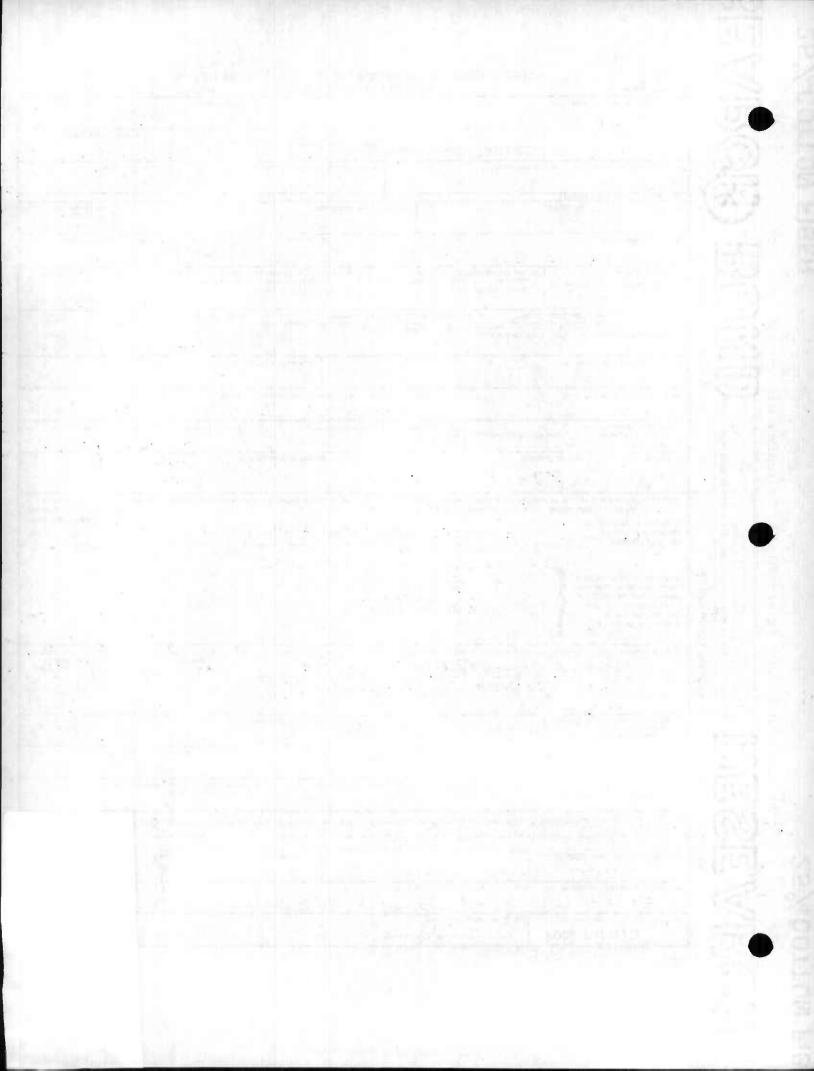
31. DATE FILED (Month, Day

0 4 1994

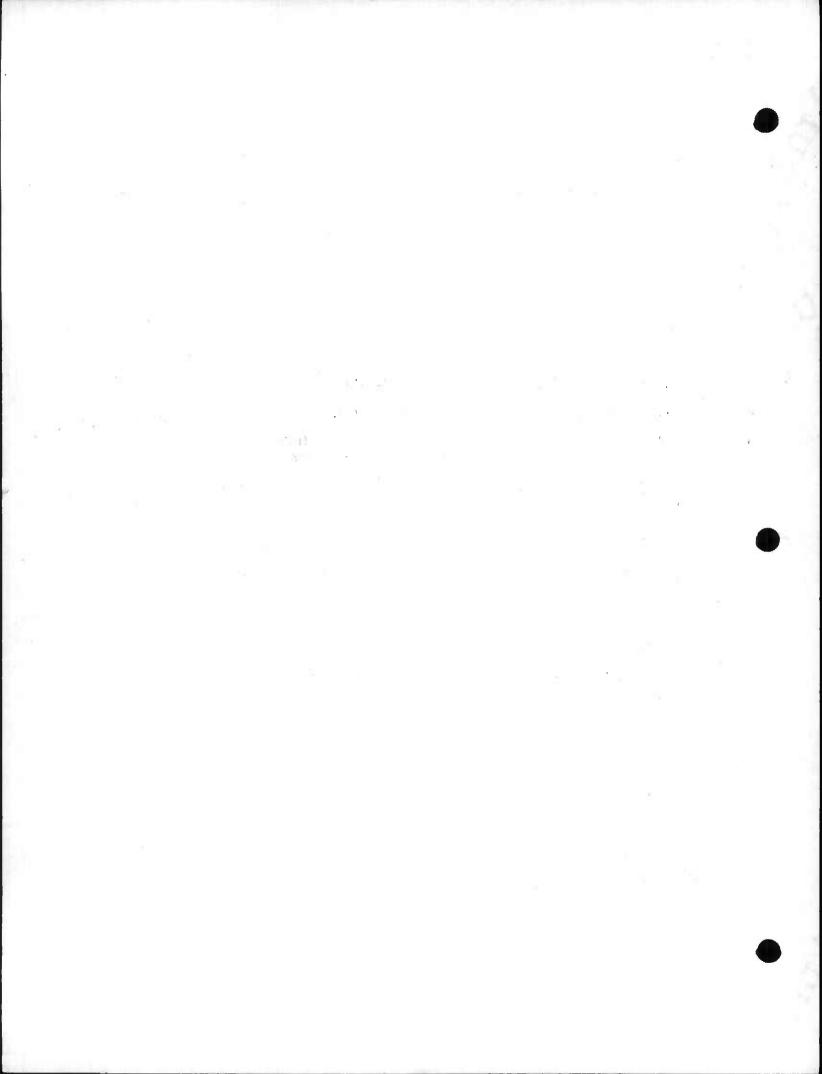


		8
4jesj	an.	ransit
BALTIMORE, MARYLAND 21215-0020	death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	e attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per Aental thygiene prior to burial, cremation, or remoral.
ŏ	Du	2
छ	pua	8
2	r att	nse
N	310	è
9	Spir	hed
A	e h	etac
5	y th	pe q
æ	pe	P
4	tain	Sho
2	90	e 5
Ä	ay	рас
Ö	9	ctor.
Σ	age	dire
F	h. P	era
A	deat	å .
m	fter	the
	ITS 3	n by
	100	ed .
4		y fil
0	Air	erte
92	y pa	omo
28	SCEE.	nd c
×	9 600	5 2
0	e D	Sicla
	ifical	phy and
0	cert	ding
S, P.O. BOX 68760	ath	he attending physician and completely filled in by the fental Hygiene prior to burial, cremation, or removal.
Ś	de	Aen

	REGISTRAR		CENTIF	ICATE	OF DEATH	REG. NO	. 24	01000	
	1. DECEDENT'S NAME (First, Middle, Last Thelma Irene					2. DATE OF DEATH DATE IN MONTH DATE I	1994	3. TIME OF DEATH	
6	4. SOCIAL SECURITY NUMBER 214-09-3908		In yrs. last birthday) O YRS.	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Dec 23 19		BIRTHPLACE (State or Foreign Country) Maryland	
and a	Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH		
(X)	Colton Villa			Hagerstown			Washi	ngton	
F . W	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
10	Maryland Wa	shington		Williamsport				1 YES 2 NO	
permit.	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		
Tansit N	12405 Cedar Ridg			21795				S.A.	
se as the burial-transft se as the burial-transft series the burial-transft series as the burial-transf	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEOENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	II yes	OECENDENT OF HISPAN s, specify Cuben, Maxica YES 2 NO Specify	n, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White	
TED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	USUAL OCCU	PATION	18b. KINO OF BU			
2 2	Elementary/Secondary (0-12)	College (1-4 or 5+)		nemake	g most of working	Ow	m Home		
be detached in at once.	17. FATHER'S NAME (First, Middle, Last)					Williamsport, Md. 21795  DATE 20c. LOCATION — City or Town, Stete Hagerstown, Marylan			
E S S S					Helda Hilman				
5 should be detached to notified at once.  TO BE COMPLI	19a. INFORMANT'S NAME (Type/Print)	THE THINKS	196. MAILING	ADDRESS (St			n, State, Zip Co	de)	
	James C. Parran	12405	Cedar	Ridge Rd.	Williams	port,	Md. 21795		
must be	20a. METHOD OF DISPOSITION 1 Burlel 2 A Cremetton 3 Re	noval from State can	PLACE AND DATE	OF DISPOSITIO	N (Name of	DATE 20c. LO	CATION — City	or Town, State	
rage 6 may Il director, pa	4 Donation 5 Other (Specify)	T	etery, cremetory or of agerstow	n Cren	natory 3-3	3-94 Ha	gersto	wn, Maryland	
is and dean. Fage 6 may be which the work of the control of the co	21. SIGNATURE OF FUNERAL SERVICE L	0-01	meet	22. NAM	E. Wilson	Minnich Blvd. Hag	Funer	al Home m, Md. 21740	
train attending the processing of the second with attending thy visition and completely filled that Afgiene prior to burial, cremation, ry, or other traumatic event, the inception of the second of t	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the initiated events resulting in deeth) LAST	DUE TO JOH AS	CONSEQUENCE O	35	ant Fe				
	PART II. Other algolficent condition	ons contributing to deeth b	ut not resulting		lying cause given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDING	
equires en sign of Heat hows	5/P C	one pasa	nous alor o	edi	hs life	1 Tes 2		COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
cate has State Dep Item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF OEATH (Ch	eck only one)			
certificate the State i, or iten HYSIC	1 TES 2 NO	1   Inpetient 2   ER/Out	patient 3 🗆 DOA		Home 5 🗆 Residence	6 ☐ Other (Specify)			
ing Physicians: the law in the this certificate has be sain with the State Dept.  marked, or Item 23 s.  BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Till IN.	JURY	: INJURY AT WORK?	28d. DEŞCRIBE HOW	NJURY OCCUP	IED	
CTOR: A after d 28 is	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Spe	— At home, ferm, cify)	1, street, factory, office  26i. LOCATION (Street and Number or Rural Route City or Town, State)		Rural Route Number,			
	0001	SICIAN: To the best of my know							
POR JEE	296. SIGNATURE NO THEE DE CERTIF	Cer	4		29c. LICENSE NUI	MBER U37	29d. DATE S	IGNED (Month, Day, Year)	
T 888	30. NAME AND ADDRESS OF PERSON W	COPPEC	ATH (ITE 27) (Type	Print)	UNS Prof	ressional	Cow	t. Bagust	
	AL DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE C					7 0	



		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF	HEALTH AND DEATH	MENTAL HYGIEI REG. NO		4	7357
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y		TIME OF OEATH
		Howard Benjam						2, 199		06:40 A M
		4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
pla		162-22-4404  9a. FACILITY NAME (If not institution, give s	1 🖫 M 2 □ F   6.	5 YRS.			Aug. 15,			sylvania
3 should	Œ					OR LOCATION OF D	EATH	9c. COUNTY		
1, 2,	RECTOR	Washington Count	y nospital		наде	rstown		Wasi	hingt	ion
1	RE	10e. STATE 10b. COUNT	Y	10c. CiT	Y, TOWN OR LOCA	ATION			10-	d. INSIDE CITY LIMITS?
( x X	0	Maryland Was	hington	H	lagersto					YES 2 NO
E.	Æ		G		1	of. ZIP CODE				T COUNTRY?
Hra	FUNE	125 N. Prospect	12. WAS DECEDENT EVER IN	IIIS ADMED	12 WMC DE	21740	NIC ORIGIN? (Specify Ye		S.A.	
-0020 ing physician the bunal-tra		1 Never Merried 2 Merried	FORCES? 1 X YES	2 NO	If yee, a	pecify Cuben, Mexic S 2 ANO Specific	en, Puerto Ricen, atc.)	18 Or No.— 14	Black, W	Americen Indian, hite, etc.
21215-0020 Il or attending bhysici for use as the bunal-	B	3 Widowed 4 Divorced	TEO, GIVE THAT ON BY		'''	S Z ZONO Speci	ry:		Specify:	hite
atter use a		15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	USUAL OCCUPAT	ION lost of working	166, KIND OF BU	JSINESS/INDUS	TRY	
	Ē	Elementary/Secondary (0-t2)	College (1-4 or 5+)	life. Do NOT u				161		
AND 2 the hospital detached for	COMPL	U 8  17. FATHER'S NAME (First, Middle, Lest)		Might	Watchma			e Miss	lon	
YLA by the be deti	CO	Colombus C. Stin	e				AME (First, Middle, Maide) Forsythe	n Surname)		
MARYLAND retained by the hospit should be detached notified at once.	m	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To	wn State Zio Ca	nde)	
	OT	Dorcas Black					lagerstown		,	21740
# 8 2 P		20a_METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Rem		PLACE AND DATE	OF DISPOSITION (A	lame of	DATE 20c. L	OCATION — City		
MOR ge 6 ma irector, p	1	4 Donation 5 Other (Specify)	G:	reenLawn		al Park 3		illiams	sport	, Marylan
ALTIN death. Pag e funeral din J. examiner	i	21. SIGNATURE OF FUNERAL SERVICE LIC	-2220		15	AND ADDRESS OF FA	Minni Minni	ch Fune	eral	Home
		2 cott	Mun	1326-66	415	E. Wilson	n Blvd. Ha			
nours after d in by th or remove		23. PART I. Enter the diseases, or o	complications that caused List only one ceuse on e	the death. Do	not snter the m	ods of dying, suc	ch as cardiac or rasp	piratory srres	t,	Approximata
		IMMEDIATE CAUSE (Final	cost only one coulde on en	out iiile.						Interval Between Onset and Death
t, tati		diseese or condition resulting in death)	. Elichmechin	real dis.	sountran					10 mins.
D 5 - 5		_	,	CONSEQUENCE O		couts no	181	1.0	+	2.
68 and bun	ERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE O	n:	acces my	conduct my	my / Inta	rel	30 mins
	CAT	cause. Enter UNDERLYING							8 hours	
certificate nding physiene pr	Ē									7 . 4,100
U + B E 5	E	resulting in desth) LAST	d. Undulying di	lated non	ischemiz.	congestive	Cardiomypp	thy		>1 year
the deal of the atthe derital of Merital Injury,	AL C	PART ii. Other significant condition	s contributing to death b	ut not resulting	in the underlyis	ng ceuse given in	Part i. 24s. WAS A	N AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
ORE s that the med by the and left and any left	CA	Myclipioliterapie ais	order with the	umbocy for	is, levekoc	y bis poly	PERFO	PRMED?	AM	MILABLE PRIOR TO IMPLETION OF CAUSE
RECOl requires the seen signed of Health a shows any	MEDIC	cytremia, hyporten				1 1 1 1 1 1	1 🗆 YES	2 90 NO		DEATH?
AL RE e law requent bas been Dept. of 1 23 sho	z		-						"	J 120 1 KINO
ITA!	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C)	neck only one)			
F VIT.	YSI	1 TYES 2 NO	1 X Inpatient 2 - ER/Outp	atlent 3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Reeldence	8 Other (Specify)			
ON OF ING PHYSIC fiter this ce eath with t marked,		27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY W	JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCUP	RED	
ON After death death	B	2 Accident Investigation	28e. PLACE OF INJURY	- At home form		YES 2 NO	net LOCATION (Com	and March and	2 2	
DIVISION OF VITAL RECORDS, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the a be filed within 72 hours after death with the State Dept. of Health and MentimpORTANT: If item 28 is marked, or item 23 shows any injury.	ETED	3 Suicide 8 Could not be 4 Homicide datermined	building, atc. (Spec	ify)	streat, tectory, orn	ce	28f. LOCATION (Street City or Town, State	end Number or	Hunii Houte	) Number,
DIV OR AI DIREC hours		29a. CERTIFIER	CIAN. To the best of our board							
# 28 F	COMPL		CIAN: To the bast of my knowled:  R: On the basis of exemination							d manner on stated
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If		29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU				
F SE F	B	0 -1 - 1 - 1 - 1 - 1	MD.			D 44316			2/94	onth, Day, Year)
6 6 8 <b>X</b>	2	30. NAME AND ADDRESS OF PERSON WH		ATH (ITEM 27) (Type	, Print)	V 7 (7)8	- 4	1, 7	-7 11	
		some Scott	Hamilton	M.D	354	m:11	St Ha	a M	1 -	31747
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			7. (1 ) 1	21. 110	1. 10	0,0	21110
		MAR 0 4 1994	Julia Savisan	- Findall						

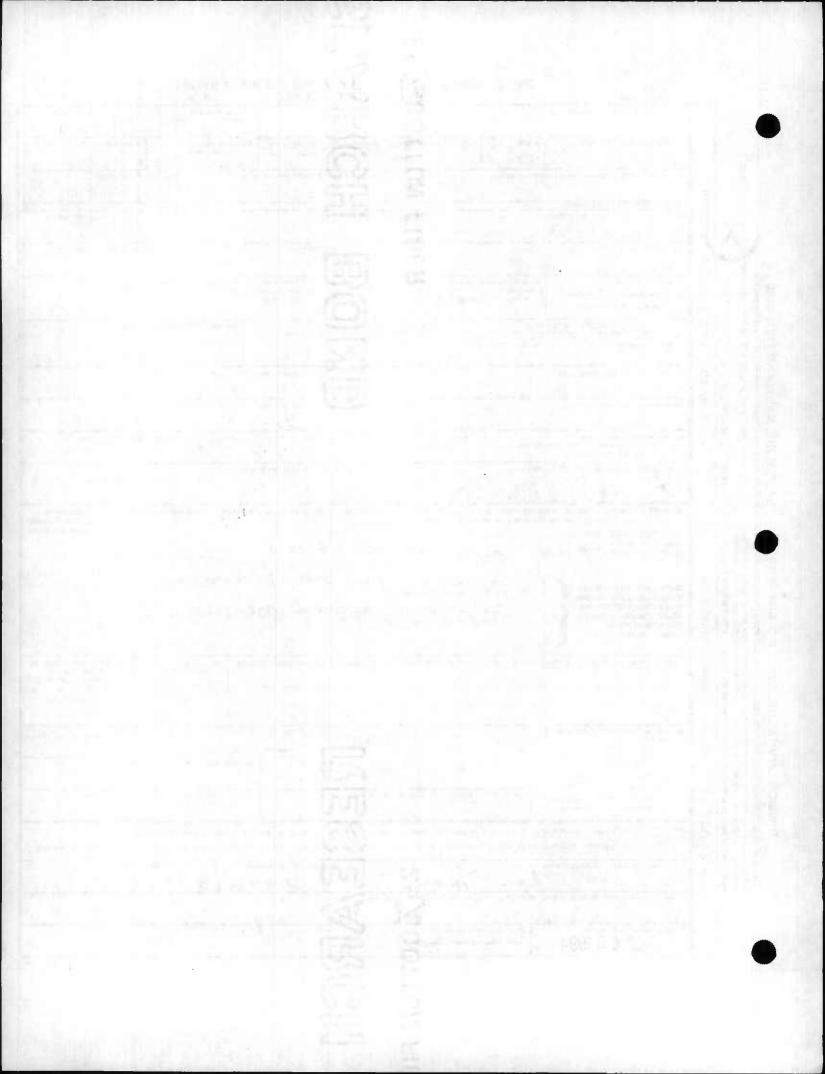


BALTIMORE, MARYLAND 21215-0	death. Page 6 may be retained by the hospital or attending	funeral director, page 5 should be detached for use as the
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospital or attending	1. DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Ravi C. Yuy.

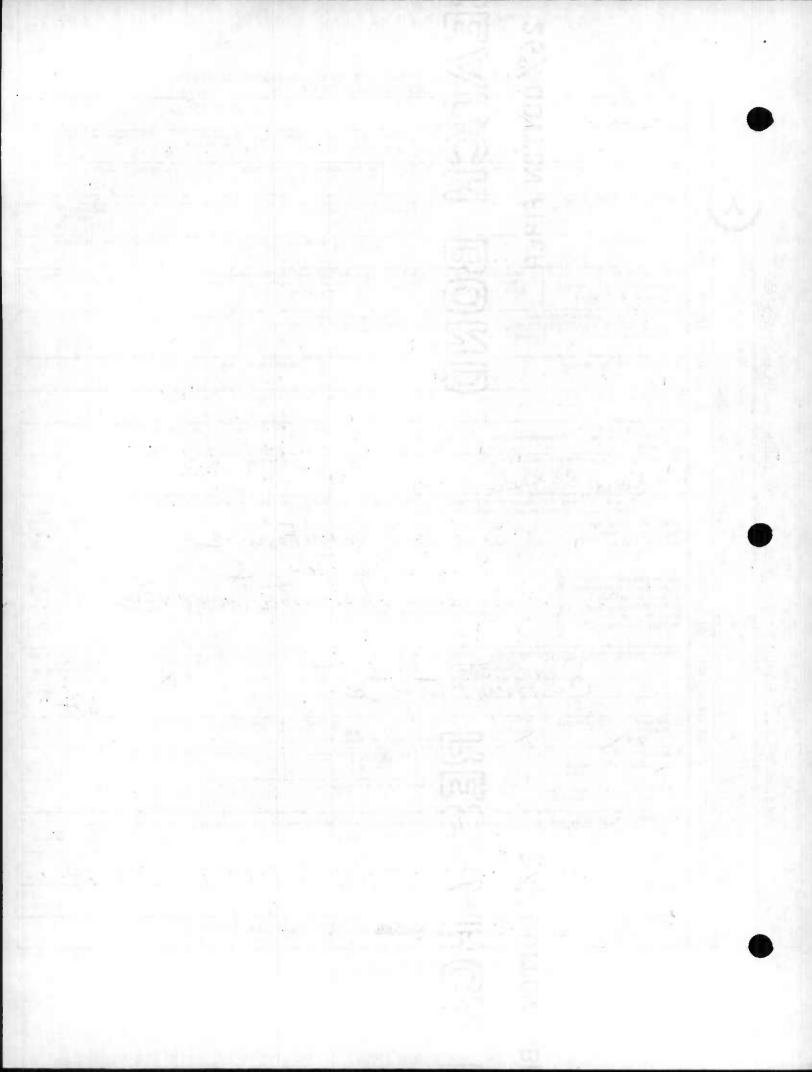
31. DATE FILED (Month, Gey, Year)

	1. DECEDENT'S NAME (First, Middle, Lest) Winston Cart		Sr	TIFICATE (		2. DATE OF DEATH MONTH		YEAR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		hday) IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		94	03:10			
	228-60-9836	1 💢 M 2 🗆 F	6. AGE (In yrs. last birti	RS. MONTHS DA	YS HOURS MIN.	Dec. 14,	1945	Vir	ce (State or Foreign		
ECTOR	9a. FACILITY NAME (If not institution, give Washington Count RESIDENCE OF DECEDENT	an or Location of Di lagerstown	eath 9c. county of Death Washington								
DINEC	10a. STATE 10b. COUNTY Maryland Wa		Hagerst				-	d. INSIDE CITY LIMITS? X YES 2 NO			
-	100. STREET AND NUMBER 651 Forest Drive			101. ZIP CODE 21740		10g. CITIZEN OF WI USA					
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yo	DECENDENT OF HISPAI s, specify Cuban, Mexico YES 2 NO Specifi	an, Puerto Rican, etc.)						
1	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(Give ki	ENT'S USUAL OCCUI	PATION g most of working	16b. KIND OF E	USINESS/INDU	STRY	Black		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do I	ttendant			car wa	sh			
BE CO	17. FATHER'S NAME (First, Middle, Last)  John Wesley Sc	ott, Sr.			18. MOTHER'S NA Ethel	AME (First, Middle, Maid Odom	en Surneme)				
2	10a INFORMANT'S NAME (Specificial)										
	20a, METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION /Name of OATE 20c. LOCATION — City or Town, State										
	21. WINATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Gerald N. Mirmich Funeral Home  3/9  Hagerstown, Maryland Funeral Home  Hagerstown, Maryland Funeral Home  Hagerstown, Maryland										
	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  a. CAMIOLUMONALY ALVEST  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)  CAUSE (Disease or injury)  CAUSE (Disease or injury)  CAUSE (Disease or injury)										
FICATION	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. CAM DUE TO (C DUE TO (C	OF AS A CONSEQUENT	ONARY ICE OF):  NTRACA	ALLVEST DUNAL H	EMATOM		at,			
CERTIFICATION	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. CAM DUE TO (C DUE TO (C	PLOCUCIANO OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN	ONARY ICE OF):  NTRACA	ALLVEST DUNAL H	EMATOM		et,	Interval Between		
MEDICAL CE	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CACA  DUE TO (C  DUE TO (C  DUE TO (C	PIOCUMA  OR AS A CONSEQUEN  OR AS A CONSEQUEN  TUKO  OR AS A CONSEQUEN	ONALY  NOE OF):  IP / SUB (  NOE OF):  NOT OF):	APPREST DUNAL HI ANIAL M	EMATOM VEUNYS M	AN AUTOPSY ORMED?	24b. WE AMMOOD OF	Approximate interval Batw Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De		
MEDICAL CE	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	a. SUB DUE TO (C DUE TO (C d	PIOCUMA  OR AS A CONSEQUEN  OR AS A CONSEQUEN  TUKO  OR AS A CONSEQUEN	ONALY  NOE OF):  IP SUBU  NOE OF):  NOTINACION  NOE OF):  Iting In the under	APPREST DUNAL HI ANIAL M	EMATOM VE UNYS M Part I. 24a. WAS PERF	AN AUTOPSY ORMED?	24b. WE AMMOOD OF	Interval Betwoonset and De  RE AUTOPSY FINDIN JULABLE PRIOR TO MPLETION OF CAUS DEATH?		
MEDICAL CE	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 □ YES 2 ☑ NO	a. DUE TO (C. DUE TO (	OR AS A CONSEQUENT OF AS A CONSE	ONALY  ICE OF):  IT / SUB (  ICE OF):  NTMACN  ICE OF):  Iting in the under  OTHER:  ONALY  A   Nursing	ACHEST  OUNAL H.  ANIAL M  Iying cause given in  6. PLACE OF DEATH (Ch.	EMATOM VEUNYS M  Part I. 24a. WAS / PERF 1 TYES  meck only one) 6 The Other (Specify)	AN AUTOPSY ORMED? 2 NO	24b. WE AMM CO'OF 1 [	Interval Betwoonset and De  RE AUTOPSY FINDIN JULABLE PRIOR TO MPLETION OF CAUS DEATH?		
PHYSICIAN: MEDICAL CE	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a. DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C	PR AS A CONSEQUENT OF AS A CONSE	ONALY  ICE OF):  ITHE OF  ONALY  ONAL	ACNEST  OUNAL H.  ANIAL M  Iying cause given in	EMATOM VEUNYS M  Part I. 24a. WAS I PERF 1 YES	AN AUTOPSY ORMED? 2 NO	24b. WE AMM CO'OF 1 [	Interval Betw Onset and De Death Principal RE AUTOPSY FINDIN JULABLE PRIOR TO MPLETION OF CAUS DEATH?		
ш	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a. DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C	PR AS A CONSEQUENT OF AS A CONSE	ONALY  ICE OF):  ITHE OF  INTERPEDIATE  ONALY  OTHER:  ONALY  OTHER:  ONALY  OTHER:  INJURY  M  1	ACHEST  OUNAL H  ANIAL M  Iying cause given in  6. PLACE OF DEATH (Ch  HOME 5   Residence  INJURY AT  WORK?  YES 2   NO	EMATOM VEUNYS M  Part I. 24a. WAS / PERF 1 TYES  meck only one) 6 The Other (Specify)	AN AUTOPSY ORMEO? 2 NO	24b. WE AMI COOP 1 [	RE AUTOPSY FINDS ILLABLE PRIOR TO DEATH? YES 2 NO		



DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit a
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked or Item 23 shows any injury or other traumatic event the medical examiner must be notified at each

	REGISTRAR  1. DECEDENT'S NAME (First	st, Middle, Last	) A1.C. 1			IOAII	E OF DE		REG. NO	0.	- 0	3. TIME OF DEATN
	ALFRA	5D	Alfred	L. Sea	1				3-1-19	94	YEAR	5:00 p
	4. SOCIAL SECURITY NUM 229-26-98		5. SEX 1 🕅 M 2 ☐ F	6. AGE (In yrs. last	birthday)	IF UNDER	DAYS HOUR	DER 24 HRS.	7. DATE OF BIRTH  4-21-19	26	8. BIRT	
COMPLETED BY FUNERAL DIRECTOR		9a. FACILITY NAME (If not institution, give street				9h CITY	, TOWN OR LOCA			8. BIRTNPLACE (State or Foreign Country) VA.		
		St. Mary's Hospital				Leonard			EAIN	St. Mary's		
	RESIDENCE OF DE		Deonardeo			J WII.			oc. nary s			
	MD Charles				10c. CITY, TOWN OR LOCATION LaPlata							10d. INSIDE CITY LIMITS? 1 YES 2 XNO
	9755 Roya	OF L	101. ZIP CODE 20646				U.S			OF WHAT COUNTRY?		
	11. MARITAL STATUS  1 Mover Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDEN FORCES? 1 IF YES, GIVE W			AR OR DATES			WAS DECENDENT If yes, specify Cu 1 YES 2 XA	ban, Mexica	n, Puarto Rican, etc.)	Puerto Rican, etc.) Black, W		E - American Indian, ck, Whita, atc.
	15. DE (Specify or Elementary/Secondary of	16a, DEC (Gh life.	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Dr. NOT see working life. Dr. NOT se						usiness/industry			
_	17. FATNER'S NAME (First, I								ME (First, Middle, Malde			
D L	William 19a_INFORMANT'S NAME	Sea	I.I.	Lan	****				y Wealde			
2	Peggy Bo	wles							Aoute Number, City or To LaPlata			(1)
	20a. METHOD OF OISPOSI			20b, PLACE A	ND DATE	OF DISPOS	SITION (Name of		DATE 20c L	OCATION -		646 Jown, Stata
	1 Suriel 2 Cremati 4 Donation 5 Other		moval from State	cemetery, crer	petory or o	rans	s Cem.	3-4				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  AREHART-ECHOLS FUNERAL HOME,											
	IMMEDIATE CAUSE (Fi	heert fallure	complications the List only pre can	t caused the de	945 ath. Do	La	aPlata	MD	20646			Approximate Interval Between
H	immediate cause (Fi	itiona, ediete ying	a. Due to	t caused the de	ath. Do	La	aPlata	MD	20646			Approximate Interval Between
MEDICAL CERTIFI	ahock, pr I IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condi if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or in) that initiated eventa	itions, ediete Ying lury	a. Control one can be control on the can be	It caused tha deuse pn each line.  IOR AS A CONSEQUENCY A	HENCE O	Lanot enter	aPlata the mode of	MD sying, such	20646 h as cardlec or rea	piratory a	irreat,	Approximate Interval Betwee Onset and Dec
SICIAN: MEDICAL CERTIFI	ahock, pr I IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condi if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or inj that intilated eventa resulting in death) LAS	itiona, ediete ring jury st	a. Due to	It caused tha deuse pn each line.  IOR AS A CONSEQUENCY A	BURNEL O	In the ur	aPlata the mode of	MD dying, successful s	Pert I. 24a. WAS A PERFC 1 VES	piratory a	irreat,	Approximate Interval Betwee Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and To Completion of Cause Of Death?
37 PHYSICIAN: MEDICAL CERTIFICATION	ahock, br I IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condi if any, leeding to imm cause. Enter UNDERLY CAUSE (Disease or in) that initiated eventa resulting in death) LA:  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER? 1  YES 2 NO  27. MANNER OF DEATH Natural 5	itiona, ediete ring jury st	a. Oue To	deeth but not re	BULLINGE OF DOAR 266. TIM	In the ur	aPlata the mode of	MD dying, successful and a successful an	20646 h as cardlec or real  Pert I.   24a. WAS A PERFC   1   YES	IN AUTOPS'S PRIMED?	Y 24	Approximate Interval Betwee Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onse
ED BY PHYSICIAN: MEDICAL CERTIFI	ahock, br I IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condi if any, leeding to imm cause. Enter UNDERLY CAUSE (Disease or in) that initiated eventa resulting in death) LA:  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER? 1  YES 2 NO  27. MANNER OF DEATH Natural 5  2	Itiona, ediete YING lury ST TO MEDICAL	a. Due to	deeth but not re	BURNCE OF BURNCE	In the ur	aPlata the mode of	MD dying, successful and a successful an	Pert I. 24a. WAS A PERFY 1 YES	IN AUTOPS'S PRINCE 2 NO	y 24	Approximate Interval Betwee Onset and Decorate and Decora
ED BY PHYSICIAN: MEDICAL CERTIFI	ahock, br I IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condition (If any, leeding to immediate. CAUSE (Disease or Injuited in the Intilated eventa resulting in death) LAS  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide  29a. CERTIFIER (Check only one)	Itiona, ediete ying ury ST  TO MEDICAL  Pending investigation  Could not be detarmined	a.  DUE TO  DU	deeth but not related by Year,	BUENCE OF BUILDING	In the ur	aPlata the mode of	MD dying, successful and a given in DEATH (Ch. Residence	Pert I. 24a. WAS A PERF ( 1 YES  eck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree City or Yown, State to the cause(a) and m	IN AUTOPS'S PRIMED?  2 NO  4 INJURY O	Y 24  CCURED or or Rural	Approximate Interval Betwee Onset and De- b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
HYSICIAN: MEDICAL CERTIFI	ahock, br I IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condition if any, leeding to immeause. Enter UNDERLY CAUSE (Disease or in) that initiated eventa resulting in death) LA:  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH Netural 5 2 Accident 3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only 1 CER	Itiona, ediete ying lury st To MEDICAL  Pending Investigation  Could not be detarmined  RTIFYING PNY	a.  DUE TO  DU	deeth but not re  ER/Outpatient 3  INJURY At hor etc. (Specify)  my knowledge, des kemination and/or is	DOA  26b. Time, ferm, needingstigsti	In the ur	aPlata the mode of or	MD dying, successful and a given in DEATH (Ch. Residence	Pert I. 24a. WAS A PERFC 1 YES  Chy or Fown, State to the cause(a) and malme, data and place, a	PIRALTOPS' 2 NO	Y 24  CCURED ber or Rural tated.	Approximate Interval Betwee Onset and Decons
BE COMPLETED BY PHISICIAN: MEDICAL CERTIFIC	ahock, br I IMMEDIATE CAUSE (F) IMMEDIATE CAUSE (T) Idisease or condition resulting in death)  Sequentially list condition (f) any, leeding to immediate the cause. Enter UNDERLY CAUSE (Disease or in) that initiated eventa resulting in death) LA:  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER? 1  YES 2 NO  27. MANNER OF DEATH Netural 5	Itiona, ediete ying ury ST  TO MEDICAL  Pending investigation  Could not be detarmined  Person w	a.  DUE TO  DU	deeth but not re  ER/Outpatient 3  INJURY At hor etc. (Specify)  my knowledge, des kemination and/or is	BUILDING OF THE INTERNATIONAL PROPERTY OF THE INTERNATIONAL PROPER	In the ur  OTHER  A - Nur  E OF  JURY  M street, fact  Print	aPlata the mode of or	MD dying, successful and a successful an	Pert I. 24a. WAS A PERFC 1 YES  Chy or Fown, State to the cause(a) and malme, data and place, a	PIRALTOPS' 2 NO	Y 24  CCURED ber or Rural tated.	Approximate Interval Betwee Onset and De Ons



		1 - STATE REGISTRAR		WATER	CERTIF	ICATE	OF DEATH	REG.		94	07360
		1. DECEDENT'S NAME (First, Middle			Stone			2. DATE OF DEATH	H / c <del>9/</del> 91	YEAR 3	6:10p
		LOTENA  4. SOCIAL SECURITY NUMBER	Hardinge Is.sex	7	(In yrs. lest birthday)	IF UNDER 1 Y	AR IF UNDER 24 HRS.				
Pin		220-74-3865	1 🗆 M 2 🚫 F		35 YRS.	MONTHS D	YS HOURS MIN.	7. DATE OF BIRTH	9 [	N Sountry)	.ACE (State or Foreign
3 should	TOR	90. FACILITY NAME (If not institution  Anne Arundel N  RESIDENCE OF DECEDE	Nedical Cer	nter		Annap	WN OR LOCATION OF D	DEATH	ac conv.	A PUL	
(X	DIMEC	10a, STATE 10b, 6	ne Arundel		Anna	Y, TOWN OR L APOLIS	OCATION				0d. INSIDE CITY LIMITS?  YES 2 NO
n. ansit p	ERAL	1313 West Stre	eet				101. ZIP CODE 2114	16	10910175	EN OF WH	AT COUNTRY?
215-0020 attending physician. use as the bunaltransit	BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Marrie 3 Widowed 4 Divorced	12. WAS DECED FORCES? IF YES, GIVI	1 YES	2 NO	It ye	DECENDENT OF HISPA e, specify Cuben, Maxie YES 2 NO Speci	can, Puerto Ricen, etc.		Bleck, \	- American Indian, White, etc. 1ite
21 10 Id	COMPLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	S EDUCATION it grade completed)  College (1-4 or	5+)	160. DECEDENT'S (Give kind of life. Do NOT u	work done durir se retired.)	PATION g most of working	Home	Home		
ある 音	ш	17. FATHER'S NAME (First, Middle, L Theodore B. Ha				18. MOTHER'S NAME (First, Middle, Meiden Surname) Sara E. Martin					
MAR retained 5 should notified	TO B	19e. INFORMANT'S NAME (Type/Prin					reet end Number or Rure				24.774
		Mr. Walter H.		201	DBUT IT		y Drive	Mt. Air	LOCATION — C	MD	21771
Page 6 ma al director, p		1 Suriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific	v)		netery crematori 10	her plece)	2-21-	-94 Bal	timore,	MD	
SALI r death. re funeral. al.		21. SIGNATURE OF FUNERAL SERV	ELECTIONS	1	7		nco Funera				
By the control of the completely filled in by the cremation, or removal event, the medical		23. PART I. Enter the disease shock, or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)	illure. Liet bnly bna d	ausē pn e	each ilne.					st,	Approximata interval Between Onaet and Death
P.O. BOX 58 th certificate be execute ending physician and of I Hygiene prior to buria or other traumatic	CERTIFICATION	disease or condition resulting in death)  BESPIRATORY  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
日本で		PART II. Other significant cor					iying ceuse given le		AN AUTOPSY FORMED?		ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
requires een sign of Healt	IN: MEDICAL		ar Ao	nne	- STE	NO117			s 2 200	0	OMPLETION OF CAUSE F DEATH?  YES 2 NO
Certificate has the State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	HOSPITAL:	□ ED/0.1	patient 3 DOA	OTHER:	6. PLACE OF DEATH (C				
PHY His C	ву Рну	27. MANNER OF DEATH  1 Natural 5 Pendin 2 Accident Investig	2Se. DATE (Month)		26b. TIM	E OF 280	Home 5 Reeldence INJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	JRED	
TTENDI TTOR: A after da	B	3 Suicide 6 Could a determine	buildir	OF INJURY og, etc. (Spe	f — At home, term, cify)	street, factory,	office	281, LOCATION (Str. City or Town, St	eet and Number o tate)	r Rural Rou	te Number,
4 4 2 E	COMPLET	2 MEDICAL EX	PHYSICIAN: To the best (AMINER: On the basis of								nd manner ea stated.
TO THE HOSPIT TO THE FUNER DE filed within 7	8	29b. SIGNATURE AND TITLE OF CE	RTIFIER				29c. LICENSE NU	JMBER Q Q	29d. DATE	SIGNED (M	fonth, Day, Year)
6 6 % ₹	10	30. NAME AND ADDRESS OF PERS	. )				10710	4000	1 7	01/	11/2
		31. DATE FILED (Month, Day, Year) FEB 2 4 1994	32. REGIST		IATURE -	12 rec	indelle	tunpoc	15 Mp	- 2	140/
		1 L D & 4 1394	fur.		gula Da	4dson-A	maeric				

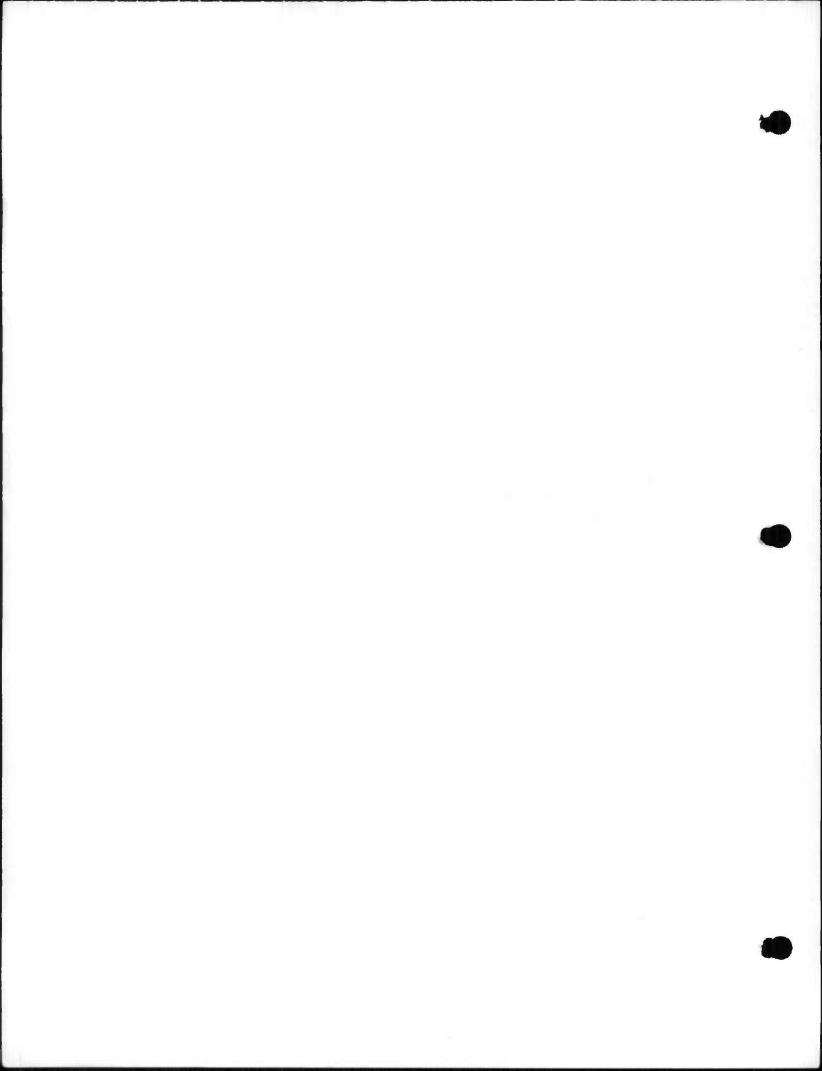
FOR

ē		5
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral direc		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner n
\$	ĕ	100
8	E	100
=	20	ě
med	n,	-
Y	atio	£
ete	E	넡
d L	Ö	Š
8	la L	3
and	3	퍨
an	2	5
Sici	옷	Ę
P.	90	9
9	gie	to to
ğ	£	0
atte	ma	2
he	ž	프
7	g	Ξ
20	å.	E
ë	eat	20
S Li	H	ě
ě	7	20
195	ĕ	Si Si
ite l	ate	E
fice fi	ŝ	=
Per L	the th	0
is	ŧ	pa
4	5	F
Afte	leat	E
8	er o	- 20
B	aft	28
E	MIS	E
0	2	Ξ
R	7	=
NE.	İ	3
1	WP	F
H	file.	5
2	20	Ξ

TO BE COMPLETED BY FUNER BALTIMORE, MARYLAND 21203-3146 urs after death. Page 6 may be retained by the hospital or attending and in by the funeral director, page 5 should be detached for use as the nust be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be field within 72 hours after death with the State hard and Mandal Action and Completely be field within 72 hours after death with the State hard and Mandal Action and Completely be field within 72 hours after death with the State hard and Mandal Action and Completely be field within 72 hours after death with the State hard and Mandal Action and Completely be seen as a second completely and the state of the second completely and DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

07361 94

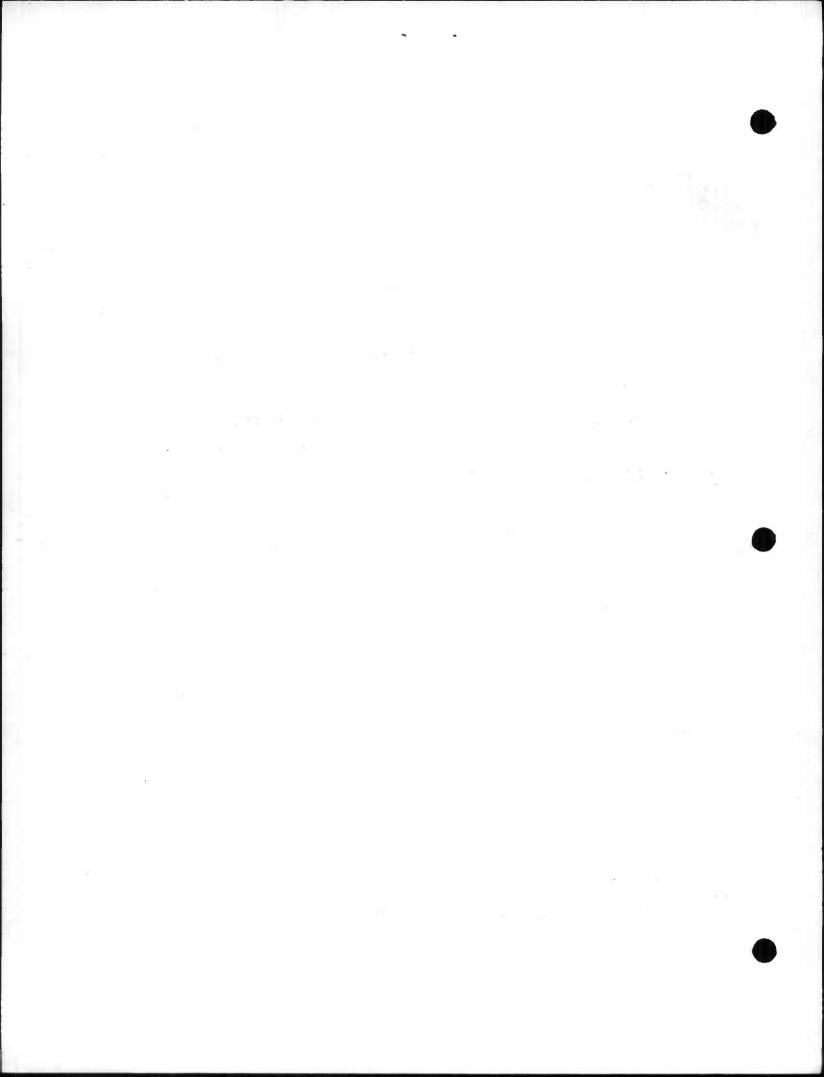
1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTA CERTIFIC			MENTAL HYGIENI REG. NO.	91	1 07361
1. OECEDENT'S NAME (First, Middle, Las	0				2. DATE OF OEATH MONTH DA	Y YEA	3. TIME OF DEATH
ESTELLA M.				]	EB. 14 199		M
4. SOCIAL SECURITY NUMBER 212-32-4175	6. SEX 6. AGE (In )	MC	NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 15 1927	Co	IRTHPLACE (State or Foreign ountry) RYLAND
9e. FACILITY NAME (If not institution, give	street end number)		b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY C	OF DEATH
	MEDICAL CENTER		ANNAP	OLIS		ANNE	ARUNDEL
RESIDENCE OF DECEDENT  10a. STATE  10b. COU	тү	10c. CITY. T	OWN OR LOCAT	ION			10d. INSIDE CITY
MARYLAND A	NNE ARUNDEL	1 '	NAPOLI				1 VES 2 ANO
10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN (	OF WHAT COUNTRY?
606 SECOND STRE	ET			21403			U.S.A.
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					NIC ORIGIN? (Specify Yee in, Puerto Rican, etc.) y:	S	RACE — Amarican Indian, Black, White, etc. Specify: LACK
15. DECEDENT'S E (Specify only highest gri Elementary/Secondery (0-12)	DUCATION (de completed)  College (1-4 or 5 +)	Give kind of work	k done during mo etired.)	ON ist of working	16b. KIND OF BUS	INESS/INDUSTR	NY .
		HOME	MAKER				
17. FATHER'S NAME (First, Middle, Last)  JAMES MINOR		er 12		ETHE	ME (First, Middle, Meiden : L HOLIDAY		
DORIS SMITH					Route Number, City or Town LIS, MD. 2		») 
20e. METHOD OF DISPOSITION  1 [X] Muriel 2 Cremetion 3 R  4 Donetion 5 Other (Specify)	emovel from State	LACE OF DISPOSITE ther place) VELAWN ME				NNAPOLI	100,000
21. SIGNATURE OF FUNERAL SERVICE	M. Leas	0_	REESE		MORTUARY, I		.401
23. PART i. Enter the dise ses, or heart fellow	er complications that caused to e. List only one cause on eac						Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. HIV	AID.	5				Onset and Death
	DUE TO (OR AS A C	ONSEQUENCE OF):	٩				2 whs
Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):	_				
CAUSE (Disease or injury that initiated events resulting in death) LAST	d	ONSEQUENCE OF):					
PART II. Other significant condit	ions contributing to deeth but	not reaulting in	the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR		WERE AUTOPSY FINDINGS
					1 TYES 2	NO	OF DENOIT
					_		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	LACE OF OEATH (C)	6 Other (Specify)		
27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME (	OF 28c. IN.	JURY AT ORK?	28d. OESCRIBE HOW I	NJURY OCCURE	0
1 Netural 5 Pending 2 Accident Investigation				YES 2 NO			
3 Suicide 8 Could not datarmined			eet, fectory, offic	•	28f. LOCATION (Street e City or Town, Stete)	and Number or Ri	ural Route Number,
Consolination of the consolina	YSICIAN: To the best of my knowled						use(e) end menner as stated.
296. SIGNATURE AND TITLE OF CERTI	FIER			29c. LICENSE NU	MBER C C C	29d. DATE SIG	ONED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type. P.	rint)	151	117	- 1	100 19
				Annap	olis, md	2140	) (
" FEB 2 2 1992	32. REGISTRAR'S SIGNAT	Nurray Davidson-1	Pandelle.				



1 - FOR STATE REGISTRAR

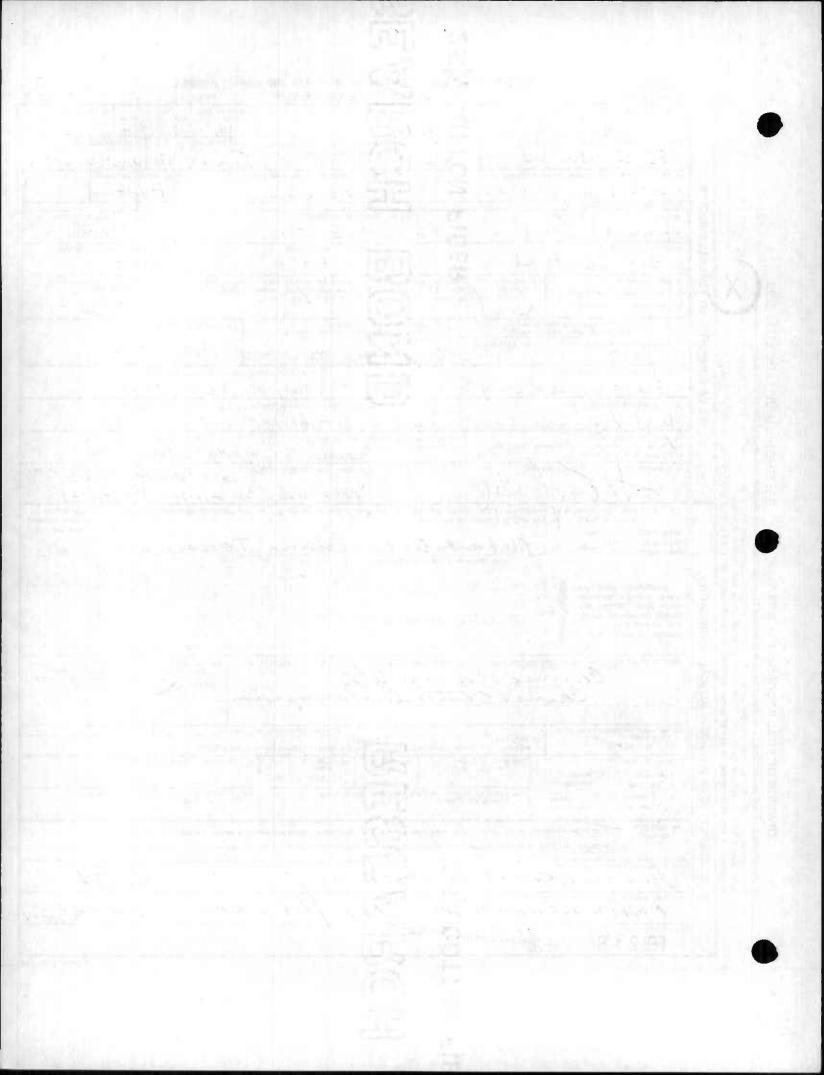
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		CE	-niir	ICATE	F DEATH	REG. NO	).			
	Frederick	Sylva	n		Szw	ed	2. DATE OF DEATH MONTH February	<b>2</b> 5 199	3. TIME 0 4 1:05	OF DEATH	
	578-50-1976	t 🖾 M 2 🗆 F	IGE (In yrs. lesi	t birthday) YRS.			Jul 10, 1	939	Country)	_	
TOR	Physicians Memori		1				DEATH				
ounec.	10e. STATE 10b. COUNTY								10d. INSIE	DE CITY TS? S 2 KKNO	
EB	Rt. 1, Box 47					101. ZIP CODE 2069	5	1.10	N OF WHAT COUN		
BYF	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 M Divorced	FORCES? 1X 1	ES 2 N	MED	II yes	specify Cuban, Mexic	an, Puerto Rican, etc.)	8 or No- 14	Specify:	en Indien, c.	
	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+) 4	(Gir	ve kind of t Do NOT us	work done during se retired.)				TRY		
E COM	17. FATHER'S NAME (First, Middle, Last) Sylvan S. Szwed						AME (First, Middle, Malden	Surname)	Limenc		
TO B	19s. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
r must b	20e. METHOD OF DISPOSITION    Commetted 2   Cremetton 3   Removal from State   4   Donation 5   Other Hapseny    20b. PLACE AND DATE OF DISPOSITION (Name of commetter), cremetery, cremete										
	Benjamin M. I	Matthews	M0065		Hunt P. (	tt Funeral	l Home 5, Waldorf,	MD 20	0604-015	56	
	23. PART 1. Enter the diseases, or on shock, pr heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Aste	ron each line.	luz	hot enter the	mode of dying, aud	ch aa cardiac or resp	iratory arreat	t, App	proximate prval Batween set and Death	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate cause. Enter UNDERLYING									
or other	CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  C.  DUE TO (OR AS A CONSEDUENCE OF):  d.										
shows : MEE	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF COMPLETION									E PRIOR TO ION OF CAUSE I?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL .				PLACE OF DEATH (C	heck only one)				
IYS!	1 YES 2 NO	1 Inpatient 2 ER/			4 - Nursing I						
BY	Naturel 5 Pending Investigation	(Month, Day, Ye	er)	INJ	M t [	WORK? YES 2 NO					
99 LLI	4 Homicide determined	building, atc. (	Specify)				City or Town, State,		Rural Floute Numbe	er,	
COMPI	(Check only One) MEDICAL EXAMINE	R: On the beele of axamir				n, death occured at the	s time, date and place, er		euse(e) end menr	ner ee stated.	
TO BE	HAMO Ch	05 43 (0 D	10×19	M	(Carlotte)			≥ 29d. DATE S	25 A 4	ly, Ybar)	
	Howard M. Haft P	.O. Box 164				20604		ı	,		
	FEB 2 8 1994	32. MEGISTRABIS S Julia Dav	IGNATURE	indell	2						
	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.  BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED	4. SOCIAL SECURITY NUMBER 578-50-1976  96. FACILITY NAME (If not institution, give single procession of the procession o	Frederick Sylva  4. SOCIAL SECURITY NUMBER  578-50-1976  5. SEX  1	1. DECEDENT'S NAME (First, Middle, Last) Frederick Sylvan  4. SOCIAL SECURITY NUMBER 578-50-1976  5. SEX 6. AGE (In yrz. Idea) 54  99. FACILITY NAME (If not institution, give street and number) Physicians Memorial Hospital RESIDENCE OF DECEDENT 100. STREET AND NUMBER Rt. 1, BOX 47  11. MANITAL STATUS 11. Mover Married 12. WAS DECEDENT EVEN IN U.S. AR 11. Mover Married 13. Widdowed 4 M Divorced 15. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 17. FATNER'S NAME (First, Middle, Last) Sylvan S. Szwed 19. INFORMANT'S NAME (First, Middle, Last) 17. FATNER'S NAME (First, Middle, Last) 18. INFORMANT'S NAME (First, Middle, Last) 18. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last	1. DECEDENT'S NAME (First, Middin, Last) Frederick Sylvan  4. Social Security Numbers 578-50-1976  96. FACILITY NAME (if not institution, give street and number) Physicians Memorial Hospital  785-197-1976  96. FACILITY NAME (if not institution, give street and number) Physicians Memorial Hospital  785-197-1976  96. FACILITY NAME (if not institution, give street and number) Physicians Memorial Hospital  785-197-1976  96. FACILITY NAME (if not institution, give street and number) Physicians Memorial Hospital  785-197-1976  96. FACILITY NAME (if not institution, give street and number) Physicians Memorial Hospital  785-197-1976  96. FACILITY NAME (if not institution, give street and number) Physicians Memorial Hospital  785-197-1976  96. FACILITY NAME (if not institution, give street and number) Physicians Memorial Hospital  785-197-1976  96. FACILITY NAME (if not institution, give street and number) Physicians Memorial Hospital  785-197-1976  978-297-1976	1. DECERENT'S NAME (First, Models, Last)  Frederick  4. SOCAL SCLUTTY NUMBER 578-50-1976  1. CM 2 P 54 NAME (First Charles)  58. FACILITY NAME (First Interest part Several And Function)  Physicians Memorial Hospital  LaP1  FRESIDENCE OF DECEDENTY  100. STATE  100. COUNTY  Maryland  11. MANTIAL STATUS  100. COUNTY  Maryland  12. WAS DECEDENT EVER IN U.S. ARMED  13. Uses STATE AND NUMBER  Rt. 1, BOX 47  11. MANTIAL STATUS  100. CITY, TOWN OR I.D  100. STREET AND NUMBER  Rt. 1, BOX 47  11. MANTIAL STATUS  100. STREET AND NUMBER  Rt. 1, BOX 47  11. MANTIAL STATUS  100. CITY, TOWN OR I.D  100. STREET AND NUMBER  Rt. 1, BOX 47  11. MANTIAL STATUS  100. CITY, TOWN OR I.D  100. STREET AND NUMBER  Rt. 1, BOX 47  11. MANTIAL STATUS  100. STREET AND	TO DECEMBER 1 MANAGE (FIRST, MICHOR), LAWY  FOR SOURCE SECURITY MUMBER  5. SEX  1. (2Km 2 ] F 54 YMB.  1. (2Km 2 ] F 54 YMB.  1. (2Km 2 ] F 54 YMB	S. DECERONTS MANE (PTAL MANS). Lawl Frederick Sylvan Szwed Frederick Sylvan Szwed Frederick Sylvan Szwed Frederick Sylvan Szwed Frederick Sylvan Szwed Frederick Sylvan Szwed Frederick Sylvan Szwed Frederick Frederick Sylvan Szwed Frederick Frederick Sylvan Szwed Frederick Frederick Sylvan Szwed Frederick Frederick Sylvan Szwed Frederick Frederick Sylvan Szwed Frederick Frederick Frederick Sylvan Szwed Frederick Frederick Sylvan Szwed Frederick Frederic	December 3 make first, woods, Laser   Sylvan   Szwed   December 3 make first, woods and the state of part of parts   Sylvan   Szwed   December 3 make first, woods   Sylvan   Szwed   December 3 make first, woods   Sylvan   Sylv	December 19 Name (Prox. Monol. Law)   Save of Carbon (Prox. Notes)   Save of Carbon (Prox.	



94 07363

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND ME ATE OF DEATH	NTAL HYGIENE REG. NO.	94 07363						
	1. DECEDENT'S NAME (First, Middle, L	Curtis Scarberry		71/2 21, 199	3. TIME OF DEATH						
	283-32-4966 De. FACILITY NAME (If not institution, g	1 0 M 2 0 F 62 YRS. MON	THE DAVE MOURE MIN	Worth, Day, Year) UNE 23, 1931 L	BIRTHPLACE (State or Fortign Country)  Uest Virginia  Y OF DEATH						
DIRECTOR	Hartord Men RESIDENCE OF DECEDEN	orial Hospital /	tavrede Grace		-tod						
AL DIRE	10e, STREET AND NUMBER	ecil Nor	th East	10a CITIZE	10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?						
FUNERA	519 Baili	12. WAS DECEDENT EVER IN U.S. ARMED	21901	ORIGIN? (Specify Yea or No	I. RACE — American Indian.						
à	1 Never Married 2 Married 3 Wildowed 4 Diverced	FORCES? 1 2 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexican, P  1 YES 2 NO Specify:	uerto Rican, etc.)	specify: white, etc.						
PLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	rade completed) (Give kind of work of life. Do NOT use reti	done during most of working	e Automoto							
ed at once. BE COMP	17. FATHER'S NAME (First, Middle, Last Frank L.			ER'S NAME (First, Middle, Melden Surname)							
10	19a. INFORMANT'S NAME (Type/Print)		RESS (Street and Number or Rural Route		ode)						
must be	20s. METHOD OF DISPOSITION 1	contrary, cranatory or outer p	EIRON Cem. 21	OATE 20c, LOCATION - CH	mp						
examiner	21. SIGNATURE OF UNERAL ARBITOLOGICAL	L. Lel	22. NAME AND ADDRESS OF FACILITY 259 E. Main S	Gee FUNDER	1 Home, P.A.						
event, the medical	shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Metatate Car  DUE TO (OR AS A CONSEQUENCE OF):			Onset and Death						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	c.								
MEDICAL	PART II. Other algnificant cond	itions contributing to death but not resulting in the	f-	1 UYES 2/20 NO	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO	HOSPITAL: OT	26. PLACE OF DEATH (Check of HER:								
BY PHY	27. MANNER OF DEATH  1	28a. DATE OF INJURY (Morith, Dey, Yeer) 28b. TIME OF INJURY		d. DESCRIBE HOW INJURY OCCUP	RED						
8 H	3 Suicide 6 Could not	28a. PLACE OF INJURY — Al home, farm, street building, etc. (Specify)	, fectory, office 28								
COMPLET	one)	HYSICIAN: To the best of my knowledge, death occurred at MINER: On the basis of axamination and/or investigation, in									
TO BE CO	29b. SIGNATURE AND TITLE OF CERT	Evalous 1	(12). 29c. LICENSE NUMBER	29d. DATE S	SIGNED (Morth, Day, Year)						
F	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print CONALCE VITAL)	D. /125 N.	MAIN ST./A	SERMA, MD						
	FEB 2 3 '94	Suna Davidson-Russlage									



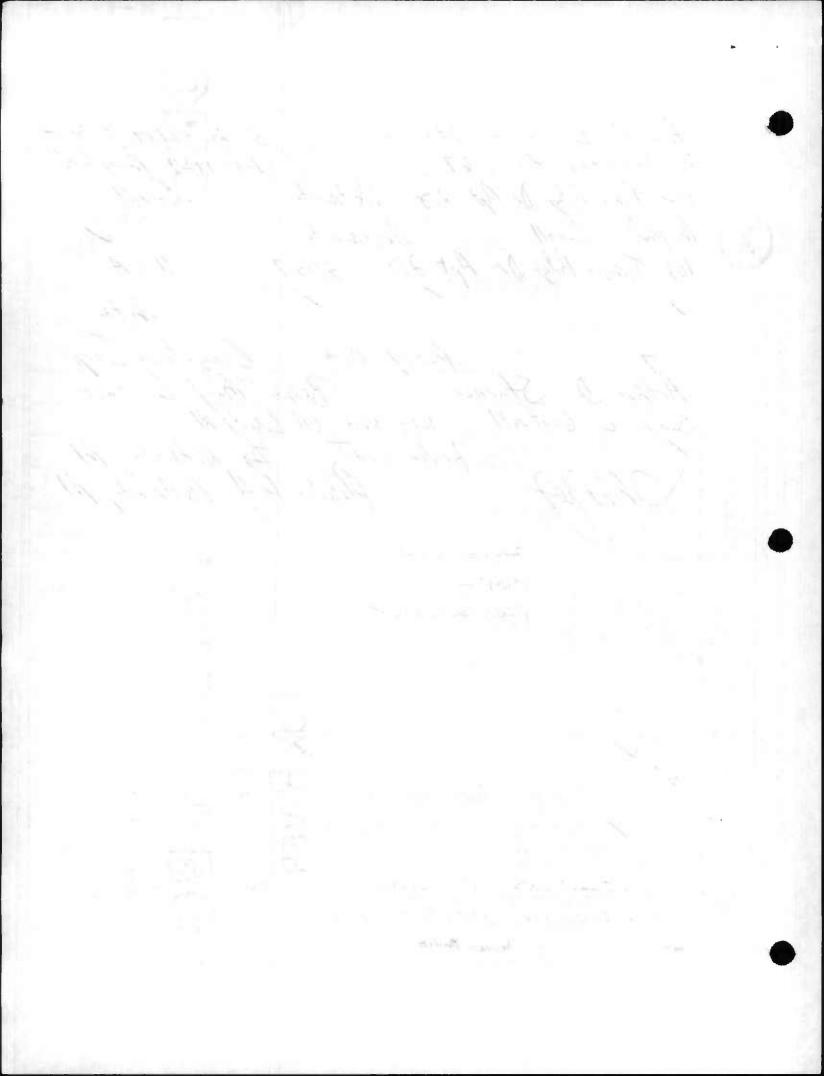
5	×		
23	1		
Sp	ě		2
×	tac		2
8	8		0
3	2		10
0	B		0
12	9		€.
쯢	S		픙
9	43		=
×	90		ă
E E	2		75
0	8		2
96	e ji		=
E	9		9
6	9		Ē
eal	ž		8
0	9	ਰ	40
릁	D A	9	2
12	d L	ē	6
8	F	0	ě
-	ill e	e.	
7	7	읉	£
Ē	ate.	Ĕ	Ä,
3	ē	5	흦
8	8	8	
5	P	Z	ş
8	g	0	E
2	ia.	20	3
9	Si	E.	3
2	듄	Je J	9
문	2	gie	=
0	B	£	5
at a	the	雪	-
ō	40	ie e	5
ĕ	=	P	三
at	5	8	2
11	ě	垂	ĕ
ije.	95	62	2
중	5	÷	6
7	å,	1	60
100	SS	e	E
he	4	9	E
Ξ.	cate	Stal	흗
3	Tip.	92	6
Se	8	#	-
숲	his	=	9
0.	1	=	Fe
ž	Aff	Jea	E
S	ď	er (	75
E	6	aff	28
AA	3	5	E
6	5	hou	2
B	A	2	=
6	8	E	Ë
8	S	É	X
3	4	× p	F
H	F	File.	8
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a	e	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
REPLY COLOR MD - 3125 BALTO BALTO

	500						1	-	) [ <sub>1</sub>	07364		
	1 - STATE REGISTRAR	STATE OF MARYLAND		IMENT OF			REG. NO					
	1. DECEDENT'S NAME (First, Middle, Lest)	drence 5+	6/12				2. DATE OF DEATH	AY 199	EAR, 3.	S. 30 Am		
	4, SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In	IF UNDER 1 YEAR MONTHS DAY		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	27	BIND IPLA	CE (State) or Foreign			
OR	86. FACILITY NAME (limot institution, give street end number) 102 Timber Rike Dr. Ant 218 Westminster Carrot											
DIRECTOR	TESIDENCE OF DECEDENT / 10b. COONTY	o//	10c. CIT	Sth	CATION /	_		10d. INSID				
FUNERAL	102 STREET AND NUMBER 101. STREET AND NUMBER 101. STREET AND NUMBER 102 11/57 10g. CITIZEN OF WHAT											
11. MARITAL STATUS  1 Never Merried 2 Merried  12. WAS DECEDENT EVEN IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF MISPANIC ORIGIN? (Specify Yee or No-Bigck, White State of the Company of the Comp										American Indien, hite, etc.		
TED	15. DECEDENT'S EDUCATION 164. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY											
COMPLET	Elementary/Secondary (0-12) College (1-4 or 8+) Part of Worker Consoleum Colp.											
ш												
196. INFORMANT'S NAME (Type/Print) 64 / 12 / 196. MAILING ADDRESS (Street and Number of Rural Boute Number City or Tough, State, Zip Code)												
20e. METHOD OF DISPOSITION  1 Dention 5 Other (Specify)  20b. FLACE AND DATE OF DISPOSITION TWAME  1 Donation 5 Other (Specify)										Brate		
	21. UGNATUBE OF FUNDIAL SERVICE LE	T .		22. NAM	TO ADDRE	SS OF FAC	-H. L	losta.	istor	Al		
	23. PART I. Enter the diseases, or a shock, or heart failure.	complications that caused the d List only one cause on each lin	eeth. Do r	not enter the	mode of dy	ing, auch	n ae cerdiec or rea	piratory arres	it,	Approximata Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE O	WA	_						Onset and Death		
		DUE TO (OR AS A CONSI	EOUENCE O	F):					_			
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EQUENCE OF	F):								
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. PREVIOUS DUE TO (OR AS A CONSI										
ERT	resulting in deeth) LAST	d					K					
PHYSICIAN: MEDICAL C	PART II. Other algolificent condition	a contributing to death but not	resulting	in the underl	ying cause	given in i		N AUTOPSY ORMED?	AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
ME							- 1		1 [	YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL			21	. PLACE OF D	EATH (Che	ick only one)					
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 🗆 DOA	OTHER: 4 - Nursing	Home 5 R	esidence	6 Other (Specify)					
BY PHY	27. MANNET OF DEATH  1 Natural 5 Pending 2 Accident Investigation	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 28c. INJURY AT WORK?  1 Netural 5 Pending  28d. Month, Day, Year)  M 1 YES 2 NO										
8	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At I building, etc. (Specify)	ome, ferm,	street, factory,	office		281. LOCATION (Stree City or Town, Sta		Rural Rout	Number,		
COMPLET	one)	CIAN: To the bast of my knowledge, o								nd manner as stated.		
BE CO	296. SIGNATURE AND TITLE OF CERTIFIES		_	,		ENSE NUM				gnth, Day, Year)		
2	30, NAME AND ADDRESS OF PERSON WH				1	0,0	304	1	00/	14-		

FINKSBUKG, JD 21048



SIRECTOR

TO BE COMPLETED BY FUNE

BALLIMORE, MARTLAND	burs after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detache or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within aurs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, mied in by the funeral director, page 5 should be detached within 72 hours after death with the State Deot, of Health and Mental Hoolene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

296. SIGNATURE AND TITLE OF CERTIFIER

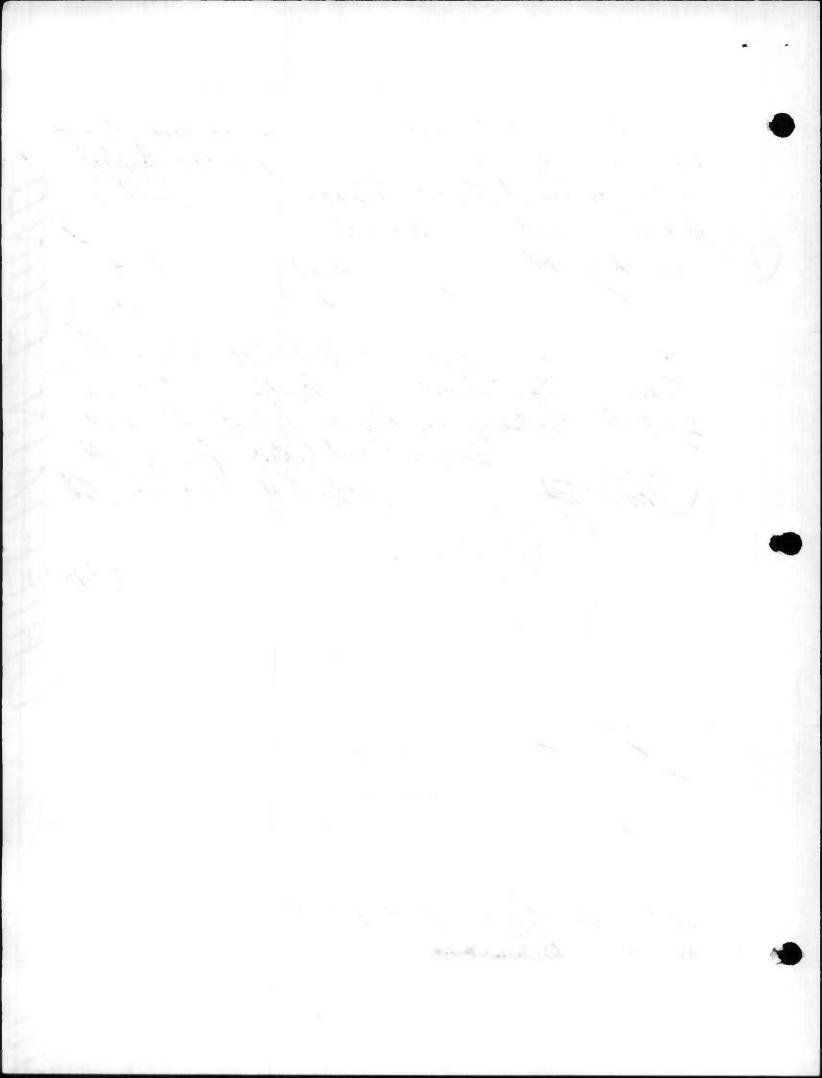
1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.	E 9	4 07365			
1. DECEDENT'S NAME (First Middle, Lest)  John Roland	Swartzba.	ugh		2. DATE OF DEATH	1994	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 2/2-05-0865	5. SEX  8. AGE (In yrs. lest	YRS. IF UNDER	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	908 9	ISTAPLACE (State or Fareign			
6. EASAL COUNTY HAME IT not greated on or	Denelal Hospiq	1/ 1/	STRIASTE	EATH	9c. COUNTY O	of DEATH			
RESIDENCE OF DECEMENT  104 STATE  104 COUNTY	10//	Wester	ON LOCASION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
346 Ridge	Ad.		21157		10g. CITIZEN	OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 M IF YES, GIVE WAR OR DATES	io	WAS OECENDENT OF HISPA If yes, specify Cubart, Mexic: 1 YES 2 NO Specif	an, Puarto Rican, etc.)	or No— 14. F	RACE — American Indian, Black, White, atc.			
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	completed) (Gi	te kind of work done Do NOT use retired	during most of working  Desk	166. KIND OF BUS	11/	ne 6.			
17. FATHER'S NAME (First, Middle, Last)	Java-126an	5/	18. MOTHER'S HU	Middle, Malden	Surname)	Jing S			
LUCY 14. Swarts 44 346 Hilze Westming to Mestming to Sold 21/57									
20c. Let HOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)									
21. SIGNATURE OF FUNERAL TOVICE LIK	PARTIE	22.	NAME AND ADDRESS OF E	H. We	stains	for AD.			
IMMEDIATE CAUSE (Finel disesse or condition	emplications that caused the de List only one cause on each line	eth. Do not enter	r the mode of dying, suc	ch se cerdlec or respi	iretory srrest,	Approximats interval Between Onset and Death			
resulting in death)	DUE TO (OR AS A CONSEC	QUENCE OF):				8 days			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):				00/-			
CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):							
PART II. Other significent condition	s contributing to death but not r	esulting in the u	nderlying cause given in	Part i, 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
						1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outpatient 3	DOA 4 Nu	26. PLACE OF DEATH (C. R: rsing Home 6 ☐ Reeldence						
27. MANNER OF DEATH  1 Netural 6 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY M	28c, INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	D			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, atreet, fac	Letary, office	261. LOCATION (Street City or Town, State)	and Number or Re	ural Route Number,			
anal only	CIAN: To the bast of my knowledge, de					use(e) and manner as stated			

29c. LICENSE NUMBER

700

DHMH-16 Rev 1/89

29d. DATE SIONED (Month, Day, Year)



	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIEN	E 94	07365			
	1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF DEATH		3. TIME OF DEATH			
	WILLIAM RO	OBERT	SPIELMAN			FEB. 23.	1994	12:13AM M			
	4. SOCIAL SECURITY NUMBER				F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	B. Bif	RTHPLACE (State or Foreign untry)			
	213-16-1324	10 MALE	78 YRS.			Nov 10.	1916 MA				
or.	Se. FACILITY NAME (If not institution, give			b. CITY, TOWN OR	LOCATION OF DE	ATH	9c. COUNTY O	F DEATH			
Ē	CARROLL COUNTY (	GENERAL HOSP.		WESTMI	NSTER		CARRO	LL			
DIRECTOR	MD 106. COUNTY CA	ARROLL		EYTOWN	N		10d. INSIDE CITY LIMITE? 1  YES 2 NO				
FUNERAL	55 GEORGE ST.			10f, Z	2178	87	10g. CITIZEN OF WI				
ВҰ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed Windphied	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES GIVE WAR OR D	2 NO		fy Cuben, Mexican	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)					
E I	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S US	BUAL OCCUPATION & done during most	of working	16b. KIND OF BUS	INESS/INDUSTRY	1			
E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use r	etired.)	a working	2112					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		FACTORY				BER CO.				
	CHARLES M. SPIEI	MAN				RA MAY OTT					
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DDRESS (Street and							
5	CHARLES R. SPIELMAN 71 YORK ST. TANEYTOWN MD										
	20a. METHOD OF DISPOSITION BURIAL 1   Burlel 2   Cremetion 3   Removat from State 4   Donetion 8   Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSES.	1	22. NAME AND	ADDRESS OF FAC			ER & SONS			
	atharine (	J. Xarly	w			BRIDGE, MI					
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  CONCESTIVE HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
CIV	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		25. PLAC	E OF DEATH (Che	ck only one)					
PHYSICIAN:	1 TYES 2 NO	1 Inpetient 2 ER/Outp	estiont 3 DOA 4	☐ Nursing Home		B ☐ Other (Specify)					
ВУ РЬ	1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WORK		28d. DEŞCRIBE HOW IN	JURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined	20e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, factory, office 286			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner es stated,  2 MEDICAL EXAMINER: On the bast of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated,										
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Som?		2	D/4317	BEA	29d. DATE SIGN	ED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	rint)	יונווי			111			
	Wm. R. L11	OTHICUM, M	), ONE	KINGS.	DRIVE.	TANEYTO	N, M	J 21787			
	31. DATE FILED (Month, Day, Year)	12 DECISTRADIS SIGN	ATLIGE		,						
	FFB 2 8 '94	fulia teviden	-Market								

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

Bernard

Lee

TOMS

		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	A 6 (mt at - )			T	-			777	
		214-09-9605	1 ☑ M 2 ☐ F	73		IF UNDER	DAYS	HOURS N	Manual	(Month, Day, Year)		Country)	ACE (State or Foreign
pino	Œ	9a. FACILITY NAME (If not institution, give a		/3	1710.	Oh CITY	TOWN C	OR LOCATION		June 24,	1920		yland
3 should		425 Ridge Aven								н		TY OF DEAT	
1. 2.	18	RESIDENCE OF DECEDENT					iage	rstown	1		Washington		
8 4	ED BY FUNERA DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION	-			10	d. INSIDE CITY
Ľλ		Maryland Was	shington			Hager	sto	wn				D	LIMITS?
C		10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
ansit		425 Ridge Avenue	2					217	740		U.	S.A.	
burfal-transi		11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. AR	MEO	13. V	AS DEC	ENDENT OF H	IISPANIC	ORIGIN? (Specify Ye		14. RACE -	American Indian,
		3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES					Specify:	Puerto Rican, stc.)		Specify:	white
as the		15. DECEDENT'S EDUC			CCCCNITIO	40000				T			
or use		(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Gi	ve kind of a	vork done d	uring mo	st of working		166. KIND OF BU	SINESS/INDU	STRY	
ped for		0-11	College (1-4 or 5	+)	train					rai	.lroad		
detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER	'S NAME	(First, Middle, Maiden			
at e	S I	Ira Lee 1	Coms					IG. MOTTLEN		Thelma Pa		Horr	halron
5 should notified	0	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street a	nd Number or F		te Number, City or Tow			Daker
not	2	Mr. Gary Toms								gerstown,			21740
page st pe		20a. METHOD OF DISPOSITION		20b. PLACE	ND DATE	OF DISPOSIT	TION (Na	me of	1		CATION — CI		
must		1 Surial 2 Cremation 3 Remo	oval from State	Rest	Have	n Cen	nete	ry	1				Maryland
tuneral di I. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC			the of	22. N	AME AN	ID ADDRESS C	OF FACIL	my Minnic	h Fun	era1	Home
fune I. exam		· SCOTT	M	enne	ol.	41	5 Ea	ast Wi	1sor	Blvd.,	Hager	stown	, Marylan 21740
d in by the or removal medical		23. PART I. Enter the diseases, or c				ot antar t	ha mo	da of dving	euch e	e cardiac or man	Iretoni omi	-	21740
or re		shock, or hadre landre.	Liat only one cau	se on aach lina.						*			Interval Batweer
ation.		IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Survey Change Office of the Change of the condition of the change of the c											Onset and Daatt
cremit,		reaulting in death)	DUE TO	(OR AS A CONSEC	UENCE OF	);				A			
	z							1					İ
ng physician and c giene prior to burta other traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE OF	):							
hysica prio	₫	CAUSE (Disease or Injury											
othe		that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE OF	):					•		
tal Hy	CER	d											
ed by the att th and Menta any Injury,	- 11	PART ii. Othar aignificant conditions	contributing to	daath but not re	eauiting i	n tha und	lerlying	cause give	n in Par	rt i. 24e. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
ed by	MEDICAL									PERFOR		AM	MILABLE PRIOR TO MPLETION OF CAUSE
Heali Heali										1 TYES 2	∐ NO	OF	OEATH?
as been sign Dept. of Hea 23 shows	1									-		1.5	YES 2 NO
te De	SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DEATH	H (Check	only one)			
certificate h h the State d, or Item	Sign	1 YES 21 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ng Home	5 Nanide	nce 8 [	Other (Specify)			
with th	F	27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. TIME	OF 2	8c. INJU	JRY AT		d. DESCRIBE HOW I	NJURY OCCU	RED	
	BY	1 Natural 5 Pending 2 Accident Investigation		, 1001/	11101	М		ES 2 NO	0				
R: Aff	0	3 Suicide 8 Could not be	28a, PLACE Of building,	F INJURY — At hon	ne, Jerm, s	treel, factor	y, office		28	I. LOCATION (Street a	and Number or	Rural Route	Number,
DIRECTOR: After hours after death		4 Homicide determined								Only of Town, State)			
DIRECT POURS	- J	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, des	th occurre	d at the 11m	e, deta	and place, and	dua lo l	he cause(s) and man	ner as stated		
FUNERAL within 72 I	COMP	One) 2 MEDICAL EXAMINER											d manner as stated.
TO THE FUNER be filed within 7 IMPORTANT:	S I	296. SIGNATURE AND TITLE OF CERTIFIER		1			Т	29c. LICENSE					nth, Day, Year)
MP 6 H	0	1 ( Tem	X								•	nanco (moi	nin, Day, Heary
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF GEATH (ITEM	27) (Туре,	Print)	1	1	- 1		1/1	7/-	7(./)
		12821 Ua	Lhi	1 on6	m	4 ,	1.	tage	13 t	066	71)	al.	140
		31. DATE FILED (Month, Day, Year)	1 1	R'S SIGNATURE			-	1					
		TAND 081 1994	John.	Senden-R	العماسا	Ļ		1					

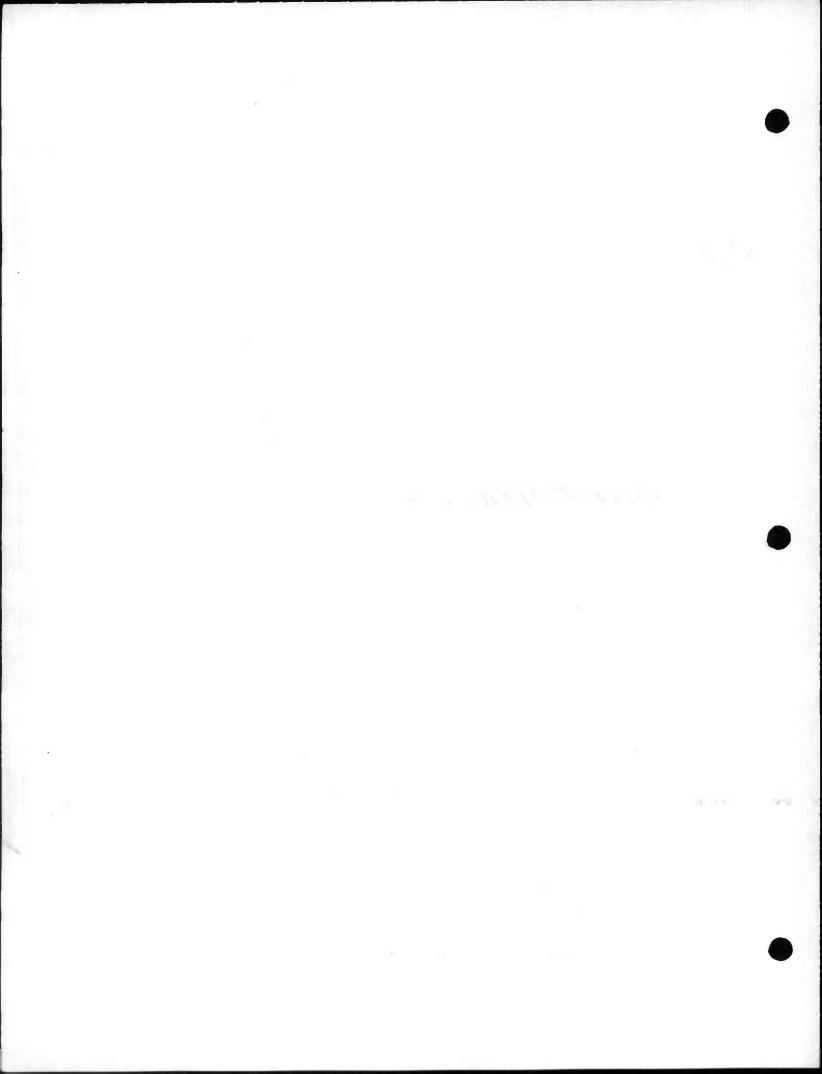
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

94 07367

3. TIME OF OEATH

OHMH-16 Rev 1/89

2. DATE OF DEATH DAY FEAR FEBRUARY 26, 1994



			1 - FOR STATE REGISTRAR		STATE OF M	MARYLA	ND / D CEF	EPAR	TMEN	OF H	IEALTH DEA	AND I	MENTAL	HYGIEN		94	07368
	W		1. DECEDENT'S NAME (First, Middle E	ARG	274	7	hor	MA	S				2. DATE O	F DEATH	MY >	YEAR	3. TIME OF DEATH  7/30 P M
	1		4. SOCIAL SECURITY NUMBER 217-14-241		SEX	8. AGE (In	yrs. last bi	irthday) YRS.	IF UNDE	DAYS	IF UNDE	R 24 HRS.	7. DATE C	F BIRTH Day (her)	20	8. BIRTHI Country	PLACE (State or Foreign
	Should		9a. FACILITY NAME (If not institution				4	This.	9b. CIT	, TOWN (	OR LOCAT	ION OF DE	ATH	/11/0	9c. COU	NTY OF DE	MD ATH
	2, 3	TOR	JAGC RESIDENCE OF DECEDE	NT					Ba	2/4	inco	RO			Bo	2/4	inore
	Pages 1	DIRECTOR	10a. STATE 10b.	COUNTY			1	IOc. CITY	r, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	permit. P	AL DI	MD 10a. STREET AND NUMBER	H	arford				Ha		_	Grac	e				1 🔀 YES 2 🗌 NO
	nsit pe	ERA	1130 Chesa	peake	e Drive	#154	A			101	zip cod	1078			10g. CIT	US	A A
21215-0020	X	ax son	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12	FORCES? 1 FYES, GIVE W	T EVER IN	U.S. ARME	D	- 1	If yes, sp	ecify Cubi	OF HISPAN an, Mexica Specify	IIC ORIGIN? n, Puerto Ri	(Specify Ya	a or No—	14. RACE	— American Indian, White, etc.
215	-	4	15. DECEDEN (Specify only highe			T	18a. DECEL				ON st of worki	-	16b.	KIND OF BU	SINESS/INI	DUSTRY	willte
	acked for u	PLET	Elementary/Secondary (0-12)	C	College (1-4 or 5 +)	)	life. Do	NOT use	e retired.)	ake		ng					
MARYLAND retained by the holppit	5 should be detac	BE CON	17. FATHER'S NAME (First, Middle, I	olly	Orr							Sal	ME (First, M	enry			
		5	Mr. Marshall		iomas		8	307	Tyc	ings	s Ro		Havr	e de	Grac	e, M	D 21078
IORE e 6 may	must		20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3  4 Donation 5 Other (Speci		from State		rlace and tery cremate						3/2			city or Tow	
BALTIMORE, er death. Page 6 may by	tuneral director, page I. examiner must be	ij	21. SIGNATURE OF FUNERAL SER	VICE LICENS					22. N	NAME AN	ell-	ss of fa	r Fur	eral	Home	e, P.	Α.
B/ after o		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or re-										MD oc or reep	2107	8-319	Approximata		
60, within 24 hours	ompletely filled in it, cremation, or re event, the med		ahock, or heert find immediate Cause (Final disease or condition resulting in death)	ellure. List	Only one ceus	se on asc	ch iine.										Interval Between Onset and Death
BOX 68760, cate be executed with	sician and com nior to burial, traumatic en	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	<b>S</b> b	Ikcu	B.	al	ce	-	Oleo	ĺa	1.1	/,				
P.O.	Hygiene Or other	CERTIFIC	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d	overo (	OR AS A C	POS	NCE OF	): (9	rd	190		Mar	res	+		
RECORD:	seen signed by the of Health and Messhows any Injur	: MEDICAL	PART II. Other algnificent co	ATIC S/PC									Part I.		AUTOPSY RMED?		NERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
VITAL AN: The law	State has t State Dept item 23	CIA	25. WAS CASE REFERRED TO MED EXAMINER?		OSPITAL:						ACE OF D	EATH (Che	ock only one,				
ICIAN:	9 g	PHYSICIAN	1 TYES 2 THO 27, MANNER OF DEATH		Inpatient 2   28a. DATE OF I		-			sing Hom		esidence	6 Other				
N OF	this with	BY PI	1 Hetural 5 Pendir 2 Accident Investi		(Month, Day		2	96. TIME INJU		- American	URY AT RK? 'ES 2 [	] NO	28d. DESC	RIBE HOW I	INJURY OC	CUREO	
DIVISION OF VITAL I	after d	ETED B	3 Suicide 8 Could 4 Homicide detarm	not be	28a. PLACE OF building, e	F INJURY — etc. (Specify	– At home,	ferm, si	treet, fact	ory, office				ION (Street Town, State)		or Rural Ro	ute Number,
SPITAL OR	NERAL DIRECTION 72 Hours	COMPLE			N: To the best of n												and manner as stated.
TO THE HO	TO THE FUNERAL DIRECTORY TO THE WITHOUT TO HOUR IMPORTANT: If Item	BE	29th SIGNATURE AND TITLE OF CO	ERTIFIER	~2	52	2	_	_		29c. LICI	ENSE NUN	IBER 195	5	29d. DAT	E SIGNED (	Month, Day, Year)
		٩	30. NAME AND ADDRESS OF PERS	ON WHO CO	MPLETED CAUSE	E OF DEAT	TH (ITEM 27	7) (Type,	Print)			1	,		-		/
			31. DATE FILED (Month, Day, Year)		32. REGISTRAR	R'S SIGNAT	TURE									<u>:</u>	

32. REGISTRAR'S SIGNATURE

MAR 01 '94

٠		permit		
BALTIMORE, MARYLAND 21203-3146	HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a court after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached not use as the bunal-transfit permit	ion, or removal.	STANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
13146,	executed within	and completely	to bunal, cremati	matic event, t
P.O. BOX	ath certificate be	ttending physician	al Hygiene prior I	, or other traus
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	equires that the de-	en signed by the all	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	hows any injury.
- VITAL B	SICIAN: The law I	certificate has be	the State Dept.	I, or item 23 s
SION OF	TENDING PHY	OR: After this	fter death with	8 is marked
DIVIS	SPITAL OR ATT	NERAL DIRECT	hin 72 hours at	NT: If item 2.
	오	5	W	TA

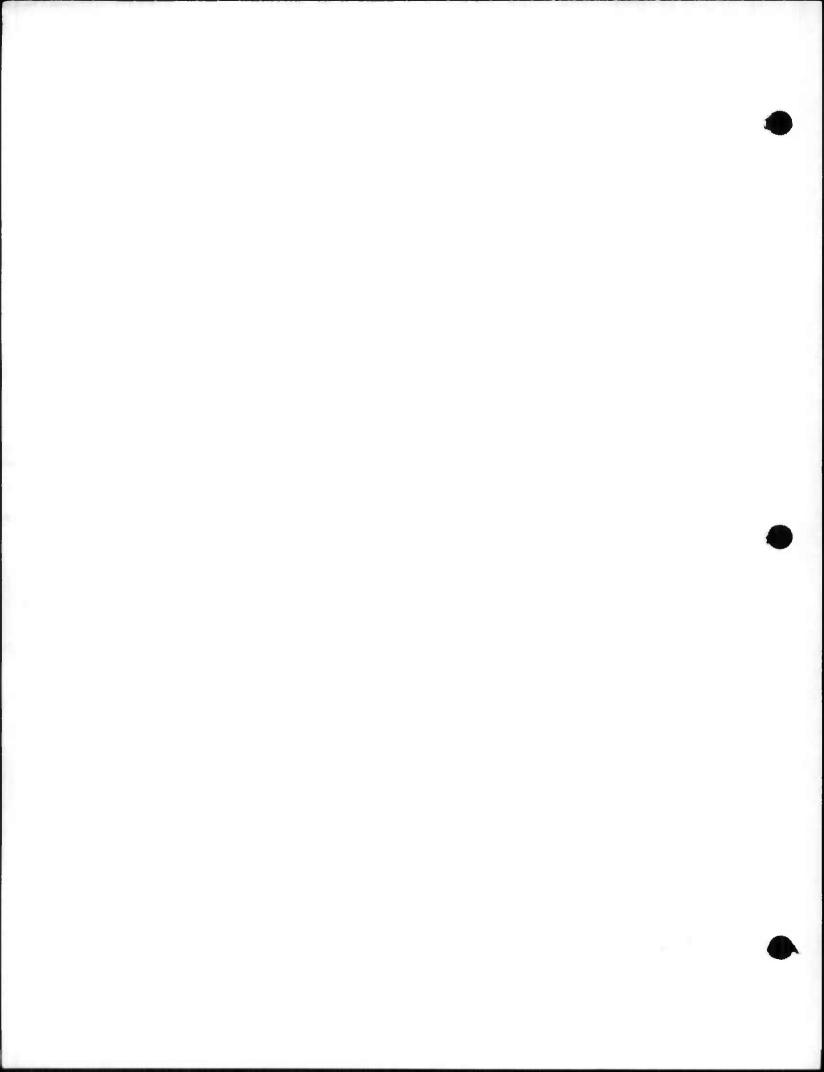
TO THE FUNERAL I be filed within 72 h IMPORTANT: If II

를로로

223

1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH JOHN E. THORNTON 20 1994 EB. 7. DATE OF BIRTH (Month, Day, Year) 3 9 1925 5. SEX 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 68 1 XM 2 - F YRS. MARYLAND 219-16-4685 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 880 MARENGO STREET ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL ANNAPOLIS 1 YES 2 X 10 10g. CITIZEN OF WHAT COUNTRY? 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 880 MARENGO STREET 21401 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 KNES 2  $\square$  NO IF YES, GIVE WAR OR DATES 1943-194611. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 XNO Specify: BY 3XXWidowed 4 ☐ Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) BARBER U.S. NAVAL ACADEMY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN THORNTON ELIZABETH BOOTH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LEBLIE SIMMS 880 MARENGO STREET ANNAPOLIS MD. 21401 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or th Burlal 2 ☐ Cremation 3 ☐ Removal from State CROWNSVILLE, MD. MARYLAND VETERAN CEMETERY Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. rees 821 WEST ST. ANNAPOLIS, MD. 21401 arry 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** ahock, or heart fallure. List only one cause on each line. Interval Between Onset and Deeth IMMEDIATE CAUSE (Final disease or condition Metastal resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 Residence 6 - Other (Specify) 4 🗌 Nura 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY **MCNeture** M 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Spec/ly) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 4 🗌 Homicide COMPLI 1 KIRTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) on and/or investigation, in my opinion, death occured at the lime, data and place, and dua to the cause(a) and manner as stated. 295. SIGNATURE UND TILE OF CHATTE LICENSE NUMBER 29d. DATE SIGNED (Month) Day, Year) BE 636 0 194 ZI 51 2 M. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Fichia Lando



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retrained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

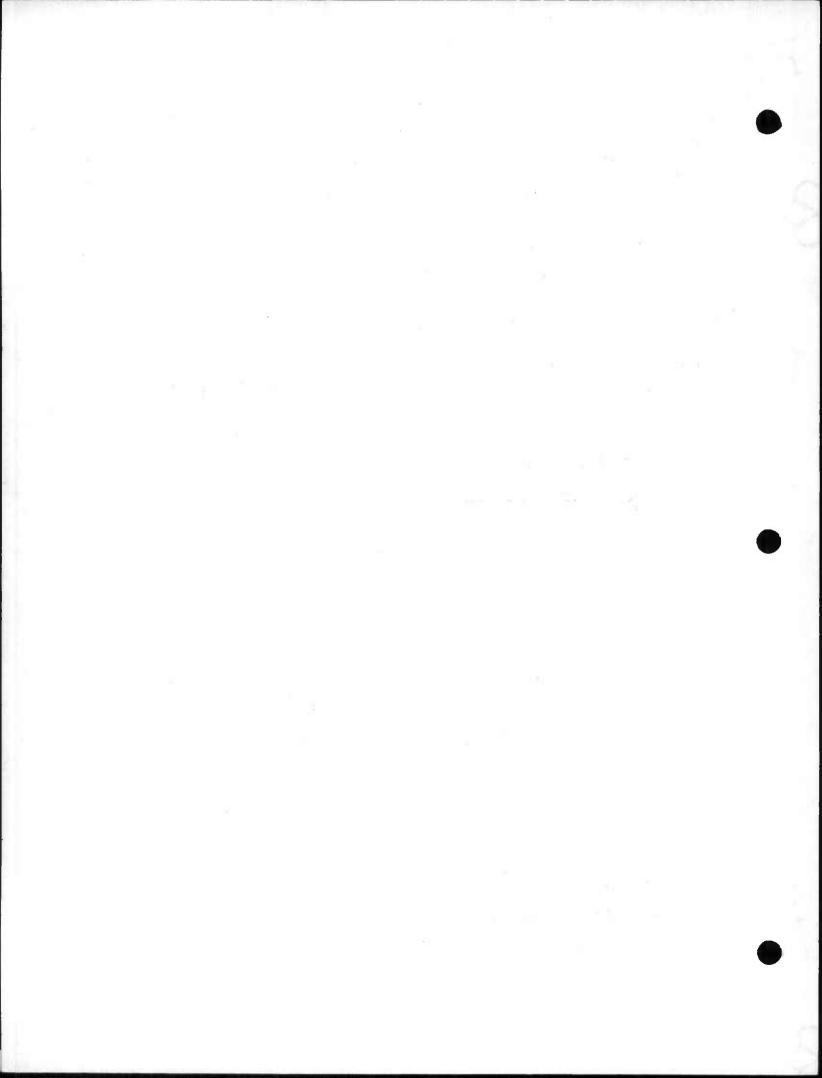
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

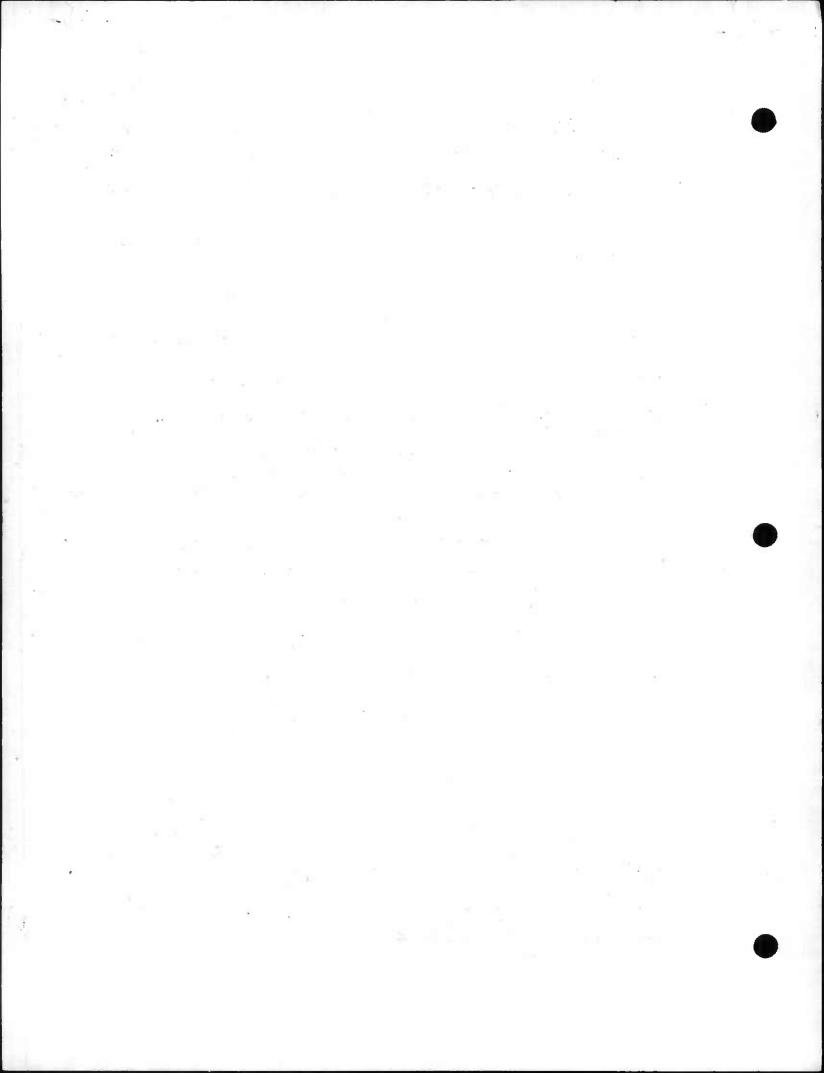
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL HYGIEN	and the	07370			
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE	3. TIME OF DEATH			
	John W.		Trumbaue	er		Feb 13	1994	1956 M			
	4. SOCIAL SECURITY NUMBER 219-70-8528	1 万M 2 □ F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/30/55		NRT HPLACE (State or Foreign ountry)			
OR	90. FACILITY HAME (If not institution, give				OR LOCATION OF DI	EATH	9c. COUNTY O				
5	I-83(N) at milema RESIDENCE OF DECEDENT 100. STATE 10b. COUNT		100	Baltim			וחשחו				
DIRECTOR	MD BAI	LT CITY		LTIMORE	ТОН			10d. INSIDE CITY LIMITS?  1 YES 2 HO			
FUNERAL	10e. STREET AND HUMBER			10f	. ZIP CODE			OF WHAT COUHTRY?			
Z	2913 MONTEBELLO 1	TERRACE  12. WAS DECEDENT EVER II	NILL ADMICT	40 1110 050	21214		U.S.				
BY FL	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, sp	ecify Cuban, Maxica 2 XHO Specifi	NIC ORIGIN? (Specify Yee in, Puerto Ricen, atc.)		RACE — American Indien, Black, White, etc. Specify: WHITE			
- B	15. DECEDENT'S EDU (Specify only highest grade	JCATIOH e completed)	16e. DECEDENT'S I	USUAL OCCUPATIO	OH et al wasking	16b. KIHD OF BUS	SINESS/IHDUSTI				
COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT usi	e retired.)	st or working						
ĕ	17, FATHER'S NAME (First, Middle, Last)	4	OWNER/O	PERATOR			CAPING	co.			
		TRUMBAUER			DONNA	ME (First, Middle, Maiden	Sumame) ONIKER				
H	19e. INFORMANT'S NAME (Type/Print)	TROPIDACER	19b, MAILIHG	ADDRESS (Street a		Route Number, City or Town					
2	MOLLY BALOG			BOONE TE		VERNA PARK					
	20e. METHOD OF DISPOSITIOH  1						DATE 20c. LOCATION — City or Town, State				
	4 Donetton Donetton METRO CREMATORY 2/16 CATONSVI							LLE, MD			
	21. SIGNATURE OF PUNERAL-BERVICE LE	CENSEE		22. NAME AN	ID ADDRESS OF FA	CILITY 49	95 RITC	HIE HIGHWAY			
	- Coldi	Jarra						PARK MD 21146			
	23. PART I Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused Liet only one cause on a	d the desth. Do no	ot enter the mo	de of dying, auc	h as cerdiec or respi	ratory arreat,	Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A	CONSEQUENCE OF	):							
		d									
PHYSICIAN: MEDICAL	PART ii. Other algnificant condition	ns contributing to death b	out not resulting in	n the underlying	g cause given In	Part i. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	T									
SICI	EXAMINER?  1 XYES 2 HO	HOSPITAL:	2 7 704	OTHER:	ACE OF DEATH (Ch		+ 00000				
H K	27. MANNER OF DEATH	28e. OATE OF INJURY	28b. TIME	OF 28c, tNJ	URY AT	6 X Other (Specify) a					
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	Feb 13 199	94 1945		RK? /ES 2 X NO	Passenger	in aut	to/truck			
28e PLACE OF IN HIPPY At home form street feature office											
	4 Homleide detarmined Highway I-83(N) @ milemarker 5.										
COMPLETED	neat .	ER: On the basic of examination						use(s) end menner as stated.			
								NED (Month, Day, Year)			
TO BE	7 herrare M.	Kana, 1	un);		O.C.M	.E.	Feb	14 1994			
F	36. NAME AND ADDRESS OF PERSON WE	O'COMPLETED CAUSE OF OE	, ,,,,			imore. Mar					
	FEB 24 1994	32. REGISTRAR'S SIGN	a Davidson		- 1. F. 1. F	men Er. Poll	<u> </u>				



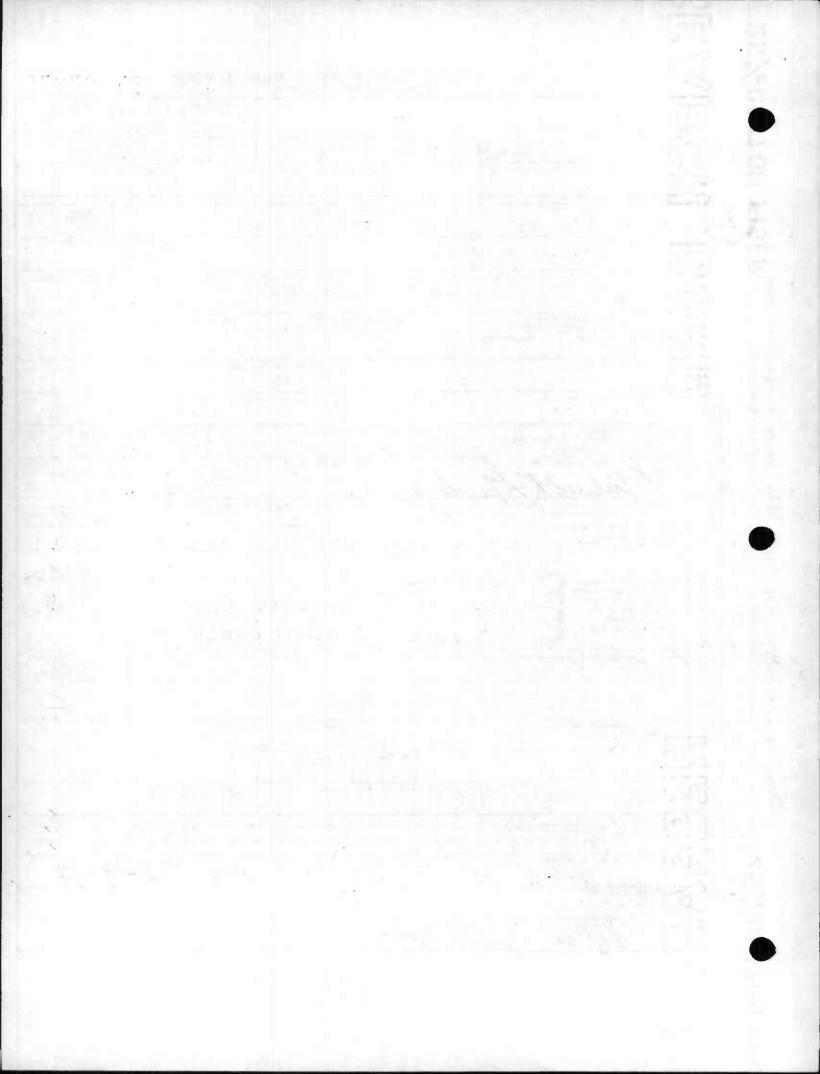
,	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFIC	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO		07371
	1. DECEDENT'S NAME (First, Middle, Last) A TNORMAN	Atnorman W	THO	Thomason MASON	FEB. 2	6, 199.	
	246-16-3852	8. AGE (In yr. 72	s. last birthday)   IF	UNDER 1 YEAR   IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	NOV. 23, 1	.921 N	Country).  Orth Carolina
TOR	96. FACILITY NAME (If not institution, give stree  FALLSTON GENE  RESIDENCE OF DECEDENT	end number)  EAL HOSPI		CITY, TOWN OR LOCATION OF	DEATH	Sc. COUNTY	OF DEATH  FORD
DIRECTOR	10a. STATE 10b. COUNTY	rford		own or location Abingdon			10d. INSIDE CITY LIMITS? 1 YES 2X NO
ERAL	714 Frans Drive			101. ZIP COOE 21009			OF WHAT COUNTRY?
) is	1 Never Married 2 Married 3 Widowed 4 Olivorced	P. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 039-1963	NO	13. WAS DECENDENT OF HISP # yea, specify Cuben, Maxi 1 YES 2 NO Spe	can, Puerlo Rican, etc.)	1 9	RACE — American Indian, Black, White, alc. Specify: White
PLETED	15. OECEDENT'S EOUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		Give kind of work life. Do NOT use re	done during most of working tired.)	US GOV	siness/industr ernment	
COMPL	17. FATHER'S NAME (First, Middle, Last) Rufus — Th	omason		16. MOTHER'S I	IAME (First, Middle, Maiden Clar		
TO BE	19a. INFORMANT'S NAME (Type/Print) Maria T.E. Thomas	on		press (Street and Number or Run rans Drive, Al	al Route Number, City or Tow	n, State, Zip Cod	
	20a. METHOD OF DISPOSITION 1	from State 20b. PL/ cemeter	ceand date of d	isposition(Name of Piage) ris Crematory	0ATE 20c. LO 2-28-94	cation - city W. Che	or Town, State
	21. SIONAPORE OF FUNERAL SERVICE LICEN	Man	1	Howard K. Mcc 1317 Cokesbu	Comas III F ry Road, Ab	uneral ingdon	Home, P.A. , Md. 21009
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO)  DUE TO (OR AS A CO)  DUE TO (OR AS A CO)  DUE TO (OR AS A CO)  DUE TO (OR AS A CO)	UNA. SOLVE NECOUENCE OF: POUL BLUEL NECOUENCE OF: CFI 13 NECOUENCE OF):	ere Hyporcarb ic. Subendo M Ceod Duoden un severe Hy	ia., Resp. aca II. CHF:s	idosis.	Interval Between Onset and Death  3 Weeks.
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions of Africal Fib CHF Asd	ontributing to death but r	ot resulting in t	he Underlying couse given i		RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 HO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	0	26. PLACE OF DEATH (	Check only one)		
	1 VES 2 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending	Inpetiant 2 ER/Outpeties 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK?	26d. DESCRIBE HOW I	NJURY OCCURE	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined	26a. PLACE OF INJURY — Juilding, atc. (Specify)	it home, larm, stree	M 1 YES 2 NO	281, LOCATION (Street City or Town, State)		tural Route Number,
COMPLETED				t the time, data and place, and d			use(s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	4.4		SNEO (Month, Day, Year) -26 - 94 _
2	B. D. PAREKH N	un 1900 H	AD FORD	10. FALLST			
	31. DATE FILEO (Month, Day, Year) FFB 28 '94	32 REGISTRAR'S SIGNATURE	Pandalle	1/1/201	-1- 1-0	1)	

DHMH-16 Rev 1/89

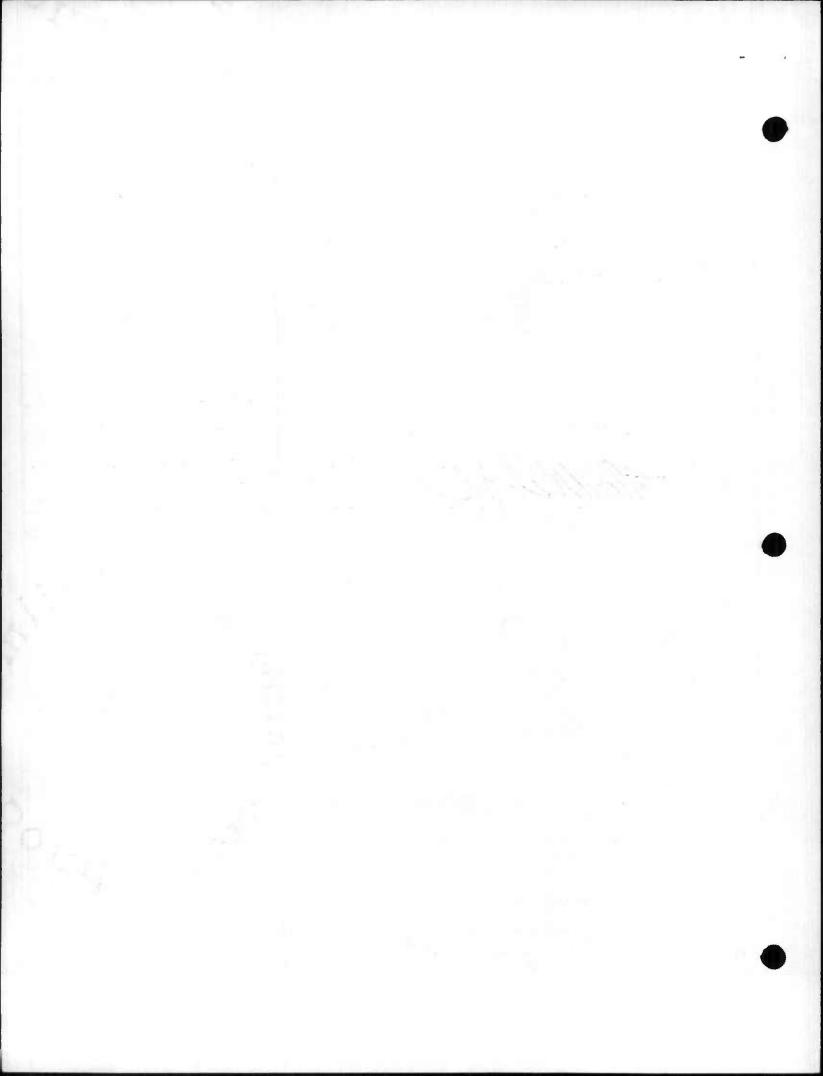


49		8	-
BALTIMORE, MARYLAND 21215-0020	e law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
ALTIMORE,	death. Page 6 may b	funeral director, page	A 100 CO. C. C. C. C. C. C. C. C. C. C. C. C. C.
	hours after	filled in by the lion, or removal	A
68760	executed with	and completely o burial, cremal	madle annual
P.O. BOX	h certificate be	inding physician Hygiene prior to	
AL RECORDS, P.O. BOX 68760	equires that the death	has been signed by the attending physician and completely filled in by the 1 Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Action was believed
AL R	e law re	has bee Dept. c	4- 00

	1. DECEDENT'S NAME (First, Middle, I	Lest)						2. DATE OF DEATH		3. TIME OF D	
	Dora	Isabelle		Tay:	lor			MONTH	DAY	PRAT	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. In		IF UNDER 1 Y	FAR IF UND	ER 24 HRS.	February 7. DATE OF BIRTH	7 18.	1994 9:50 8. BIRTHPLACE (State of	
	217-66-1898	1 🗆 M 2 😡 F	81	YRS.	-	AYS HOURS	7	(Month, Day, Year)	012	Country)	
4	9e. FACILITY NAME (If not institution,	21	01		9h CITY TO	OWN OR LOCAT	TION OF D	Aug. 6, 1		Maryland UNITY OF DEATH	
OR											
Nº.	St Mary's Host	gital			Leon	<u>ardtow</u>	<u>m</u>		St. Mary's		
E	10a. STATE 10b. CO				TY, TOWN OR L					10d. INSIDE (	
E	Maryland St.	. Mary's			Great 1	Mills				1 YES 2	
ERAL	21 Baja Lane,	P.O. Box 161	1			101. ZIP CO				U.S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X	YES 2 NO If yes, specify Cuban, Maxican, 1					n, Puerto Rican, etc.)		
ETED	15. DECEDENT'S		16a. Di	ECEDENT'S	USUAL OCCU	JPATION	l-l	16b. KIND OF BI	JSINESS/IN	IDUSTRY	
H	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	1/4	aive kind of n. Do NOT u	work done duri ise retired.)	ing most of work	king				
APL	6th Grade		H	ousewife Hon							
COMPL	17. FATHER'S NAME (First, Middle, Las	t)			18. MOTHER'S NAME (First, Middle, Maiden Surname)						
ш	Philip	gan			Ma	azie		Mil	burn		
TO B	Pearl I. Dicker		16	21 B	aja La	ine, Gr	er or Rural eat	Mills, Mai	wn, State, Zi Cylan	d 20634	
	20g METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 D	Removal from State			OF DISPOSITIO			DATE 20c. L	OCATION -	- City or Town, State	
	4 Donation 5 Other (Specify)		St. N	Mark '	s UAME	E Cem	2/2	.3/94 Va	lley	Lee, Maryl	
	21. SIGNATURE OF FUNERAL SERVICE	DE LICENSEE			22, NAI	ME AND ADDR	ESS OF FA	CILITY			
	Mich	Dat 14	1	)		_	-			Home, P.A	
	23. PART / Enter the diseases	1 X Jan	den	en	P.O	Box	270,	Leonardto	own,	Maryland :	
	disease or condition reaulting in death)	· Can	Winn				-	1/		1 1	
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST	b. out for a but for a	ON AS A CONSE	CONTINCE OF		nsu in Si	ma	luse ma ma		1 4 de 1	
AL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	. Dre	yani	CUENCE O	Brai	nSy	pnd	PART I. 240. WALLA	N ALTOPSY		
CAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	. Dre	yani	CUENCE O	Brai	nSy	pnd	Part I. 246. WAS A PERFO	WHED?	AWAILABLE PR	
CAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	. Dre	yani	CUENCE O	Brai	nSy	pnd	PART I. 240. WALLA	WHED?	AVAILABLE PR	
MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	. Dre	yani	CUENCE O	Brai	nSy	pnd	Part I. 246. WAS A PERFO	WHED?	AMAIL ABLE PR COMPLETION OF DEATH?	
AN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond	d. Stitions contributing to	yani	CUENCE O	Sau In the under	nSy	and given in	PART I. 246. WAS A PERFO	WHED?	AMAIL ABLE PR COMPLETION OF DEATH?	
SICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST	a. Suit rolling to desire the state of the s	OF AS A CONSE	C C C resulting	In the under	n Surtying cappe	given in	PART I. 246. WAS A PERFO	WHED?	AMAIL ABLE PR COMPLETION OF DEATH?	
SICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conductions are supplied to the significant c	a. Hospital: 1 Des	DR AS A CONSE WAR AND A CONSE WAR AND A CONSE BRUDING THE AND A CONS	resulting	in the under	THE PLACE OF SHORE S (1) INJUSTY AT	given in	Part I. 246, WAS A PERFC 1 TYPES	PHAMED?	AMALABLE PROCESSING OF COLUMN OF COL	
PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERENCED TO MEDIC EXAMINER OF DEATH  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Panding	a. Hospital: 1 Department 2 11 20e. DATE OF 1   Month, Dep	DR AS A CONSE WAR AND A CONSE WAR AND A CONSE BRUDING THE AND A CONS	resulting	in the under	THE PLACE OF B Home 5 [1]	produce in DEATH (Ch. Residence	Part I. 246. WAS A PERFC 1 TYPES HICK Only One)	PHAMED?	AMALABLE PROCESSING OF COLUMN OF COL	
D BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERENCE TO MEDIC EXAMENER?  1 1 Natural 5 Panding	AL HOSPITAL: 1 Ownprient 2 Uze. DATE OF 1 (Month, De) 28e. PLACE OF	BRIOMpattern :	resulting	in the under	DE PLACE OF B Home \$ 11 to INAUTHY AT WORK?	produce in DEATH (Ch. Residence	Part I. 24a. WAS A PERFC 1 TYPES  1 TYPES  1 Other (Specify)  28d. DESCRIBE HOW	NAMED?	AMALABLE PROCESSING OF COLUMN OF COL	
D BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERENCE TO MEDIC EXAMINER OF DEATH  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Panding Investigat	AL HOSPITAL:  1 Of Separation 2 1   26e. DATE OF 1   (Monta, Do)  tion  R be 28e. PLACE OF building, e	De as a Cones  JOHNS  JOHNS  BRITISH  B	resulting	in the under	DE PLACE OF B Home \$ 11 to INAUTHY AT WORK?	produce in DEATH (Ch	Part I. 24e. WAS A PERFO. 1 TYES  ack only one)  8 TO Other (Specify)  28d. DESCRIBE HOW	NAMED?	AMALABLE PROOMPLETION OF DEATH?  1 yes 2	
ETED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINETY  1 YEB 2 100  27. MANNER OF DEATH  1 Natural 5 Panding Investigat  2 Accident  3 Solicide 6 Could no determine  29a. CERTIFIER	AL HOSPITAL: 1 Ownparient 2 Discount of the best of th	DA AS A CONSE JOHN SPACE OF THE SPACE OF TH	resulting	OTHER:	26. PLACE OF 26. PLACE OF WORK? 1 VES 2	DEATH (Ch	Part I. 24a. WAS A PERFC 1  YES  sock only one) 6  Other (Specify) 28d. DESCRIBE HOW  28f. LOCATION (Street, State	PINALITY OF	AMALABLE PRODUCTION OF CHARTON STATES 2 COURSED	
ETED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINERY  1 YEB 2 NO  27. MANNER OF DEATH  1 Natural 5 Panding Investigat  2 Accident 3 Suitside 6 Could no determine (Check only 1) CERTIFIER (Check only 1)	AL HOSPITAL: 1 Despital: 1 Des	DR AS A CONSE	resulting  3 □ DOA  26b. TB	OTHER: 4 I Nursing BE OF 25 Street, factory,	26. PLACE OF B Home 5 11 to MAJORY AT WORK? 2 to WES 2 to Mate and place of date of da	DEATH (Ch. Residence	Part I. 24a. WAS A PERFC 1  YES  1  YES  1  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Sines City or Sives, Sizes	INJUSTY OF	AMALABLE PRODUCTION OF CHARTON STORY OF COMPLETION STORY OF COMPLE	
COMPLETED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERENCE TO MEDICE EXAMINERY  1 YEB 2 NO  27. MANNER OF DEATH  1 Natural 5 Panding Investigat  2 Accident 3 Suicide 6 Could no determine  2 Accident 3 Matural 5 Panding Investigat  2 Accident 3 Matural 5 Panding Investigat  2 Accident 3 Matural 5 Panding Investigat  2 MEDICAL EXAMINERY  2 MEDICAL EXAMINERY  2 MEDICAL EXAMINERY	AL HOSPITAL: 1 Nonpition: 2 12 28e. PHACE OF building, and physician: To the best of numbers: On the basis of ass	DR AS A CONSE	resulting  3 □ DOA  26b. TB	OTHER: 4 I Nursing BE OF 25 Street, factory,	DE PLACE OF B Home S 11 VES 2 C. office	DEATH (Ch Residence	PART I. 24a. WAS A PERFO.  1  YES  1  Other (Specify)  28d. DESCRIBE HOW  28c. LOCATION (Street City or News, Stre	INJUSTY OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	CCUMED  AMALABLE PRODUCTION COMPLETION 1	
COMPLETED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINERY  1 YEB 2 NO  27. MANNER OF DEATH  1 Natural 5 Panding Investigat  2 Accident 3 Suitside 6 Could no determine (Check only 1) CERTIFIER (Check only 1)	AL HOSPITAL: 1 Nonpition: 2 12 28e. PHACE OF building, and physician: To the best of numbers: On the basis of ass	DR AS A CONSE	resulting  3 □ DOA  26b. TB	OTHER: 4 I Nursing BE OF 25 Street, factory,	DE PLACE OF B Home S 11 VES 2 C. office	DEATH (Ch. Residence	PART I. 24a. WAS A PERFO.  1  YES  1  Other (Specify)  28d. DESCRIBE HOW  28c. LOCATION (Street City or News, Stre	INJUSTY OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	AMALABLE PRODUCTION OF CHARTON STORY OF COMPLETION STORY OF COMPLE	
BE COMPLETED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERENCE TO MEDIC EXAMINER OF DEATH  1	AL HOSPITAL: 1 Oxpetient 2 II Superior 2 II When DATE OF It When DATE OF It WHEN IT THE THE	ER/Outpettent :  INJURY — At the state of th	resulting  2 El DOA  28b. Talling  come, farm, investigeth	In the under	DE PLACE OF B Home S 11 VES 2 C. office	DEATH (Ch Residence	PART I. 24a. WAS A PERFO.  1  YES  1  Other (Specify)  28d. DESCRIBE HOW  28c. LOCATION (Street City or News, Stre	INJUSTY OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	CCUMED  AMALABLE PRODUCTION COMPLETION 1	
COMPLETED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERENCE TO MEDIC DEATH  1	AL HOSPITAL: 1 Department 2 DI	Death but not  ER/Outpatient  BLJURY — At the state (Specify)  Thy knowledge, deministration shallor  EF OF DEATH (TEL	resulting  a DOA  abb. The line  come. farm.  content arthrestigeti	other and a street, factory, and at the time on, in my opinion, Print, Max.	26. PLACE OF B Home \$ 11 VES 2 C. Lift	DEATH (Ch Residence	PART I. 24a. WAS A PERFO.  1 1 YES  1 Other (Specify)  28d. DESCRIBE HOW  28d. DESCRIBE HOW  28d. DESCRIBE HOW  1 the cause(a) and m  1 time, data and place, of the cause(b)  MBER  4 1 9	INJUSTY OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	CCUMED  AMALABLE PRODUCTION COMPLETION 1	



1	1. DECEDENT'S NAME (First, Middle	e, Last)									OF DEATH			3. TIME OF DEATH
	Roy E.	. Thro	ckmort	ton						Febr	uary	19, 1	994	0837
li	4. SOCIAL SECURITY NUMBER	5. 36	EX	6. AGE (In	yrs. lest birthday)	IF UNDER		IF UNDER	$\overline{}$	7. DATE O	OF BIRTH		8. BIRTHP	LACE (State or Fore
	578-01-7694	1 X	M 2 🗌 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.		ember	2 190	7 T	/ /irginia
	9a. FACILITY NAME (If not institution	n, give street an	d number)	- 55		9b. CITY	, TOWN C	OR LOCATIO			CHIDCI		TY OF DE	
<u>۳</u>	Calvert Memo	orial 1	Hospit	tal		Pri	ince	Fred	lerio	ck		Cal	vert	
бінестов	RESIDENCE OF DECEDE	NT										1		
2	10a. STATE 10b.	COUNTY			10c, CF	TY, TOWN O	OR LOCAT	TION					- 5	10d. INSIDE CITY LIMITS?
ē		St. Ma	ry's		H	ollyv	boos						1	YES 2 XN
3	10e. STREET AND NUMBER						101	. ZIP CODE				10g. CITIZ	ZEN OF WH	IAT COUNTRY?
4	Rt. #2. Box 14	49 Sky	view	Drive				20636	5			UNIT	ED S	TATES
5	11. MARITAL STATUS  1 Never Married 2 Marrie		WAS DECEDEN	NT EVER IN U	S. ARMED			ENDENT O			(Specify Yes		14. RACE -	- American Indian White, etc.
ВУ	3 Widowed 4 Divorced	iF	YES, GIVE	WAR OR DATE				2 NO			roat, etc.)		Specify	
0			1942-										Whit	e
ш	(Specify only higher	r'S EDUCATION at grade comple	eted)	,	Give kind of life. Do NOT a	work done	CCUPATIO	ON ast of working	0	166.	KIND OF BU	SINESS/IND	USTRY	
ا چا	Elementary/Secondary (0-12)		ege (1-4 or 5				. 00				D 6			
COMPLET	12		2	U	hief Wa	irran	t UI				Defe			
8	17. FATHER'S NAME (First, Middle, L										liddle, Maiden	Surname)		
BE	Hammett Throcl		n		1					3. Go				
0	19a. INFORMANT'S NAME (Type/Pri	•									er, City or Tow			
	Mary G. Throcl	kmorto	n	-	_			- 4	vie	-	_			Md 2063
	20s. METHOD OF DISPOSITION 1 X Burlet 2 □ Cremation 3 (		om litere		LACE AND DATE		ITION (Na	ime of		OATE		CATION —	•	
	4 Donation 6 Dollar (Specification of the part of the		/	/ Ist.	Andre						4 Leo	nardt	own,	Marylan
	21. BICALLE SERVICE SE	////K	5, M	1/	/			ND ADDRES			ь номі			
	Edward N.	- United	1011	VI					$\nu$ $\iota$ $\upsilon$		o morn			
		Brins	field.	Jr.	M00052	P			279.		VARDTO	WN_ I	MARYT.	AND 206
	23. PART I. Enter the disease	es, or compl	leations the	at caused t	MOOO52 he death. Do	not enter	.0.	BOX :	279, ng, suci	LEO	NARDT(	OWN, I	MARYL	-
	23. PART I. Enter the disease shock, or heart fo	es, or compl	leations the	at caused t	ha death. Do	not enter	.0.	BOX :	279, ng, suci	LEO	NARDT(	OWN , I	MARYL	AND 206
	Shock, or heart to IMMEDIATE CAUSE (Final disease or condition	es, or compl	ications the	at caused t use on eac	ha daath. Do h line.	not enter	.O.	BOX :	ng, suci	LEO!	lec or resp	Iratory arr	MARYL est,	Approximate
	IMMEDIATE CAUSE (Final	es, or compl	ications the	at caused to use on eac	ha death. Do	not enter	.O.	BOX :	ng, suci	LEO!	lec or resp	Iratory arr	MARYL est,	Approximate Interval Bet
z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	es, or compl	loations the nly one ce	of caused to use on each	he death. Do h line.  NARY  ONSEQUENCE C	not enter	the mo	BOX :	ng, aucl	LEO!	lec or resp	Iratory arr	MARYL	Approximate Interval Bet
TION	Shock, or heart to IMMEDIATE CAUSE (Final disease or condition	es, or compliellure. List o	DUE TO	ORO ORASAC	Ha death. DD h line. HAR T ONSEQUENCE C	not enter	the mo	BOX : de of dyle	ng, suci	LEON as cerd	ec or resp	Iratory arm	est,	Approximat Interval Bet Onset and
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	es, or compliellure. List o	DUE TO	ORO ORASAC	Ha death. DD h line. HAR T ONSEQUENCE C	not enter	the mo	BOX : de of dyle	ng, suci	LEON as cerd	ec or resp	Iratory arm	est,	Approximat Interval Bet Onset and
rification .	shock, or heart for immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	es, or completure. List o	DUE TO	OR O OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	HAR DE HINE.  WAR TONSEOUENCE CONSEOUENCE	OF):	the mo	BOX : de of dyle  ERY  ERE	ng, suci	LEON as cerd	ec or resp	Iratory arm	est,	Approximat Interval Bet Onset and
ERTIFICATION	shock, or heart to IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	es, or completure. List o	DUE TO	OR O OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	Ha death. DD h line. HAR T ONSEQUENCE C	OF):	the mo	BOX : de of dyle  ERY  ERE	ng, suci	LEON as cerd	ec or resp	Iratory arm	est,	Approximate Interval Bet
뜅	SHOCK, Or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	es, or compleilure. List o	DUE TO	ORO ORASAC OGRASAC OGRASAC COGRASAC	HARY ONSEQUENCE CO ONSEQUENCE CO ONSEQUENCE CO ONSEQUENCE CO ONSEQUENCE CO ONSEQUENCE CO ONSEQUENCE CO ONSEQUENCE CO ONSEQUENCE CO ONSEQUENCE CO	A(DF):	TIV	BOX: de of dyline  ERY  ERE  O D	PU	LEON DIS	ec or resp	E 24 7	D ISE	Approximatinterval Bet Onset and I
CAL CE	shock, or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	es, or compleilure. List o	DUE TO DUE TO DUE TO OUE TO VITH	OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO	HARY ONSEQUENCE CONSEQUENCE	the mo	BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX: BOX:	Pu	LEON as cerd	EAS	AUTOPSY THEO?	D (SE)	Approximatinterval Bet Onset and I	
CAL CE	shock, or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	es, or compleilure. List o	DUE TO DUE TO DUE TO OUE TO VITH	OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO	HARY ONSEQUENCE CONSEQUENCE	the mo	BOX: de of dyline  ERY  ERE  O D	Pu	LEON as cerd	EAS	AUTOPSY TIMED?	24b. )	Approximatinterval Bett Onset and I	
MEDICAL CE	shock, or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	es, or compleilure. List o	DUE TO DUE TO DUE TO OUE TO VITH	OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO	HARY ONSEQUENCE CONSEQUENCE	the mo	BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX:  BOX: BOX:	Pu	LEON as cerd	EAS	AUTOPSY TIMED?	24b. )	Approximatinterval Bet Onset and I	
MEDICAL CE	SHOCK, Or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant con	a	DUE TO DUE TO DUE TO OUE TO VITH	OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO	HARY ONSEQUENCE CONSEQUENCE	TO TO TO TO TO TO TO TO TO TO TO TO TO T	BOX: de of dyle  PRY  CRES  CR	PU	LEON DIS LIM Part I.	PERFORM	AUTOPSY TIMED?	24b. )	Approximatinterval Bett Onset and I	
MEDICAL CE	SHOCK, Or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions. SEVERE	es, or compleilure. List o	DUE TO DUE TO DUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'!	ORO OR AS A CO OR AS A	HAR DE HINE.  HAR TONSEOUENCE CONSEOUENCE	OFFI:	TO the mo	BOX: de of dyle  PRY  CRE  O  O  G  G  G  G  G  G  G  G  G  G  G	PU IVEN IN DESCRIPTION	LEON DIS Part I.	EAS ONA  24a. WAS AN PERFOI 1 YES 2	AUTOPSY TIMED?	24b. )	Approximatinterval Bett Onset and I
MEDICAL CE	SHOCK, Or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions. SEVERE  25. WAS CASE REFERRED TO MED EXAMINER?  1  YES 2 NO	es, or compleilure. List o	DUE TO  DUE TO  DUE TO  OUE TO  VIT H  Infibuting to  PHE  SPITAL:  Inpatient 2	ORO O (OR AS A CO) O	he death. DD h line.  WARY ONSEQUENCE CONSEQUENCE   PUC  PFI:  In the ur  SCU	the mo	BOX: de of dyle  PRY  CRE  O  O  G  G  G  G  CRE  CRE  CRE  CRE  CRE  C	PU IVEN IN DESCRIPTION	DIS  Part I.  SC Color one of Color of	EAS ONA  24a. WAS AN PERFOI 1 YES 2	AUTOPSY THEO?	24b. )	Approximatinterval Bett Onset and I	
PHYSICIAN: MEDICAL CE	SHOCK, Or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions. SEVERE  25. WAS CASE REFERRED TO MED EXAMINER?  1  YES 2 PAO  27. MANNER OF DEATH	es, or compleilure. List o	DUE TO DUE TO DUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'! OUE TO HEAD'!	OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO OF AS A CO	NARY ONSEQUENCE CONSEQUENCE PUC  PFI:  In the ur  SCU	T(V)	BOX: de of dyle  RP  CRE  G  G  G  G  G  G  G  G  G  G  G  G  G	PU Ilven In USE	DIS  Part I.  SC Color one of Color of	EAS ONA  24a. WAS AN PERFOI 1 YES 2	AUTOPSY THEO?	24b. )	Approximatinterval Bett Onset and I	
MEDICAL CE	SHOCK, Or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART 11. Other algnificant conditions of the conditions of	a	DUE TO DUE TO OUE TO ALL Impellent 2  (Month, I	OTRO OTRO OTRO OTRO OTRO OTRO OTRO OTRO	not resulting  ONS CONSEQUENCE	OF):  OF):  OF):  In the ur  S C U  OTHE: 4 Nur  M OF  JURY  M	the mo	BOX: de of dyle  PRY  CRES  GR	PU Ilven In USE	LEOI  DIS  Part I.  SC Other  28d. DES	24a. WAS AN PERFO!  (Specify)  (CRIBE HOW I	AUTOPSY TIMED?	24b. 1	Approximatinterval Bet Onset and I
D BY PHYSICIAN: MEDICAL CE	SHOCK, Or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of	es, or compleilure. List o	DUE TO DUE TO DUE TO THE DOI: 10 DUE TO DUE TO THE DOI: 10 DUE TO	OTRO OTRO OTRO OTRO OTRO OTRO OTRO OTRO	The death. DD h line.  ARY ONSEQUENCE CONSEQUENCE  OF):  OF):  In the ur  S C U  OTHE: 4 Nur  M OF  JURY M	the mo	BOX: de of dyle  PRY  CRES  GR	PU Ilven In USE	DIS  Part I.  Schools only one ack only one 28d. DES  28f. LOCA	EAS ONA  24a. WAS AN PERFOI 1 YES 2	AUTOPSY amed Number	24b. 1	Approximatinterval Bet Onset and I	
D BY PHYSICIAN: MEDICAL CE	SHOCK, Or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the cause	es, or compleilure. List o	DUE TO DUE TO DUE TO THE DOI: 10 DUE TO DUE TO THE DOI: 10 DUE TO	OR O O (OR AS A C O) (OR AS A C O (OR AS A C O (OR AS A C O (OR AS A C O (OR AS A C)))))))))))))))))))))))))))))))))	The death. DD h line.  ARY ONSEQUENCE CONSEQUENCE  OF):  OF):  In the ur  S C U  OTHE: 4 Nur  M OF  JURY M	the mo	BOX: de of dyle  PRY  CRES  GR	PU Ilven In USE	DIS  Part I.  Schools only one ack only one 28d. DES  28f. LOCA	24a. WAS AND PERFOI   Specify)  CRIBE HOW (Street	AUTOPSY amed Number	24b. 1	Approximatinterval Bet Onset and I	
D BY PHYSICIAN: MEDICAL CE	SHOCK, Or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART 11. Other algnificant conditions or sequence of the cause	es, or compleilure. List o  a.  c.  d. V  inditions con  PERI  HOST  ggstion  not be  indited	DUE TO DUE TO DUE TO OUE TO VIT H Irributing to PHC SPITAL: Inpatient 2 26a. DATE OI (Month, I	ARDO (OR AS A CO)	The death. DD h line.  ARY ONSEQUENCE CONSEQUENCE   OFF):  OF	the mo	BOX: de of dyle  PRY  RE  GRE  GRE  GRE  GRE  GRE  GRE  GR	PU Ilven In P USE	DIS  Part I.  School only one  and Other  281. LOCA  City of	24a. WAS AN PERFOI   (Specify)  (Specify)  CRIBE HOW (Street or Town, State)	AUTOPSY RMED?	24b. ) (SE) 24b. ) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	Approximatinterval Bet Onset and I	
D BY PHYSICIAN: MEDICAL CE	Shock, or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant constraints of the condition of the conditio	es, or compleilure. List o  a.  b.  cCi  d. V  inditions con  PERI  HOST  1 U  G PHYSICIAN:	DUE TO  DUE TO  DUE TO  DUE TO  P H C  SPITAL: Inpatient 2   Inpatient 2   Inpatient 2   Inpatient 2   Inpatient 2   Inpatient 3   Inpatient 2   Inpatient 3	ARDO OR AS A CO OR AS	he death. Do h line.  ARY ONSEQUENCE CONSEQUENCE :  OFFI:  OF	the mo	BOX: de of dyle  PRY  REPY  GRACE OF DE  LACE OF DE  LURY AT  JURY	PU Ilven In P LS CO	Part I.  SC Other 28d, LOCA City of to the cause of the c	24a. WAS AN PERFOI   (Specity)  CRIBE HOW (VION, State)  Be(e) and maintains.	AUTOPSY TIMED?	24b. y	Approximatinterval Bet Onset and I	
COMPLETED BY PHYSICIAN: MEDICAL CE	Shock, or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant constraints of the condition of the conditio	b.  cCi d. V  inditions con  PERI  inci be inned  G PHYSICIAN:  EXAMINER: On	DUE TO  DUE TO  DUE TO  DUE TO  P H C  SPITAL: Inpatient 2   Inpatient 2   Inpatient 2   Inpatient 2   Inpatient 2   Inpatient 3   Inpatient 2   Inpatient 3	ARDO OR AS A CO OR AS	he death. Do h line.  ARY ONSEQUENCE CONSEQUENCE :  OFFI:  OF	the mo	BOX: de of dyle  PRY  REPY  GRACE OF DE  LACE OF DE  LURY AT  JURY	PU Ilven In PUSE	DIS  Part I.  Pack only one  6 Other  281. LOCA  City of  to the cause  tima, date	24a. WAS AN PERFOI   (Specity)  CRIBE HOW (VION, State)  Be(e) and maintains.	AUTOPSY IMED?  AUTOPSY IMED?  INJURY OCCURRED Number as started due to the	24b. )  CURED  or Rural Ro  ed.  e cause(s)	Approximatinterval Bet Onset and I Onset a	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	SHOCK, Or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART 11. Other algnificant conditions of the conditions of	b.  cCi d. V  inditions con  PERI  inci be inned  G PHYSICIAN:  EXAMINER: On	DUE TO  DUE TO  DUE TO  DUE TO  P H C  SPITAL: Inpatient 2   Inpatient 2   Inpatient 2   Inpatient 2   Inpatient 2   Inpatient 3   Inpatient 2   Inpatient 3	ARDO OR AS A CO OR AS	he death. Do h line.  ARY ONSEQUENCE CONSEQUENCE :  OFFI:  OF	the mo	BOX: de of dyle  RP  RP  CRE  GRE  GRE  GRE  GRE  GRE  GRE  GRE	PU  Ilven In  USE  EATH (Che  sidence	DIS  Part I.  PS C.  Other  281. LOCA  to the caut  tima, date	24a. WAS AN PERFO!  (Specify)  CRIBE HOW ( ATTON (Street)  ATTON (Street)  and place, ar	AUTOPSY TIMED?  INJURY OCCURANT AUTOPSY TIMED?  INJURY OCCURANT AUTOPSY TIMED?  INJURY OCCURANT AUTOPSY TIMED?	24b. )  CURED  Or Rural Ro  ed.  e cause(s):	Approximate Interval Bet Onset and I Onset	
COMPLETED BY PHYSICIAN: MEDICAL CE	SHOCK, Or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART 11. Other algnificant conditions of the conditions of	es, or compleilure. List o	DUE TO  DUE TO  DUE TO  DUE TO  HR DA' I  OUE TO  HR DA' I  OUE TO  HR DA' I  OUE TO  HR DA' I  OUE TO  HR DA' I  OUE TO  HR DA' I  OUE TO  HR DA' I  OUE TO  HR DA' I  OUE TO  HR DA' I  OUE TO  HR DA' I  OUE TO  HR DA' I  OUE TO  To fibe best of the basia of oue	of caused to use on each of the caused to use on each of the caused to t	he death. Do h line.  PAR 1 ONSEQUENCE CONSEQUENCE  OFFI:  OF	the mo	BOX: de of dyle  RP  RP  CRE  GRE  GRE  GRE  GRE  GRE  GRE  GRE	PU  Ilven In  USE  EATH (Che  sidence	DIS  Part I.  Pack only one  6 Other  281. LOCA  City of  to the cause  tima, date	24a. WAS AN PERFO!  (Specify)  CRIBE HOW ( ATTON (Street)  ATTON (Street)  and place, ar	AUTOPSY TIMED?  INJURY OCCURANT AUTOPSY TIMED?  INJURY OCCURANT AUTOPSY TIMED?  INJURY OCCURANT AUTOPSY TIMED?	24b. )  CURED  Or Rural Ro  ed.  e cause(s):	Approximatinterval Bet Onset and I Onset a	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	SHOCK, Or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant constructions of the property of t	es, or compleilure. List o	DUE TO  DUE TO  DUE TO  DUE TO  LE TO	OF AS A CO OF OR	The death. Do h line.  THE TONSEQUENCE CONSEQUENCE OFF:  OFF:	the mo	BOX:  de of dyle  PRY  C  C  G  G  G  G  G  G  G  G  G  G  G	PU IIVen In PUSE IIVen In PUSE IIVen In PUSE IIVen IIV	DIS  Part I.  School only one  City on  to the cause time, date  BER	24a. WAS AN PERFO!  (Specify)  CRIBE HOW ( ATTON (Street)  ATTON (Street)  and place, ar	AUTOPSY TIMED?  INJURY OCCURANT AUTOPSY TIMED?  INJURY OCCURANT AUTOPSY TIMED?  INJURY OCCURANT AUTOPSY TIMED?	24b. )  CURED  Or Rural Ro  ed.  e cause(s):	Approximate Interval Bet Onset and I Onset	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	SHOCK, Or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant constants in the conditions of the cause of the c	es, or compleiture. List o	DUE TO  DUE TO  DUE TO  C  DUE TO  HR DN  Initial Thick of the basis of of the basis of of the basis of the b	OF AS A CO OF OR	he death. Do h line.  PAR 1 ONSEQUENCE CONSEQUENCE OFF:  OFF:	the mo	BOX:  de of dyle  PRY  C  C  G  G  G  G  G  G  G  G  G  G  G	PU IIVen In PUSE IIVen In PUSE IIVen In PUSE IIVen IIV	DIS  Part I.  School only one  City on  to the cause time, date  BER	24a. WAS AN PERFO!  (Specify)  CRIBE HOW ( ATTON (Street)  ATTON (Street)  and place, ar	AUTOPSY TIMED?  INJURY OCCURANT AUTOPSY TIMED?  INJURY OCCURANT AUTOPSY TIMED?  INJURY OCCURANT AUTOPSY TIMED?	24b. )  CURED  Or Rural Ro  ed.  e cause(s):	Approximate Interval Bet Onset and I Onset	



Pages 1, 2, 3 should

DIRECTOR

TO BE COMPLETED BY FD

esn		
ò		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		nce.
be d		9
pin		pe
Sho		OE OF
90		9
F. pa		10
directo		IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.
eral		E
2		exa
by th	MOVA	163
드	N 70	Den
filed	99,	Ne s
nely	mati	It, 1
hdm	, cre	2
90 PI	Surial	tic
an ar	9	Ē
Sick	prior	E
PP D	eue	the
ndin	P.	0 10
atte	ental	č
y the	M D	重
d pa	th ar	amy
1 Sign	Heal	DWS
pee	Df. 0	3 84
has	e De	E 2
ficate	Stat	=
certi	the	1, 0
this	With	100
After	death	E .
DR:	ther	88 14
REC	SANCE S	E
AL O	2 h	H P
NER	hin 7	H.
F	1 with	MA
THE	filed	2
2	8	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

03'94

FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND C		TMENT O			MENTA	L HYGIEN		94	07371
1. DECEDENT'S NAME (First, Middle,							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
Michael Scott								arch		1994	1230
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. in	at birthday)	IF UNDER 1 YE		R 24 HRS.		OF BIRTH		8. BIRTHP Country)	LACE (State or Foreign
532-23-4226	¹ - M 2 - F	2	YRS.		NOONS	mile.			1991		nington
Se. FACILITY NAME (If not institution,					MN OR LOCAT				9c. COL	INTY OF DE	ATH
3707-A Republi				Aberd	een Pr	rovir	ng Gr	cound	На	rford	E
RESIDENCE OF DECEDEN	OUNTY		140.000	, TOWN OR L	20171011						
1.55.	Harford			erdeen	Prov		Groun	nd			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
					10f. ZIP COI				10g. CIT	IZEN OF WH	IAT COUNTRY?
3707-A Republi					2100	)5			J	J.S.A.	
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AI	RMED NO	13. WAS	DECENDENT	OF HISPAI	NIC ORIGI	N? (Specify Yes	or No-	14. RACE	- American Indian, White, stc.
1 Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	IF YES, GIVE V				YES 2 NO			recen, etc.)		Specify	•
										Whi	te
15. DECEDENT'S (Specify only highest	grade completed)	- (0	Sive kind of w	OSUAL OCCUP ork done during		ing	166	, KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	•)	Do NOT us								
0	0	1	Depen	uent							
17. FATHER'S NAME (First, Middle, Las					18. MO	THER'S NA	ME (First,	Middle, Maiden	Surname)		
Todd M. Ull								hrey			
19e. INFORMANT'S NAME (Type/Print)		.19	b. MAILINO	ADDRESS (Str	eet end Numbe	er or Rural .	Route Num	ber, City or Tow	n, State, Zij	Code)	21005
Mr. Todd M. Ul	lman		3707-	-A Rep	ublic	Ct.,	Abe	erdeen	Prov	ing G	21005 Fround, MD
20a. METHOD OF DISPOSITION 1		cemetery, cn	AND DATE OF ONE CEME	F DISPOSITION Ther place! Etery	N (Name of		3/5			City or Tow	
21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases shock or heart fail	Dirline	t caused the de	asth. Do n	Ta Ab	erdeer	-Caro	go Fu aryla	neral ind 21	Home 001 –	3399 rest,	Approximats interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(OR AS A CONSE		eeR	(PN	ET	)				Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	(OR AS A CONSE									
that initiated events resulting in death) LAST	d	(OR AS A CONSE	OUENCE OF	):							
PART II. Other significant cond	ditions contributing to	death but not	reaulting is	n tha underi	ying cause	given in	Part I.	24a. WAS AN PERFOR	MED?	A	VERE AUTOPSY PINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
						_		1 1 163 2	ZDATO.		F DEATH?
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER:	B. PLACE OF I						
1 VES 2 DATO  27. MANNER OF DEATH	1 Inpatient 2			4 Nursing		esidence					
1 Netural 6 Pending 2 Accident Investige	ition 194R	1 1994	26b. TIME INJU /23	D M 1	WORK?	□ NO		SCRIBE HOW II			
3 Suicide 6 Could no 4 Hamicide determin	Dullging,	etc. (Specify)	OMPE	neer, lectory, (	ornice		281. LOC Chy	ATION (Street a or fown, State)	ind Number	or Hural Roo	ne Number,
	PHYSICIAN: To the best of AMINER: On the basis of a										and menner as stated.
296. SIGNATURE AND TITLE OF CER	Balke	- 10	ARK.	nR)		ENSE NUI		4/2			Month, Day, Year) 2 /994
JAMES OF PERSO	1 7	E OF DEATH (ITE KEL	M 27) (Type,	Print)	LALTER A	e Rr.	RO	ARM	Men	en C	2 1999 PANTAL

32. REGISTRAR'S SIGNATURE

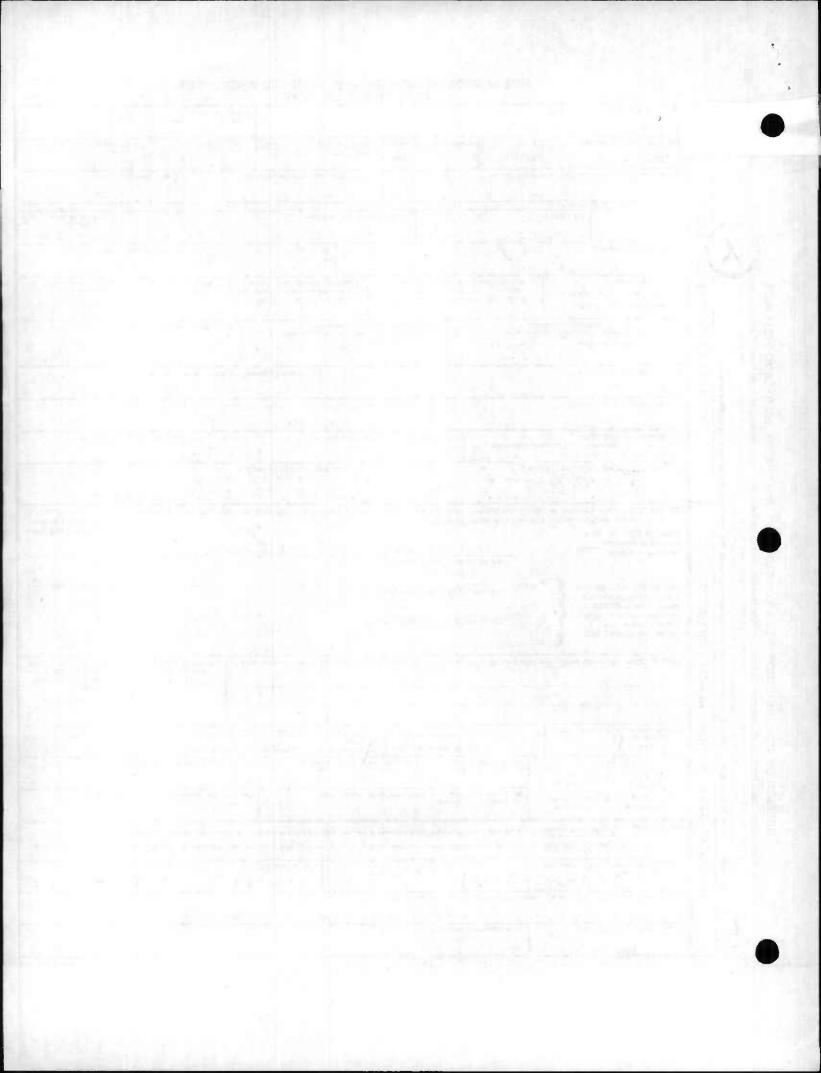
Material St. Dr. D Mar

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYG		4 07375
	1. DECEDENT'S NAME (First, Middle, L	ast)				2. DATE OF DEA	тн	3. TIME OF DEATH
	Sarah Culver U			AL A		February	24, 1994	5:45 p
	109-26-0018  99. FACILITY NAME (If not inetitation, s	1 □ M 2 ½ F 9	1 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye May 23, 1	902	New York
СТОВ	Bayside Nursing Co	enter			ton Park	EATH		Y OF DEATH  Mary's
REC	10e. STATE 10b. CO		10c. CITY, 1	TOWN OR LOCA	TION			10d. INSIDE CITY
ā		t. Mary's	Mech	anicsvil	le			LIMITS?
屋	10e. STREET AND NUMBER	D. 1			r. ZIP CODE		5.4	EN OF WHAT COUNTRY?
FUNE	721 Hearts Desire	Drive  12. WAS DECEDENT EVER IN	U.S. ARMED		20659 CENDENT OF HISPA	NIC ORIGIN? (Speci	_	d States  4. RACE — American Indian.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, sp		an, Puerto Rican, et	c.)	Black, White, etc. Specify: White
ETED	15. DECEDENT'S (Specify only highest		16a. DECEDENT'S US (Give kind of work	k done during me	ON osl of working	16b, KIND O	F BUSINESS/INDU	STRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Homemake:			- PO		
COMPL	17. FATHER'S NAME (First, Middle, Last	)	Homemare	1	18. MOTHER'S N	AME (First, Middle, M	eiden Surneme)	
BE C	David Bell.	and the second			Jennie S	Snowden		
TO	19e. INFORMANT'S NAME (Type/Print)					Route Number, City of		
	Shirley Wood	200	721 Hear			echanicsvi	lle, Mary	
	1 Burlet 2 Cremetion 3 X 4 Donation 5 Qther (Specify)	Removal from State came	herry, cremetory or other hearer Ceme	r placa)	ame or		hester. No	
	21. SIONATURE OS SCHALL SENTE Edward N. Brin	1. Derfel	0052	Brinsf	nd Address of Fa ield Funer ox 279, Le	al Home		20650-0279
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A d	CONSEQUENCE OF):	id		Zoo	t	Interval Between Onest and Death
MEDICAL	PART II. Other significant cond	Itlona contributing to death bu	it not resulting in	the undarlyin	g cause given in	PE	AS AN AUTOPSY REFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 NO	HOSPITAL:		TAER:	LACE OF DEATH (C			
H	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa	29b. TIME	OF 28c. IN.	ne 5 ∐ Residence JURY AT	8 Other (Specif) 28d, DESCRIBE I	OW INJURY OCCU	RED
ву Р	1 Natural 5 Pending	(Month, Day, Year)	INJUR		ORK? YES 2 ND			
	3 Suicide 8 Could no 4 Homicide determine		Al home, farm, stre	et, factory, offic		281. LOCATION (S City or Town,	treet end Number of State)	r Rural Route Number,
COMPLETED	onel	HYSICIAN: To the best of my knowle						
BEC	296. SIGNATURE AND TITLE OF CERT	IFIER			29c. LICENSE NU	MBER		SIGNED (Month, Day, Year)
TO B	M)/2	( July C		2.001	17141	FS	<b>&gt;</b> 2	2-28-94
	William D. Boyd, I	I, M.D. 17 Jeff	erson Stree		ardtown, Ma	aryland 200	550	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					
	MAP os 'QA	0	Dundalle					

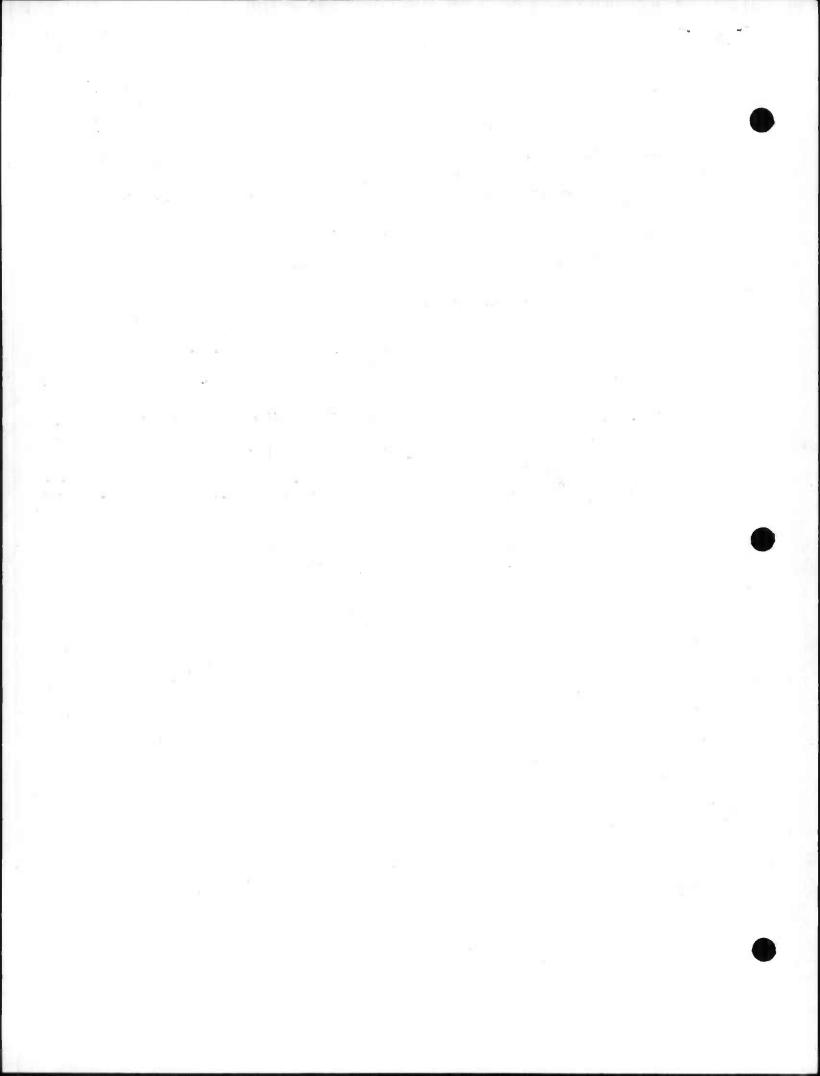
94 07375

DHMH-16 Rav 1/89

1 - FOR STATE REGISTRAR



	1 - STATE REGISTRAR	ND / DEPARTMENT OF I CERTIFICATE OF		MENTAL HYGIEN REG. NO		1 07376			
1		Joseph Venez	zia	2. DATE OF DEATH	AY O	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (III)	enezia	,	0	6 4	41 630A "			
1	206-01-6882 1√M 2 □ F	yrs. last birthday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 4,		BIRTHPLACE (State or Foreign Country) ennsylvania			
OR	Fallston General Ho	1 11 11	OR LOCATION OF DE	THE	HO A	OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c, CITY, TOWN OR LOCA	TION			10d, INSIDE CITY			
PH	Maryland Harford	Edgewood				LIMITS?			
A	10e. STREET AND NUMBER	10	1. ZIP CODE		10g. CITIZER	OF WHAT COUNTRY?			
FUNERAL	803 Greenbrier Court		21040		USA				
	11. MARITAL STATUS  1	2 NO If yes, s	CENDENT OF HISPAN Hecity Cuben, Mexical B 2 NO Specify			. RACE — American Indian, Black, Whita, atc. ,Specify: Thite			
B	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPATI		16b. KIND OF BU	SINESS/INDUS	TRY			
COMPLETED_BY	Elamentery/Secondary (0-12)  College (1-4 or 5+) 2	Military Polic	15	U.S.	Govern	ment			
l w	17. FATHER'S NAME (First, Middle, Last) Carmen (nmn) Venezia		16. MOTHER'S NAI Maria	ME (First, Middle, Meiden (Unk	sumame) nown)				
TO B	19a. INFORMANT'S NAME (Typo/Print) Elva M. Venezia	19b. MAILING ADDRESS (Street 803 Greenbri	er Court	Number, City or Tow Edgewood	n, State, Zip Co Md	21040			
		PLACE AND DATE OF DISPOSITION (N ery, cremetory or other place) Mt. Zion Ceme		DATE 20c. LO		or Town, Stata			
	21. SIGHATURE OF FUMERAL SHOWIFE LIGHTSON	22. NAME A HOWAY	d K. McCo	CILITY		Home, P.A. Md. 21009			
	23. PART I. Entar the diseases, or complications that caused abook, or heart failure. List only one cause on ear	the daeth. Do not entar the me	oda of dying, auci	as cardiac or reep	iratory arreel	Approximate interval Between			
	IMMEDIATE CALISE (Sina)	Amest / vent	ricular	Fibrille	ten	Onset and Death			
NO	Sequentially list conditions (b. Myoroyd	ial infarctio							
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	consequence of):							
CERTIFICATION	that initiated eventa resulting in death) LAST	CONSEQUENCE OF):							
Ö	PART ii. Other eignificent conditions contributing to deeth but	not resulting in the underlying	a cause alven in	Part i. 24a. WAS AN	ALITODON	24b. WERE AUTOPSY FINDINGS			
MEDICAL	IUNG CA	The tributing in the underlying	g cause given in	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
M				- 1	/	1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. P	LACE OF DEATH (Che	ock only one)					
Sic	EXAMINER?  1 YES 2 NO 1 Inpetiant 2 ER/Outpet	Int 3 DOA 4 Nursing Hor	ne 5 🗆 Rasidenca	6 Other (Specify)					
E	27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year)		JURY AT ORK?	28d. DESCRIBE HOW	NJURY OCCUR	REO			
ВУ	1 Natural 5 Pending 2 Accident Investigation	M 1	YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide datarmined	- At home, farm, atrest, factory, offic	•	26f. LOCATION (Street City or Town, State)		Rurel Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the best of examination					ause(a) and mennar as stated,			
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM			IGNED (Month, Day, Year)			
3 BE	100		0575		► 2/	26/94			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print)			-				
- 1	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  FFR 28°Q1  Sundama Rendale								



FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

218-30-9247

RESIDENCE OF DECEDENT

10e. STREET AND NUMBER

9a. FACILITY NAME (If not institution, give street and number)

25327 Highfield RD

1 -

10a. STATE

MD

ast B	25327 Highfield RD		21719  S OCCENDENT OF HISPANIC ORIGIN? (Specify sa, apecify Cuban, Maxican, Puerto Rican, etc.)  YES 2 NO Specify:								
ing physician. the burist-transit BY FUNER	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Otvorced	If yes, as									
al or attending for use as the LETED BN	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Coffee	(Give ##e. De (1-4 or 5 +)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								
he hospital detached fo	4	Frui	it Broker		Fruit						
by the by the det	17. FATNER'S NAME (First, Middle, Lest) Charles W. Winebrenner Lula E. Shock										
5 sho	Betty H. Winebrenner		MAILING ADDRESS (Street 5327 Highfi								
6 may ctor, pa	20a. METNOD OF DISPOSITION  1 Driel 2 Cremation 3 Removal from  4 Donation 5 Other (Specify)	20b. PLACE AN	D DATE OF DISPOSITION rematory or other place)	(Name	DATE 20c.						
ter death. Page the funeral directors.	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  James A. Bower	ell. Bowers	22. NAME A	NO ACCRESS OF FACIL	GLOVE						
requires that the death certificate be executed within 24 hours after een signed by the attending physician and completely filled in by the of Health and Mental Hygiene prior to burial, cremation, or removal shows any injury, or other traumatic event, the medical e: MEDICAL CERTIFICATION	23. PART I. Enter the diseasea, or compile ahock, or heart failure. List pri IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other aignificent conditions contributed and conditions contributed in the conditions contributed in the conditions contributed and conditions con	DUE TO (OR AS A CONSEQUE  DUE TO (OR AS A CONSEQUE  DUE TO (OR AS A CONSEQUE  DUE TO (OR AS A CONSEQUE	ENCE OF):	- J Esy	Vagues						
The law to atte has to atte Dept.		PITAL: patient 2 ER/Outpatient 3 E	OTHER:	LACE OF DEATN (Check							
E = > E	Netural 6 Pending 2 Accident Investigation	(Month, Day, Year)	M 1	YES 2 NO	ed. DEŞCRIBE HO						
	4 Nomicide determined	e, farm, street, factory, offi	ry, office 281. LOCATION (Str. City or Town, St								
\$ 42 H	one)	o the best of my knowledge, destine bests of axamination and/or inv									
THE HOSPITHE FUNER flied within PORTANT.	296. SHORDFURE AND TITLE OF CERTIFIER	29s. LICENSE NUMBER									
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	36 RAME AND ACCRESS OF PERSON WHO COMP I 05 GM AF J Franct Da. 12464 Magartas R	Ou V	IT THOM Pring	050030	626						

32. REGISTRAR'S SIGNATURE

MAR 0 8 1994

CHARLES WILLIAM WINEBRENNER,

8. SEX

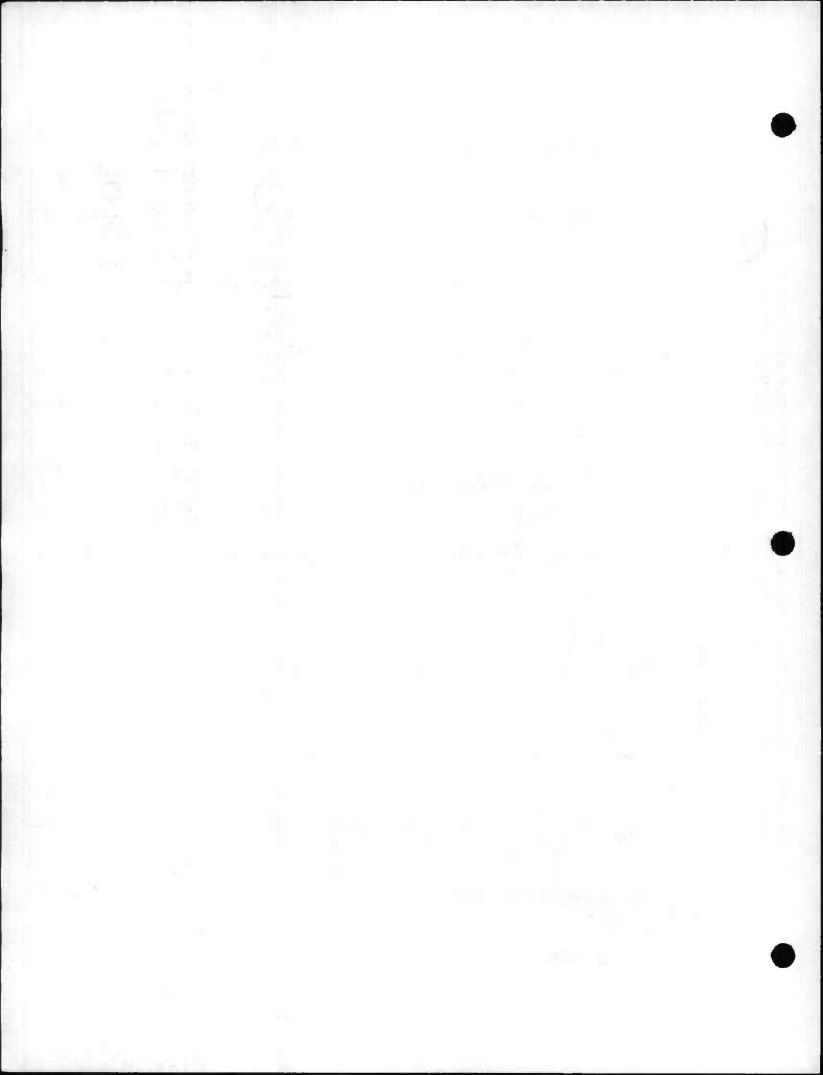
Washington

1 🔀 M 2 🗆 F

STATE OF M	MARYL	AND / DE	PART TIFIC	MENT CATE	OF H	IEALTH DEAT	AND I		REG. NO			07377		
TLLTAM	T.T.T.N	TEBDE	NINIE	סי	TD			2. DATE	OF DEATN		YEAR	3. TIME OF OEATH		
The state of the s					IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH			94 4:10PM M  8. BIRTNPLACE (State or Foreign			
M 2 □ F	8	30 '	YRS.	MONTHS	DAYS	HOURS	MM.		- 25 <b>-</b> 1 .	3 H	Highfield, MD			
et and number) 9b.					b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATN					
Cas						ascade				Washington				
ington		10		SCAC		rion	Ŧ					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
)		10f. ZIP COOE 21719				10g. CITIZEN OF WHAT COUNTRY? USA								
2. WAS DECEDEN FORCES? 1 IF YES, GIVE V		WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea if yes, apecify Cuban, Maxican, Puerto Rican, etc.)     The Yes and Specify:					a or No 1	or No- 14. RACE — American Indian, Black, While, etc.  Specify White						
TION (mpleted) College (1-4 or 5														
enner				LOIKE				ME (First,	Middle, Maiden Shocke	Surname)	CI			
ner		25	327	Hig	hfi	eld I			oor, city or Tow ade, M	D 217	19			
al from State	of	o. PLACE AND Cometary, Cre Sethel	matory o	or other p	lace) 1 Cei	mete	۲V	1 1	1 Ca	scation - ci	MD			
versox	Hou	derog	X	50	S.	Broa	ad $S'$	CILITY (	Grove aynesb	Funera oro,	al H PA 1	ome, Inc. 7268		
mplications that at only one can only one can only one can one can only one can onl	lee on e		der	600		-10 .00				elratory stre	st,	Approximate Interval Between Onset and Death Z Glaus		
OUE TO	(OR AS	CONSEQUE	NCE OF	):										
DUE TO	(OR AS /	CONSEQUE	NCE OF	):										
contributing to deeth but not resulting in the underlying cause given in							PERFORMED?			AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
HOSPITAL:	☐ ER/Out	patient 3 🗆		OTHE	R:	ne 5 XA	·							
28e. DATE O			ab. TIME	OF	28c. IN.	JURY AT	] NO	_	SCRIBE HOW	INJURY OCCI	JRED			
	OF INJURY , etc. (Spe	f — At home, cify)	, farm, si	treet, fac	tory, offic	ca			CATION (Street or Town, State		or Rural R	oute Number,		
AN: To the best of						•						and manner as stated.		

DHMH-16 Rev 1/89

294. DATE SIGNED (Advist), Day, Year) MARCI 8 1994



Pages 1, 2, 3 should

must examiner medicai the event. traumatic the attending physician a Mental Hygiene prior to other 1 9 Injury, been signed by th pt. of Health and N shows any certificate has been the State Dept. of the State Dept. of them 23 sl marked, this c After 1 TO THE FUNERAL DIRECTOR: A be filed within 72 hours after de IMPORTANT: If item 28 is .00

THE TO THE P

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

WATSON, MILDRED 94 07378 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR Mildred Hope Feb. Watson 12 1994 6:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 6/14/13 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 M 2 V F 225-32-9930 80 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Salisbury Nursing & Rehab Center Salisbury, Md. 21801 WICOMICO RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Virginia Accomack Onancock 1 YES 2 X NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Acern Lane 23417 TISA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 N O Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) ge (1-4 or 5 +) 12 Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) George B. Hope BE Mary West Hope 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 P.O. Box 276 - Onancock, Va. 23417 Jane R. White 20erMETHOD OF DISPOSITION

1 ShBurial 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE cometery, cremetory or other place)
Fairview Lawn Cemetery 2/13/94 Onancock, Va. 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Williams Onancock Funeral Home On illia .O. Box 218 - Onancock, Va. 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or heert feilure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death disesse pr condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, A CONSEQUENCE OF if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatiant 2 ER/Outpatient 3 DOA 4 19 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide ETED 6 Could not be detarmined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL

29c. LICENSE NUMBER

5.104 HEALTHWAY DRIVE, SALISBURY, MD.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death

32. REGISTRAR'S SIGNATURE

This Daviden Rudal

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

296. SIGNATURE AND TITLE OF CERTIFIER

FFR

23

1994

iam

31. DATE FILED (Month, Day, Year)

21801

4:

2

30. NAME AND ADDITIESS OF PERSON WHO COM

31. DATE FILED (Month, Day, Year)
MAR 0 2 1994

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

9a. FACILITY NAME (If not institution,

1. DECEDENT'S NAME (First, Middle, Last) Theresia

PINEVIEW MANOR EXT. CARE
RESIDENCE OF DECEDENT

5. SEX

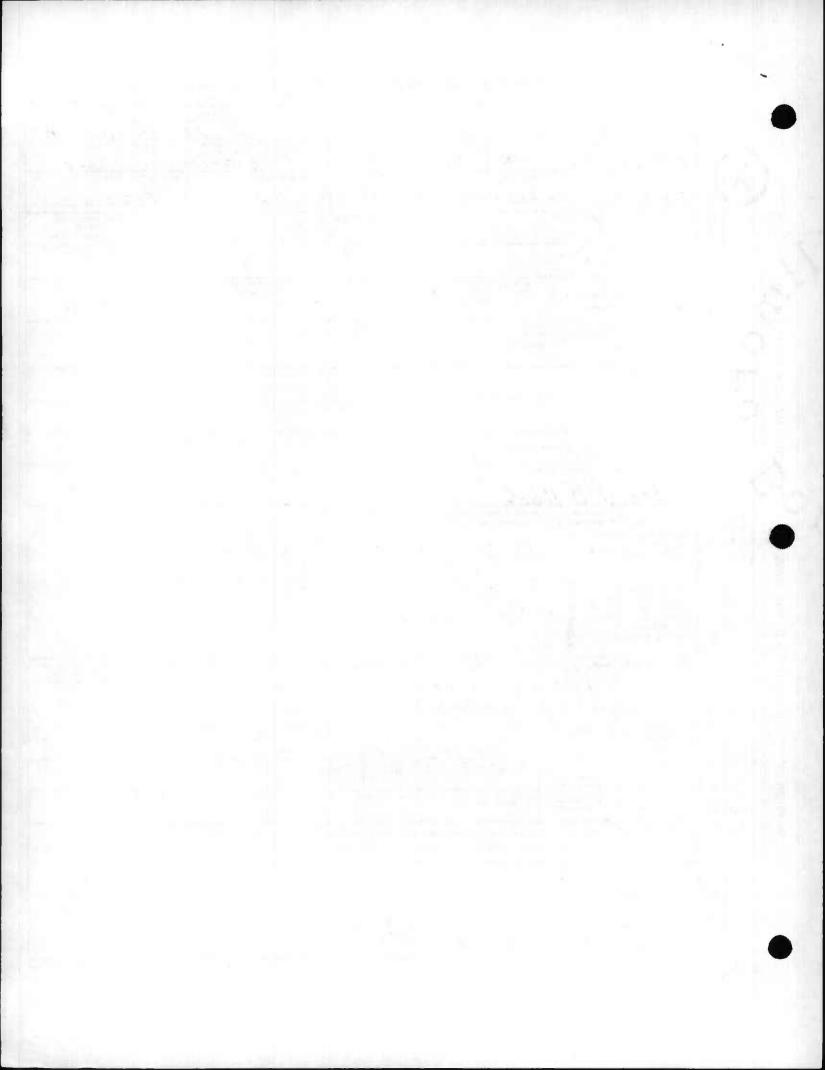
1 - M 2 - F

The same of the same	DIR	MD	Char1	es		Bry	ans F	load		
sit permit	UNERAL	100. STREET AND NUMBER					10	1. ZIP CODE 20616		
215-0020 attending physician. se as the burlal-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Div	Married	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2	RMED	If yes, sp	CENDENT OF HISPA ecity Cuban, Maxico 2 NO Specif	en, Puerto	i? (Specify Yes Rican, etc.)
21 21 or 50	LETED		CEDENT'S EDUCA nly highest grade co (0-12)		III	ECEDENT'S USUA Sine kind of work of Do NOT use reti	lone during mo red.)	ON pst of working	16b	KIND OF BUS
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	BE COMPL	17. FATHER'S NAME (Flist, I Adolf Rein	nisch		110	memak		18. MOTHER'S NA Barbara		Middle, Maiden
. 2 2 0	TO E	190. INFORMANT'S NAME ( Ingrid Mc)			19	b. MAILING ADD 205 Ar	bor I	and Number or Rural	Route Num yans	Road
M > 0 0		20a, METHOD OF DISPOSI 1 ☐ Burial ② Cremati 4 ☐ Donation 8 ☐ Other	Ion 3 🗆 Ramovi	al from State		AND DATE OF DIS			-27-	
death. P theral		21. SIGNATURE OF FUNER.	AL SERVICE LICEN	lul	MOC	0945	AREHA	ART-ECHO		
P.O. BOX 68760, and certificate be executed within 24 hours tending physician and completely filled in thy givene prior to burial, cremation, or read or other traumatic event, the median or other traumatic event, the median	CERTIFICATION	23. PART I. Enter the cahock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condition, in the cause. Enter UNDERLY CAUSE (Disease or Injurt in listed events resulting in death) LAS	itions, ediate //ING	Alute To to	R AS A CONSE	bana	liel nic lyfa	Defor	tie sikle	E.
AECORD: requires that the sen signed by the of Health and M shows any Inju	MEDICAL	PART II. Other algnific	ant conditions Vitari Hij	contributing to de	Pumo Pumo eene-	resulting in the	e undertyin	g cause given in	Part I,	24a. WAS AN PERFOR 1 TYES 2
ITAL F N: The law icate has b State Dept.	SICIAN:	25. WAS CASE REFERRED EXAMINER?	1	IOSPITAL:	P/Outpetient 1	07		ACE OF DEATH (Ch		
DIVISION OF VI DR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the St Item 28 is marked, or it	BY PHYSICI	27. MANNER OF DEATH  1 Netural 5 2 Accident	Pending Investigation	28a. DATE OF IN. (Month, Day,	JURY Year)	28b. TIME OF INJURY	26c, IN, WC	URY AT ORK? YES 2 NO	28d. DES	CRIBE HOW II
DIVISION DR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	4  Homicide	Could not be determined	28s. PLACE OF II building, etc	. (Specify)	erre, territ, atreet,	, rectory, offic		Zer, LOC City	ATION (Street a or Town, State)
Z Z Z =	COMPL	one) 2  MEI	DICAL EXAMINER:	N: To the beat of my On the basis of sxan						
TO THE HOSPI TO THE FUNER De filed within IMPORTANT:	O BE	29b. SIGNATURE AND TITLE	CERTIFIER	Sou Ar	1	ul		D-1008		

LETER CAUSE OF DEATH (ITEM 27) (Type, Print)

	ia	Wagne:		_ 01	DEA			REG. NO.		91	3. TIME OF OEATH		
	W	a GNEI	R					2 23		YEAR	11:45 A.		
EX M 2 🗶 F	8. AGE (II	r yrs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DA (M	TE OF BIRTH lonth, Day, Year)	-	Count	HPLACE (State or Foreign ry)		
ext, C	aks.	CENTER	96. CITY	TOWN	tous	ON OF DE					TY OF DEATH		
		10c. CIT	Y, TOWN								10d, INSIDE CITY LIMITS?		
S	-	D.	ryan		1. ZIP CODI		_				1 TYES 2 NO		
					206					S.A			
WAS DECEDER ORCES? F YES, GIVE	MAR OR DA	2 MNO TES		If yes, sp	ecify Cuba 2 X NO	n, Maxica Specify	n, Puer	GIN? (Specify Yes to Rican, etc.)	or No-	14. RACI Bleck Spec	E American Indian, k, White, atc., thy: White		
   (1-4 or 6	+)	16a. DECEDENT'S (Give kind of life. Do NOT us) Homem			ON ost of worldr	g		16b. KIND OF BUS	me	DUSTRY			
		1101110111						st, Middle, Maiden	Sumame)				
		19h MAII ING	ADDRESS	(Street s				einisc		0-4-1			
		205	Arbo	rI	ane	Bry	an	s Road	, MD	206	516		
om Stata		PLACE AND DATE				2-	-27	-1994	Wal	dorf	own, Stata , MD		
			22.	NAME A	ND ADDRES	S OF FA	CII ITY						
d		MO0945				ECHO	DLS	FUNER	AL I	HOME	E, INC.		
lleus	nt ceused use on ea	the deeth. Do i	T.a	P12	ta.l	ECH(	)LS	646			Approximata Interval Batween Onset and Death		
Course to the total of the tota	OR AS A	the deeth. Do in the line.	I da	P12	ta.l	ECH(	)LS	646			Approximata Interval Batween		
Constitution of the second of	OR AS A COR	the deeth. Do not line.  Hubcas CONSEQUENCE O	I ala	the mo	D-	Fore	The state of the s	646 erdiac or respir	AUTOPSY MED?	est,	Approximata Interval Batween		
Due to	OR AS A COR	the deeth. Do in the line.  Hub Car  Consequence of the line of the line.	In the un	the mo	g cause g	Part (Che	DLS 20 n sa c	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	est,	Approximata Interval Batween Onset and Death Death Onset and Death Onset and Death Death Onset and Death Dea		
DUE TO  DUE TO	I coused use on early con as a coused to the	the deeth. Do in the consequence of the consequence	In the un	the mo	g cause g	Part (Che	DLS 20 n sa c	24a. WAS AN-PERFOR	AUTOPSY MED?	est,	Approximata Interval Batween Onset and Death Death Onset and Death Onset and Death Death Onset and Death Dea		
DUE TO  DUE TO  BEHOUTING TO  SPITAL:	ROW AS A I OM AS A I OM AS A I	the deeth. Do not have been consequence of the cons	In the un	the moderlying	g cause g	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b	Approximata Interval Batween Onset and Death Death Onset and Death Onset and Death Death Onset and Death Dea		

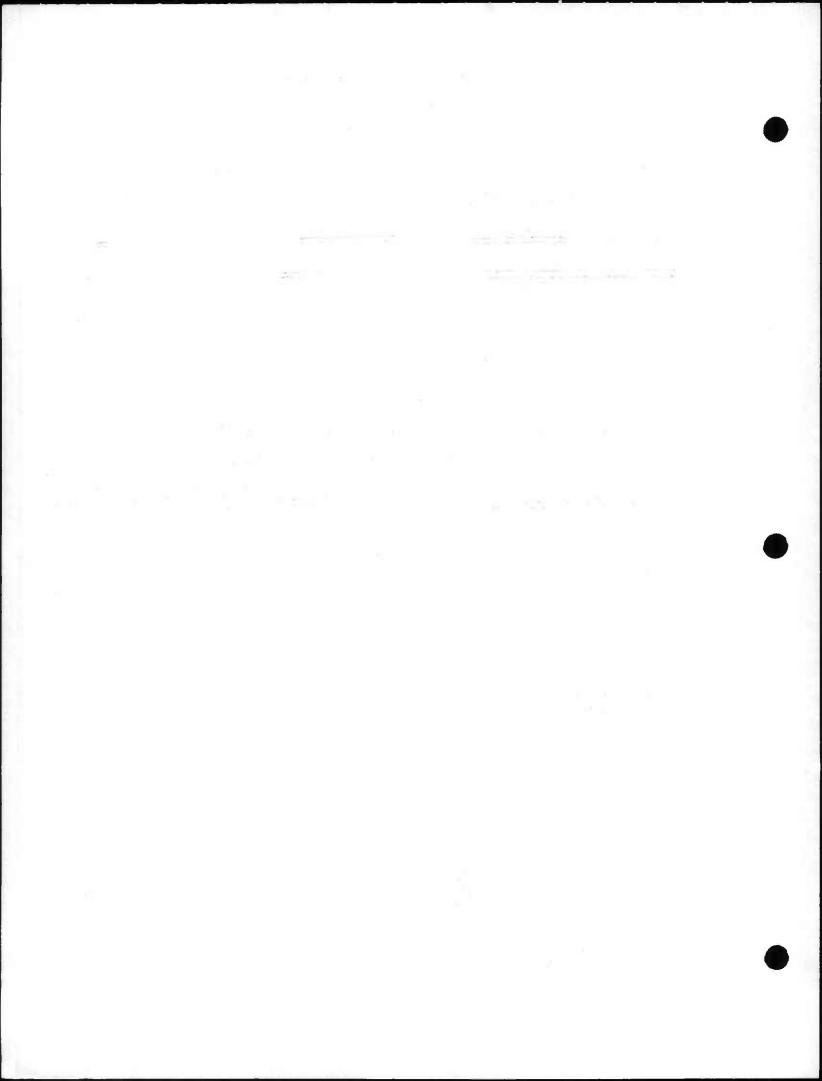
5803 Landover Rd., Cheverly, Md20784



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RUTH PAULINE WELDER 28 02 1994 Ruth C. WELDER 12:55 Pw 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 220-44-3784 OCTOBER 23,1900 PENNSYLVANIA 1 🗆 M 2 💢 F 93 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PICKERSGILL RETIREMENT CENTER TOWSON BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION WASHINGTON 10d, INSIDE CITY MARYLAND **HAGERSTOWN** Baltimore YES 2 NO FUNDARK 10e. STREET AND NUMBER nsit perr 6703 Genkirk Rd. 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21239 1127 OAK HILL AVENUE 21742 U.S.A. 11. MARITAL STATUS 24 hours after death. Page 6 may be retained by the hospital or attegoting physicia 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Maxican, Puerto Rican, atc.) RACE - American Indian, Black, White, alc. BALTIMORE, MARYLAND 21215-0620 the buria FORCES? 1 YES 2 NO 1 Never Merried 2 Married BY 1 YES 2 NO Specify: 3 Wildowed 4 Divorced WHITE COMPLETED 78 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) funeral director, page 5 should be detached for use (Specify only highest grade comp Coffege (1-4 or 5+) Elementary/Secondary (0-12) HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at CHRONISTER HENRIETTA AMOS RENTZELL BE 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PATRICIA W. HYSSONG 6703 GLENKIRK ROAD, BALTIMORE, MD. 21239 Pe 20a METHOD OF DISPOSITION
1 X Burlel 2 Cremellon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must REST HAVEN CEMETERY 03-05-94 HAGERSTOWN, WASH., MD. Donation 8 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ANDREW K. COFFMAN FUNERAL HOME, INC 40 E. ANTIETAM ST., HAGERSTOWN, MD. Rock 21740 ma filled in by the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. Approximate Interval Between ŏ **IMMEDIATE CAUSE (Fine)** Onset and Death completely fille rial, cremation. the - ? Stroke ? CANding event disease or condition 10 minutes Sudden OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating them 28 is marked, or litem 23 shows any injury, or other traumatic event, the resulting in death) DUE TO (OR AS A CONSEQUENCE OF) tension Des yrs MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not reaulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO devnentia MATAVET 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: HOSPITAL: 1 TES 2 NO 1 Inpetient 2 ER/Oulpetient 3 DOA ursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation ВУ 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 21 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 128/94 005 205 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (176M 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE

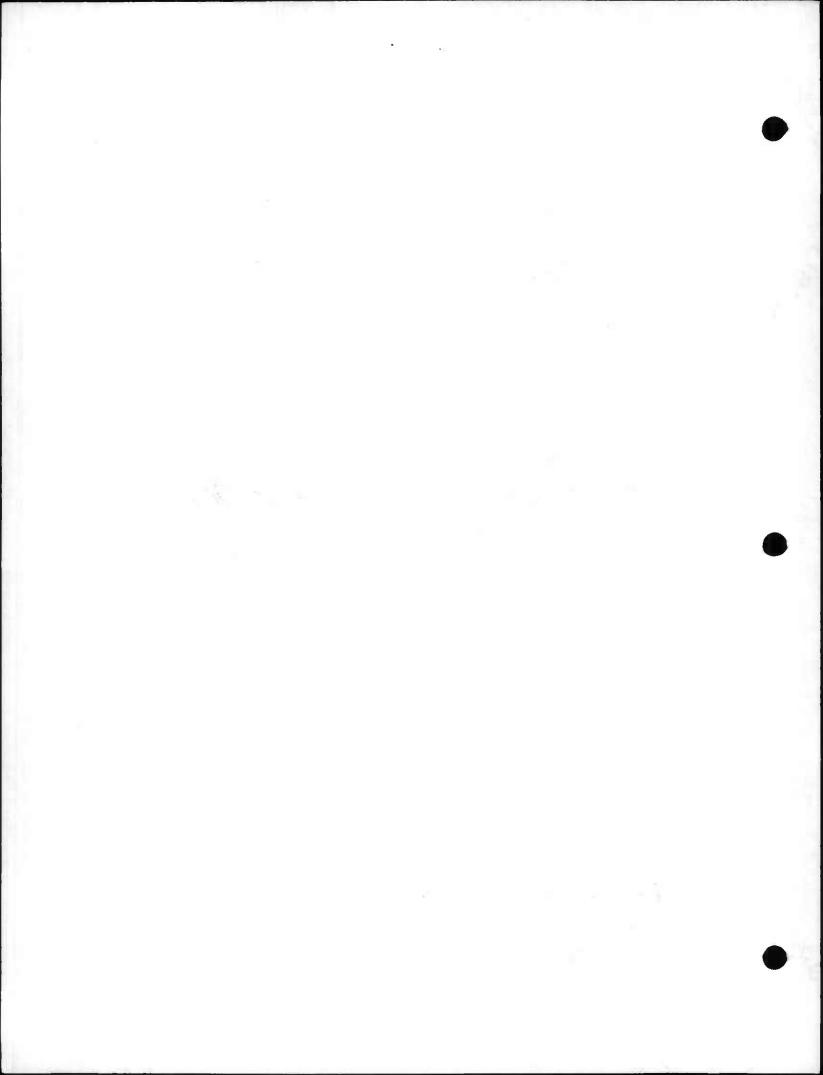
Items: 10b,c,d,e,f per F.H. G-709 3/10/94 reb

94 07380



	_	-	ø
BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physician	filled in by the funeral director, page 5 should be detached for use as the burial-tra on, or removal.	the second account account to the second of
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundal-train be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	MINORITARY IS from 20 to marked on Born 22 about latinar on ather descented the modified around the modified at

	1 - FOR STATE REGISTRAR	ATE OF MARYL		TMENT OF		MENTAL HYGIE		94 07381
1	1. DECEDENT'S NAME (First, Middle, Last) Julia Wiltsie					2. DATE OF DEATH MONTH	DAY 24	year 94 5:45 P M
	4. SOCIAL SECURITY NUMBER 5. SE		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	0-0 07 0707	M <sup>2</sup> 😾 F 79	YRS.	MONTHS DAYS	HOURS MIN.	Dec. 9, 19	14	Lynn, Mass.
-	Se. FACILITY NAME (If not institution, give street an	*			OR LOCATION OF DI			NTY OF DEATH
0	Deer's Head Cente	er		Sa1	isbury		Wice	omico
E	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR	Maryland Wicom			1 1 1				LIMITS?
1	100. STREET AND NUMBER			alishur	ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
E	Emerson Avenue, P.	0. Box 20	018		21802		U.S	. A .
FUNERAL		AS DECEDENT EVER I ORCES? 1 YES	N U.S. ARMED	13. WAS DE	ENDENT OF HISPAI	NIC ORIGIN? (Specify )		14. RACE — American Indian.
BY	1 Never Married 2 Merried IF	YES, GIVE WAR OR D	MIES		2 NO Specif	nn, Puerto Rican, etc.) y:		Black, White, etc.  Specify:
	15. DECEDENT'S EDUCATION		Lee Broomman	1			l	White
COMPLETED	(Specify only highest grade comple	rted)	(Give kind of a	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KINO OF B	USINESS/IND	DUSTRY
1	Elementary/Secondary (0-12) Colli	ege (1-4 or 5+)		Bus Dri	70°C	Dublia	Coho	ol Buses
N	17. FATHER'S NAME (First, Middle, Last)		Denool	Dus DII		ME (First, Middle, Maide		or buses
	Leopold Pacevica	2				Avieska		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To	wn, State. Zip	Code)
임	Norma V. Kelley					Le, PA. 19		
	20a. METHOD OF DISPOSITION 1 □XBurial 2 □ Cremation 3 □ Removal for		. PLACE AND DATE	OF DISPOSITION (N	ame of			City or Town, State
1 1	4 Donation 5 Other (Specify)	A	retery, cremetory or o	Cemete:	ry Feb	28,1994	Drexe	1 Hill, PA.
	21. SIGNATURE OF EMPERAL SERVICE LICENSEE			22. NAME A	ND ADDRESS OF FA	CILITY Main	A Ci	rouch Funeral Ho
	* Kabert (re	nel.		Mu	1th la	C 11 - 22 A	1/	7 S. Main St. h East, MD 2190
	23. PART I. Enter the diseases, or complishock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardiac A	each iine.		de of dylng, suc	h as cardiac or rea	piratory am	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		Clerotic a consequence of a consequence of	F):	iscular D	isease		years
AL C	PART II. Other significant conditions con	tributing to death b	out not resulting	in the underlyin	g cause given in	Part i. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
	Fever unknown orig	in	- 70			PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Multi infarct deme	ntia				I U YES	2 A) NO	OF DEATH?
	Diabetes Mellitus		trolled			_		TO TES 2 INO
ΙŘΙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (Ch	eck only one)		
Sic	1,	SPITAL: npatient 2 - ER/Out	patient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH  1 V Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIM INJ	URY W	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCC	CURED
<u>a</u>		28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, s	street, factory, offic	•	281. LOCATION (Stree City or Town, Stell	t and Number	or Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 1 CERTIFYING PHYSICIAN: 1 MEDICAL EXAMINER: On 1							ed, e cause(a) and manner as stated,
	29b. SIGNATURE AND TITLE OF CENTIFIER	2	,		29c. LICENSE NUM	WBER	29d. DATE	E SIGNJED (Month, Pay, Year)
TO BE	30. NAME AND JODRESS OF PERSON WHO COM	PLETED CAMPE OF THE	M, D	Print)	D33905		<b>&gt;</b> 2	124/94
	Dr. V. Dulany; P.O.	Box 2018	; Salisb		21802			
	31. DATE FILED (Month, Day, Year)  MAR 0 1 '94	2. REGISTRAR'S SIGN	doon-Rande					
اــــــ		0						DHMH-18 Rev 1/89



Maryland St. Mary's Leonardtown    Set   Street and Numbers   St. Mary   St. Decoration   St. Mary   St. Decoration   St. Mary   St. Decoration   St. Maryland   St. Maryla		MARHA	Middle, Last)	TOTA	7		11	HZ	TF	2. DATE	OF DEATH	MY 94	YEAR 3.	TIME OF DEAT
The process of the pr		4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. I	est birthday) IF L	UNDER 1 YEAR	IF UNDE	R 24 HRS.			- / 7		ACE (State or Fo
Ba. PACELTY NAME (F no eximinate, years and number)  Ba. CITY, TOWN ON LOCATION OF BEATH  S. MARY   S. MAR		072-30-9314	4	1 🗌 M 2 💢 F	83	YRS. MON	THE DAYS	HOURS	MIN.			1910	Country)	inois
No. STREET AND NUMBER    No. STREET AND NUMBER		9a. FACILITY NAME (If not in	nstitution, give s	treet end number)		9b.	CITY, TOWN	OR LOCAT	ION OF DE	_		9c. COUNTY OF DEATH		
We street and number    Market Lane Apts   #213   12. Was decorport even in u.s. anwerd processor in   12. Second   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorport of the processor   13. Was decorporate   13.	AOT:	SE MA	CEDENT	Nospi	tal	12	-e01	DAR	140	w	)	St	·M	9RY
Cedar Lane Apts. #213    Codar Lane Apts. #213   Codar Lane Apts. *213   Codar	DIRE	Maryland	9.190)		8									LIMITS?
11. MARTIAL STRUIS 12. NAS DECEDENT EVER IN U.S. ARRIDE PORCEST 1   VES 2   NO FYES, GIVE WARD ON DATES 1   VES 2   VES 2   NO FYES, GIVE WARD ON DATES 1   VES 2   VES 2   NO FYES, GIVE WARD ON DATES 1   VES 2   VES 2   NO FYES, GIVE WARD ON DATES 1   VES 2   VES 2   NO FYES, GIVE WARD ON DATES 1   VES 2   VES 2   NO FYES, GIVE WARD ON DATES 1   VES 2   VES 2   NO FYES, GIVE WARD ON DATES 1   VES 2   VES 2   NO FYES, GIVE WARD ON DATES 1   VES 2   VES 2   NO FYES, GIVE WARD ON DATES 1   VES 2   VES 2   NO FYES, GIVE WARD ON DATES 1   VES 2   VES 2   NO FYES, GIVE WARD ON DATES 1   VES 2   VES 2   NO FYES, GIVE WARD ON DATES 1   VES 2   VE	ERAI		Apts.	#213										AT COUNTRY?
15. DECEDENT'S EDUCATION (Speech, or why Phippel grade consequency)  16. DECEDENT'S EDUCATION (Speech, or why Phippel grade consequency)  17. FATHER'S NAME (First, Micosa, Last)  2 YTS.  18. MALINO ADDRESS (Street and Number or Rural Pours Name (First, Micosa, Malician Sumanne)  Regis P. White  20. METHOD OF DISPOSITION  11. METHOD OF DISPOSITION  11. METHOD OF DISPOSITION  12. METHOD OF DISPOSITION  12. METHOD OF DISPOSITION  13. METHOD OF DISPOSITION  14. METHOD OF DISPOSITION  15. METHOD OF DISPOSITION  16. METHOD OF DISPOSITION  16. METHOD OF DISPOSITION  17. METHOD OF DISPOSITION  18. METHOD OF DISPOSITION  18. METHOD OF DISPOSITION  19. METHOD OF DISPOSITION  19. METHOD OF DISPOSITION  19. METHOD OF DISPOSITION  19. METHOD OF DISPOSITION  19. METHOD OF DISPOSITION  19. METHOD OF DISPOSITION  19. METHOD OF DISPOSIT	N.S.	11. MARITAL STATUS 1 Never Merried 2	12. WAS DECEDEN	AS DECEDENT EVER IN U.S. ARMED ORCES? 1 YES 2 NO If yes, specify Cuben,				OF HISPAN	in, Puerto		_	14. RACE — Black, V Specify:	White, etc.	
Bennestary/Secondary (0-12)   College (1-4 or 5-1)   2 yrs.   Housewife   Home	ш	15. DEC	EDENT'S EDU	CATION	16e. E	ECEDENT'S USU	AL OCCUPA	TION		168	. KIND OF BU	SINESS/INDU		-
Security   Security	(PLET			College (1-4 or 5	- 4	fe. Do NOT use reti	ired.)	nost of work	ing		Home			
The Netherland State (Prediction of the Cause of Countributing in death) LAST    The Netherland State of Security Manual Part   Security	NO.	17. FATNER'S NAME (First, M	fiddle, Lest)		101120							Surneme)		DILL E
208. METHOD OF DISPOSITION 1	6 III			Keni		11.15								nt
20b. MACTION OF DISPOSITION 1	0													
Comparison   Com	medical examiner must be								Pla	ta,	Maryla	and 2	0646	
23. PART I (Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as certain or respiratory arrest, ehock, or heart fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR		1 - Buriel 2 Cremetic	on 3 🗆 Rem	cemetery, c	rematory or other p	lace)	Name of		1					
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A		Much	- 1/2											· P · A
PART II. Other algnificent conditione contributing to deeth but not reculting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATN (Check only one)  27. MANNER OF JEXTH  28. INJURY AT WORK?  27. MANNER OF JEXTH  28. INJURY AT WORK?  28. INJURY AT WORK?  28. INJURY AT WORK?  29. Accident  3 Suicide  4 Homicide  6 Could not be determined  26. PLACE OF INJURY — At home, ferm, street, factory, office  29. CERTIFIER 1 PERTIFYING PNYSICIAN: To the heat of my knowledge details and the part of the large l		IMMEDIATE CAUSE (Fir	eart fellure.	complications the Liet only one cer	use on each li	10.	P.O.	Box node of dy	270,	Leo	nardto dlac <u>o</u> r reep	own, M	arvla	Approxim
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	ERTIFICATION	senock, or in IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leeding to imme cause. Enter UNDERLY, CAUSE (Disease or in)u that initiated eventa	ione, diete	a	OR AS A CONS	EOUENCE OF):	P.O.	Box node of dy	270,	Leo	nardto dlac <u>o</u> r reep	own, M	arvla	Approxim
27. MANNER OF JEXTH  28. DATE OF INJURY (Month, Day, Year)  28. TIME OF INJURY AT WORK?  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  28. PLACE OF INJURY — At home, ferm, etreet, factory, office  28. TIME OF INJURY AT WORK?  1 YES 2 NO  28. PLACE OF INJURY — At home, ferm, etreet, factory, office  28. PLACE OF INJURY — At home, ferm, etreet, factory, office  28. PLACE OF INJURY — At home, ferm, etreet, factory, office  28. CERTIFIER 1 PORTIFYING PNYSICIAN: To the heat of any local data death accordance with the factory and the factory of the post of any local data death accordance with the factory of the post of any local data death accordance with the factory of the post of any local data death accordance with the factory of the post of any local data death accordance with the factory of the post of any local data death accordance with the factory of the post of any local data death accordance with the factory of the post of any local data death accordance with the factory of the post of any local data death accordance with the factory of the post of any local data death accordance with the factory of the post of any local data death accordance with the factory of the post of any local data death accordance with the factory of the post of any local data death accordance with the factory of the post of any local data data data data data data data da	MICAL CERTIFICATION	senock, or in IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leeding to imme cause. Enter UNDERLY, CAUSE (Disease or in) that initiated eventa resulting in death) LAS	done, diete ing	a	OR AS A CONS	EOUENCE OF):	P.O. Inter the n	Box node of dy	270 , ving, auc	Leo	nardto diac or reep CO	NAUTOPSY RMED?	24b. WWAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximinterval B Onset and Onset a
1 Netural   5   Pending Investigation   26e. PLACE OF INJURY — At home, ferm, etreet, factory, office   26e. PLACE OF INJURY — At home, factory, etc.   26e. PLACE OF INJURY — At home, factory, etc.   26e. PLACE OF INJURY — At home, factory, etc.   26e.	MEDICAL CERTIFICATION	enock, or in IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injut that initiated eventa resulting in death) LAS  PART II. Other algnifications.	lone, diete ing ury	a	OR AS A CONS	EOUENCE OF):  EOUENCE OF):  resulting in th	P.O. onter the m	Box node of dy Can	270, ving, auc	Leo th as cert	nardtodiac or reep	NAUTOPSY RMED?	24b. WWAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximinterval B Onset and Onset a
28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  29e. CERTIFIER 1 CERTIFINO PNYSICIAN: To the best of my knowledge death accurage of the factory of the control of	SICIAN: MEDICAL CERTIFICATION	Sequentially list condition reaulting in death)  Sequentially list condit if any, leeding to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated eventa resulting in death) LAS  PART II. Other algnifice	lone, diete ing ury	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CONS	EOUENCE OF):  EOUENCE OF):  reculting in th	P.O. Inter the manual property of the manual	Box node of dy long or many node of dy long ceuse	270, ving, auc	Leo th as cert	nardtodiac or reep	NAUTOPSY RMED?	24b. WWAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximinterval B Onset and Onset a
29e. CERTIFIER (Check only 1 CERTIFVINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as atated.	Neu, or nem 23 shows any injury, or other datimatic event, ine PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list condit if any, leeding to imme cause. Emer UNDERLY CAUSE (Disease or including in death)  Sequentially list condit if any, leeding to imme cause. Emer UNDERLY CAUSE (Disease or input that initiated evental resulting in death) LAS  PART II. Other algnificers of the cause of	eart feilure.  clone, diete iNG iny  ent condition	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	OR AS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS	EOUENCE OF):  FO	P.O. Inter the manual property of the second	BOX node of dy  Con  Ing ceuse	270, ving, auc	Leo th as cert Part I.	24a. WAS AN PERFOI	A AUTOPSY RMED?	24b. W.A.A.A.A.C.C.O.O.	Approximinterval B Onset and Onset a
WOOD WIND AND THE GEOMETRIC On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and manne and the cause(e) and the cause	TED BY PHYSICIAN: MEDICAL CERTIFICATION	enock, or n IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated eventa resulting in death) LAS  PART II. Other algnifice  25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER OF JEXTH  1 Natural Accident 3 Suicide 6	ione, diete ing iny condition	DUE TO  DUE TO	OR AS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS OGRAS A CONS	EOUENCE OF):  EOUENCE OF):  EOUENCE OF):  Feeulting in th	P.O. onter the manner	BOX node of dy  Place of the series of the s	270, ving, auc	Part I.	24a. WAS AN PERFOI 1 VES 2	A AUTOPSY RMED?  2 X NO	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximinterval B Onset and Onset a

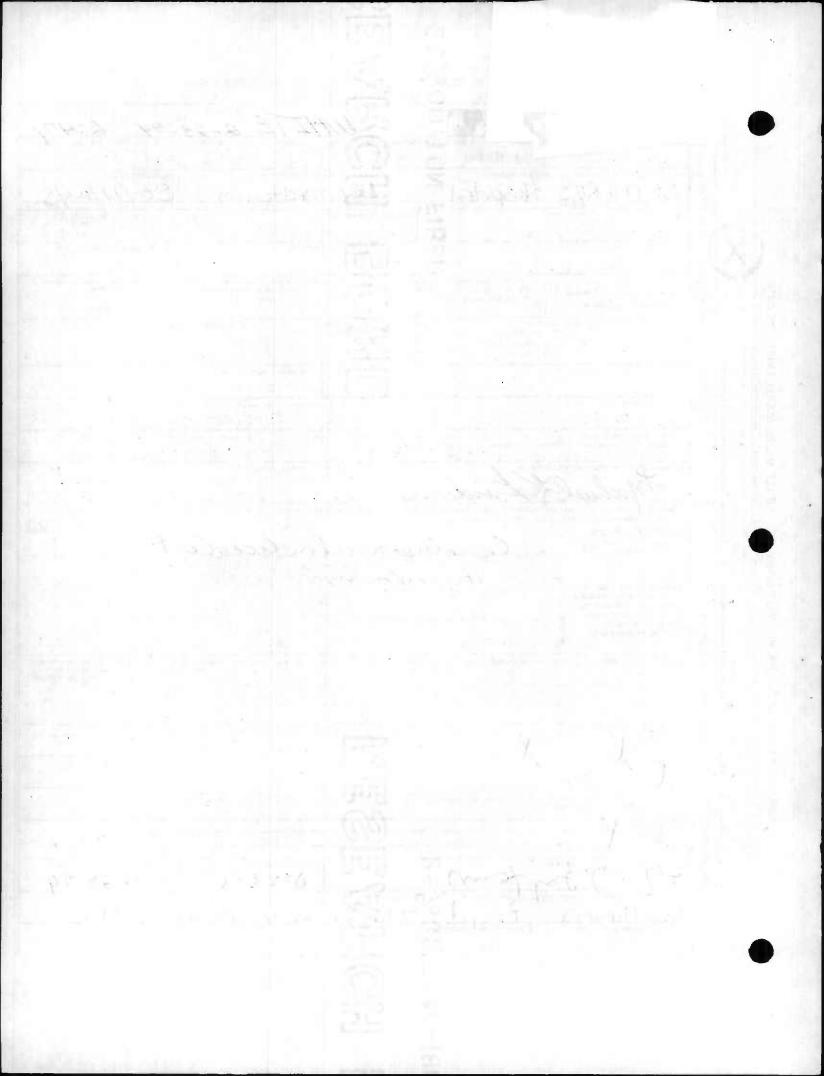
PLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRATES SIGNATURE
Spilia Davidson-Randalla

30. NAME WIND ADDRESS OF PERSON WHO COM

31. DATE FILED (Morith, Day, Year)

FLB 25 394

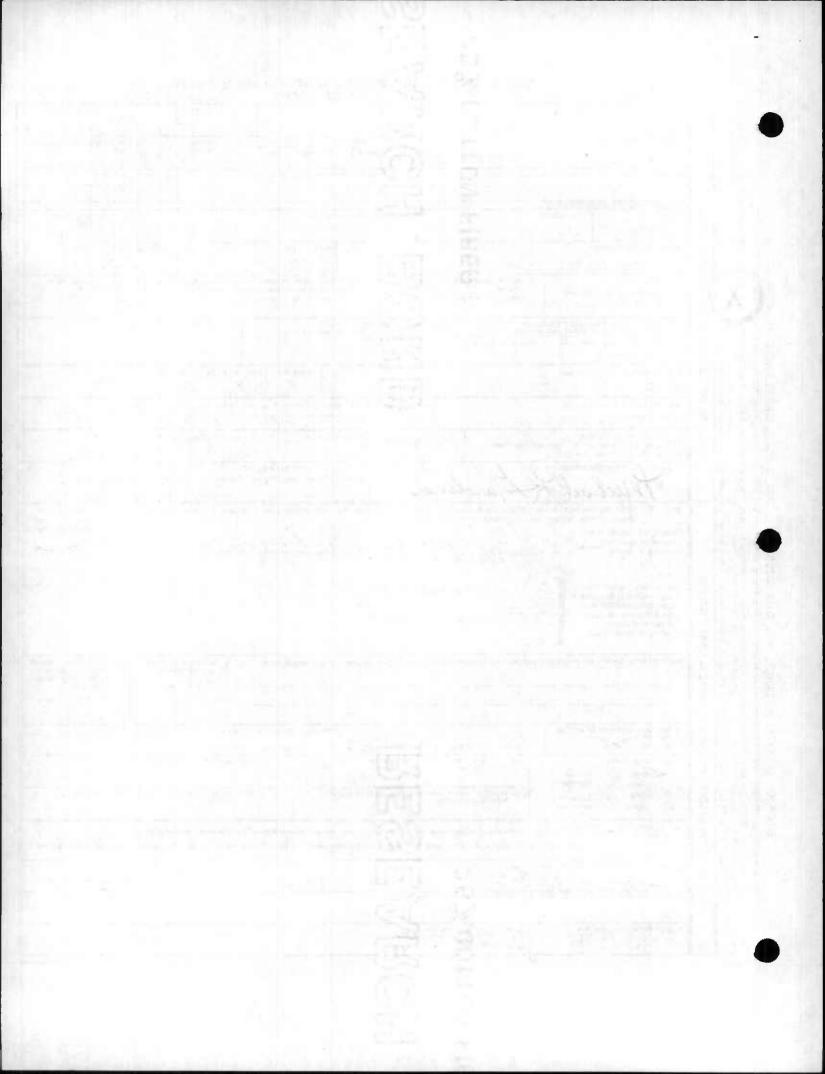


te es		ı
0 0		,
10 B	202	12
ach hos	Ce.	
de de	5	
5 2	10	
out out	Hed	
Ssh	10	
2 8	9	
Pag.	12	ı
9 09	Ē	
\$ 50 mg	-	
th.	훁	
dea .	exa	
the the	183	H
II D	60	
of bo	E	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within St hours after death. Page 6 may be retained by the hospital or an TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
with	matic event, t	
ted com	5	
bur	atic	
an ian	THE ST	
ate ate	=	
tific o ph	the	
Hyg	0 20	
Jeath afte	'n.	
the the	큳	
and and	F	
gne t	8	
on Si	MO	
W P	3 8	
he has	E 2	
N: T ficate Stat	iệ.	
the	0	
HY his	E E	
MG P	28 is marked, or item 23 shows an	
NO NO	.00	
afte afte	28	
OR A	E	-
AL O	=	
SPIT VER	핕	
SH SH	M	-
포포	ğ	
223	E	

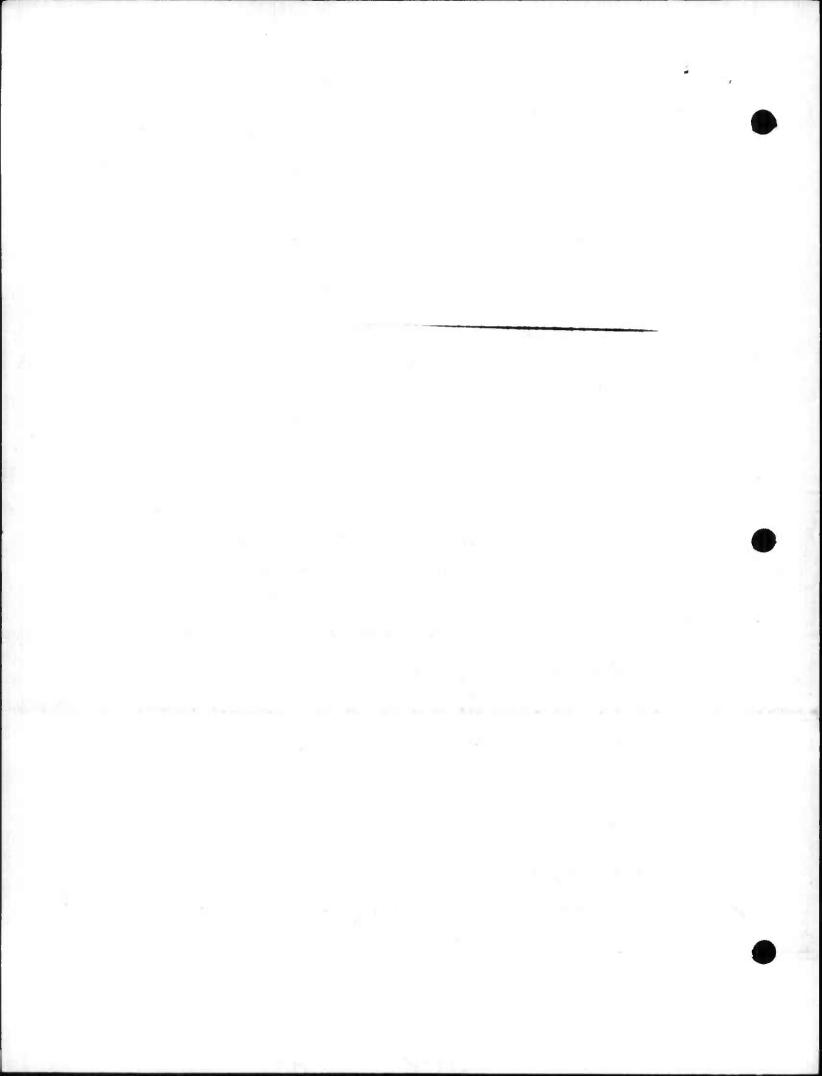
31. DATE FILEO (Month, Day, Year)
FEB 25 94

32. REGISTRAR'S SIGNATURE

. DECEDENT'S NAME (First, Middle, L	Lest)		7					2, DATE OF DEATH			3. TIME OF DEA	MTM	
Clara	Mabel		Woo	ä				MONTH D	24,	1994	4:00	P	
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. lest birthday)		R 1 YEAR	IF UNDER 24	RS.	7. DATE OF BIRTH	24,		NPLACE (State or		
212-74-3134	1 □ M 2 💢 F	9:		MONTHS	DAYS		IN.	March 16,	190	Count	arvland	Orangii	
St. Mary's Nurs	sing Center	r			city, town or location of DEATH Jeonardtown			ATN			EATH	A	
RESIDENCE OF DECEDEN  10a. STATE  10b. CO			10c CT	TY, TOWN (	OR LOCAT	TION					10d. INSIDE CIT		
	. Mary's			echan							LIMITS?		
0e. STREET AND NUMBER			10.33		10	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?		
4120 New Market	t Turner Ro	oad				20659			J	J.S.	Α.		
1. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 X NO		If yes, sp		axicar	IC ORIGIN? (Specify Yes, Puerto Ricer, etc.)	a or No—	Spec	E — American Inc k, White, atc.	llen,	
15. DECEDENT'S	EDUCATION	1	16a. DECEDENT'S	S USUAL O	CCUPATH	DN		16b. KIND OF BU	ISINESS/INC			_	
(Specify only highest : Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5	+)	(Give kind of life. Do NOT of Housew		during mo	ost of working		Home					
7. FATHER'S NAME (First, Middle, Las	1)					18. MOTNER	S NAR	AE (First, Middle, Meiden	Sumama	_		-	
John	Frank		Hill	7			Jul	lia An	n		ode		
Delores A. Cus:			19b. MAILIN	G ADDRESS	s (Street a	ket Ti	TYPE	oute Number, City or Tow er Rd., Me	on, State, Zic	Code)	ille, M	9	
MMEDIATE CAUSE (Finel disease or condition	E LICENSIER LA	Ebe	enezer  charactery or energy or enezer  the death. Do	other place) Ceme1 22. Ma	tery NAME AI atti	ngley- Box 27	Gar O , such	2/28/94 Court cdiner Fun Leonardto as cardiec or reap	neral	orni Hom Marv	a, Md. e, P.A.	nata Betwe	
Donation 6 Other (Specify)  BIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, hock, or heart fellommediate CAUSE (Finel	or complications the ure. List only one can be used to	et caused use on each	the death. Do	other place) Ceme 1 22. Mic P. not enter	tery NAME AI atti	ngley- Box 27	Gar O , such	2/28/94 County rdiner Fun Leonardto	Califo neral	orni Hom Marv	e, P.A. land 2	nata Betwe	
Donation 6 Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, nock, or heart fell MMEDIATE CAUSE (Finel disease or condition equiting in death)  Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury hat initiated events equiting in death) LAST	b	et caused use on each of the caused of the c	the death. Do the death. Do consequence of	other place) Cemed 22. Mic P. not enter	tery NAME AI atti	ngley- ngley- Box 27 de of dying	Gai	2/28/94 Court cdiner Fun Leonardto as cardiec or resp	Califo neral	orni Hom Marv	e, P.A. land 2	nata Betwe	
Donation 6 Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, neck, or heart fell MMEDIATE CAUSE (Finel disease or condition equiting in death)  Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLY ING CAUSE (Disease or Injury hat initiated events	b	et caused use on each of the caused of the c	the death. Do the death. Do consequence of	other place) Cemed 22. Mic P. not enter	tery NAME AI atti	ngley- ngley- Box 27 de of dying	Gai	2/28/94 Court cdiner Fun Leonardto as cardiec or resp	Californeral DWn, Indirectory are	Homo Marv rest,	e, P.A. land 2	nata Betwind Da id Da FINDIN R TO CAUS	
Donation 6 Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, hock, or heart fell  MMEDIATE CAUSE (Finel disease or condition)  Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury het initiated events esuiting in death) LAST  PART II. Other significant conditions, in death of the conditions of the condi	b	et caused use on each of the caused of the c	the death. Do the death. Do consequence of	other place) Cemed 22. Mic P. not enter	NAME AI atti	ngley- ngley- Box 27 de of dying	or FACE	Part I. 24a. WAS AN PERFOI	Californeral DWn, Indirectory are	Homo Marv rest,	e, P.A. land 20 Approximinterval i Onset ar Onset ar Approximinterval i Onset ar Approximinterval i Onset ar Approximinterval i Onset ar Approximental interval i Onset ar Approximental interval interval interval interval	nata Betwind Da id Da FINDIN R TO CAUS	
Donation 6 Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, nock, or heart fell MMEDIATE CAUSE (Finel disease or condition equiting in death)  Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury hat initiated events equiting in death) LAST	b	o on As A Co o death but	the death. Do the death. Do consequence of	other place) Ceme t 22. Mc P not enter	NAME AI ALL TO A THE MORE AI ALL TO A THE MORE AI ALL TO A THE MORE AI ALL TO A	no address ngley- Box 27 de of dying g cause give	O . such	Part I. 24a. WAS AN PERFO	Californeral DWn, Indirectory are	Homo Marv rest,	e, P.A. land 20 Approximinterval i Onset ar Onset ar Approximinterval i Onset ar Approximinterval i Onset ar Approximinterval i Onset ar Approximental interval i Onset ar Approximental interval interval interval interval	PRINCIPAL CAUSE	
Donation 6 Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, book, or heart fell made or condition equiting in death)  Sequentially list conditions, fany, leading to immediate lause. Enter UNDERLYING LAUSE (Disease or injury hat initiated events equiting in death) LAST  PART II. Other significant conditions, fany, leading to immediate lause. Enter UNDERLYING LAUSE (Disease or injury hat initiated events equiting in death) LAST  PART II. Other significant conditions, fany, leading to immediate lause. Enter UNDERLYING LAUSE (Disease or injury hat initiated events equiting in death) LAST	a	emet EDE	the death. Do the death. Do thine.  CONSEQUENCE CONSEQ	other place) Ceme t 22. Mr. D. not enter	NAME AI ALL ALL ALL ALL ALL ALL ALL ALL ALL	no address in gley- Box 27  Ade of dying  g cause give  LACE OF DEAT  THE G Residual	or Fac Gat O _ such	Part I. 24a. WAS AN PERFOI	Californeral DWn. Indirectory are	Home Mary rest,	e, P.A. land 20 Approximinterval i Onset ar Onset ar Approximinterval i Onset ar Approximinterval i Onset ar Approximinterval i Onset ar Approximental interval i Onset ar Approximental interval interval interval interval	PRINCIPAL CAUSE	
Donation 6 Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, hock, or heart fell  MMEDIATE CAUSE (Finel disease or condition on the condition of	b. DUE TO  c. DUE TO  d	o (OR AS A CO) (OR	the death. Do the death. Do consequence of consequence of the transfer of the	other place) Ceme t 22. Mr. p. not enter  OF):  OTHER 4 Shur	NAME AI atti	g cause give	or Fac Gat O _ such	Part i. 24a. WAS AN PERFO	NAUTOPSY RMED?	Home Mary reat,	A, Md.  P. A.  Approximate interval i Onset ar  Onset ar  AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2	nata Betwind Da id Da FINDIN R TO CAUS	
Donation 6 Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, book, or heart fell made or condition equiting in death)  Sequentially list conditions, fany, leading to immediate lause. Enter UNDERLYING AUSE (Disease or injury hat initiated events essuiting in death) LAST  PART II. Other significant conditions of the condit	b. DUE TO  c. DUE TO  d	cemet EDG  R caused duse on each of the caused of the caus	the death. Do the death. Do consequence of consequence of the death and the death. Do consequence of the death and the death. Do consequence of the death and the death an	other place) Cemed 22. Mc D not enter  OF):  OF):  OTHER 4 Chur ME OF MS	nderlying  26. Pi	g cause give	n in I	Part I. 24e. WAS AN PERFO 1 YES :  ck only one)  8 Other (Specify)  26d. DESCRIBE NOW    28t. LOCATION (Street City or Town, Stele, to the cause(e) and ma	NAUTOPSY RMED?  2 SWO  INJURY OCH  and Number  and Number as state	Home Mary rest,  24b  CURED  or Rurat I	A, Md.  e, P.A.  land 20  Approximation interval	nata Between d Da FINDIN R TO CAUS	



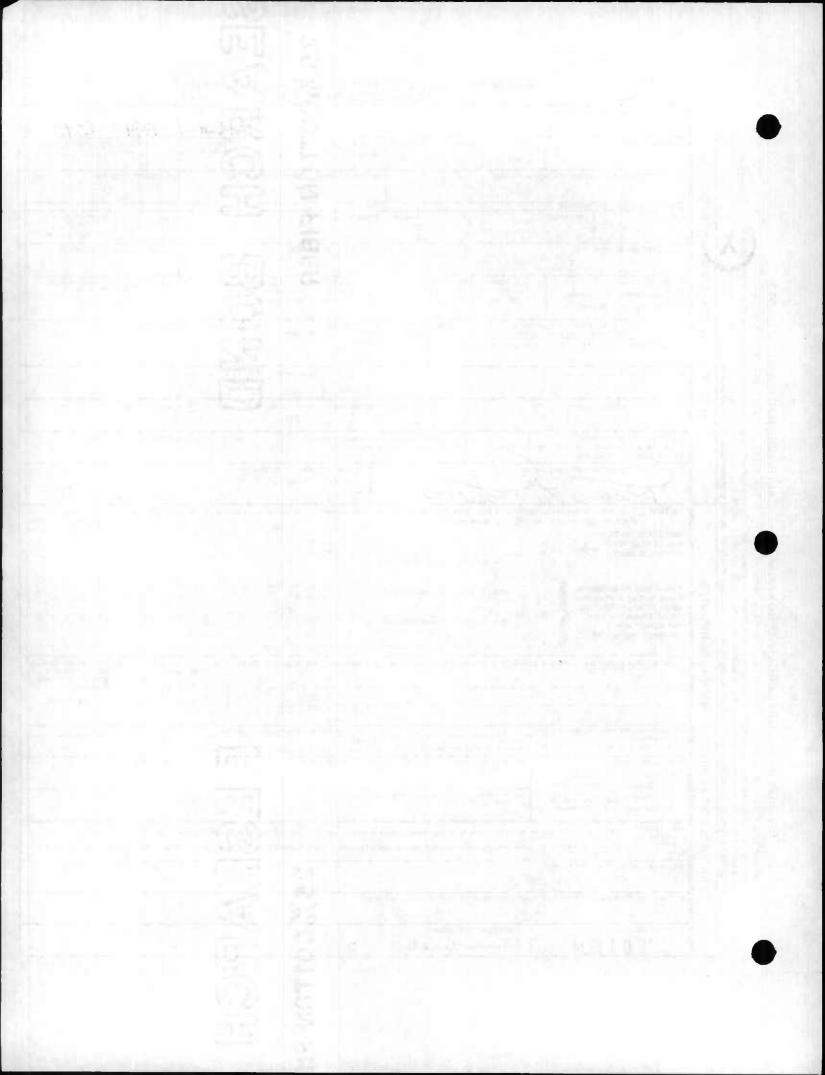
1		1 - FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND OF DEATH	MENTAL HYGIEN	the state of the s	07384
		1. DECEDENT'S NAME (First, Middle, Last)  MARGARET	LOUISE	WAN	CEHII	NE	2. DATE OF DEATH MONTH	-94 Y	ar S. TIME OF DEATH OG 28 M
P.		4. SOCIAL SECURITY NUMBER 217-80-8549	1 - M 2 KF	(In yrs. lesi birthd	MONTHS 5	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) August 10		BIRTHPLACE (Stone or Foreign Country) MD Mt.Pleasant,
2, 3 should	TOR	99. FACILITY NAME (If not institution, give since Carroll County Hornestoence of Decement				stminster	DEATH	ec. COUNTY	
(SV	DIRECTOR	10e. STATE 10b. COUNTY MD Carr			city, town on				10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 NO
(	ERAL	100. STREET AND NUMBER 5317 N. Mill Stre	eet			101. ZIP CODE 21088		10g. CITIZEI	N OF WHAT COUNTRY?
5-0020 inding physicals as the burial-tr	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X NO	It y	S DECENDENT OF HISP res, specify Cuben, Mexi YES 2 K NO Spec		e or No- 14	RACE — American Indian, Black, White, etc. Specify: White
D 2121 spital or atte ed for use	COMPLETED	15. DECEDENT'S EDUC Elementary/Secondary (0-12)	COTION Conspicito) College (1-4 or 5+)	18a. DECEDEN (Give kind Iffe. Do NO Homem		UPATION ring most of working	Own I		
ALA by the	BE COM	17. FATHER'S NAME (First, Middle, Last) Raymond H. Miller	r				NAME (First, Middle, Melder Ruth Buxtor		
be retain ge 5 sho e notifi	2	190. INFORMANT'S NAME (Type/Prim) Gordon Z. Warehir		531	7 N. M	ill St.	Lineboro, N	MD 21	088
e 6 m ector,		20a, METHOD OF DISPOSITION  1 \( \text{A Buriel} \) 2 \( \text{Cremation} \) 3 \( \text{Remote} \) Remote 4 \( \text{Donation} \) Donation 5 \( \text{Other (Specify)} \) 21. SIGNATURE OF FUNERAL SERVICE LICE	oval from State cen	netery, crematory ineborc	Cemete	/25	ch 4, 1994		boro, MD 21088
SALT death. he funeralal. examin		· Alem &	Suife		Gei 53	iple Funer Main Stre	al Home, Ir et, Glen Ro	ock. PA	17327
hours tely filled in thation, or re-		23. PART I. Enter the diseases, or cashock, or heart failura. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	d the death. Disch line.	o not enter th	eux d	Medic or resp	iratory arreat	Approximats Interval Between Onset and Death
executed with and comple bunial, crei	NO	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE	207	Jaclu	y cardia		
ufficate be physician ene prior the traum	ERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A	rest	ULL OF):	Heor	7 jailer	L	. 7
IDS, P.O. BG the death certificate by the attending physion of Mental Hygiene pri injury, or other ti	O	PART II. Other significant condition	, No	sa i	useel	u d		A Du	
L RECORDS, law requires that the desas been signed by the at lept. of Health and Ment. 23 shows any injury.	MEDICAL	fuellifus	Hype	Heus	es in the unde	eriying cause given i	n Part I. 24a, WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 10 NO
2 6 8 6 V	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	V			26. PLACE OF DEATH (	Check only one)		
SICIAN: The certificate the State I, or Item	IYSI	1 YES 2 ONO 27. MANNER OF DEATH	1 Inpatient 2 PER/Outp			g Home 5 N Besidence			
ON OF DING PHYSIC After this ce death with ti	ву рну	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY M	Bc. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUP	NED
TTEN TOR: after	ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, fer	m, street, factory	, office	281. LOCATION (Street City or Town, State	end Number or	Rural Route Number,
A A C E	P.		CIAN: To the best of my know R: On the beels of examination						euse(e) and manner se stated.
TO THE HOSPIT TO THE FUNERA De filed within 7	O BE	296. SIGNATURE AND TITLE OF CERTIFIER	HD			29 LICENSE N	3 IS	29d. DATE S	IGNED (Month, Day, Year)
1		30. NAME AND ADDRESS OF PERSON WHO	21	5421	VASH	Rd un	215 est muste	n HC	21157
		31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	Acarda					



	1. DECEDENT'S NAME William		le Young :	Jr.					2. 0	ARCH	DAY 199	EAR 3.	1343
	4. SOCIAL SECURITY 212-14-0		5. SEX 1 M 2 F	6. AGE	(In yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. 7. D	TE OF BIRTH TOTAL YEAR	1922	BIRTHPL Spunty) May Ly	ACE (State or Foreign Land
A S	90. FACILITY NAME (I		e street and number)			9b. CITY,		or location	ON OF DEATH	<u> </u>	9c. COUNTY		H
PIRECTOR	RESIDENCE OF 10e. STATE	DECEDENT 10b. COUR			10c. Cr	TY, TOWN O	DR LOCAT			-			d. INSIDE CITY LIMITS?  X YES 2 NO
A.	10e. STREET AND NU						101.	. ZIP CODE	21721	-	10g. CITIZE		T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 3 Widowed 4		12. WAS DECEDE FORCES? IF YES, GIVE	1 X YES	2 NO	1	If yes, spe	ecify Cuba	OF NISPANIC OF In, Maxican, Pue Specify:			Black, W Specify:	American Indian, thite, atc.
PLETED		5. DECEDENT'S Es city only highest gra dary (0-12)		+)	16a. DECEDENT' (Give kind of like. Do NOT) FORK-Li	f work done ouse retired.)	during mos	st of working	ng		Business/indus		
E COMPL	17. FATHER'S NAME (F	m T. YOU	ıng					16. MOTI	NER'S NAME (FI	st, Middle, Mei	den Surname) 30WMAN		
TO BE	Lucy G.				196. MAILIN P. O.	Box 1	(Street al	nd Number NEWS 1	or Aural Acute 1	lumber, City or	Town, State, Zip Co	ode)	
Must 96	20g, METNOD OF DIS 1 A Buriel 2 Cr	POSITION emation 3 - Re	movel from State	20t	b.PLACE AND DATE	OF DISPOS	nete	ry 3.	-4-94	SATE SI	LOCATION - CH	y or Town,	State
examiner	21. PRIHATURE OF PU	mis à	A. To	w		DO 12	NAME AN ZVIS 2525	Fun	eral Ho	ime ive. Sr	nithsbw	ig,Mo	
	21. PART I. Enter	the discesse, of or heart fellume (Final Ion )	a	at cause on e	d the death. Do	not enter	NAME AN 2Vis 2525 the mod	Fundaria Brad	eral Ho	ime ive. Sr	niths bw applicationy arrea	rg, Mo	21783
any injury, or other traumatic event, the medical examiner	23. PART I. Enter shock, iMMEDIATE CAUS disease or condition resulting in death;  Sequentially list of if any, leading to it cause. Enter UND CAUSE (Disease or that initiated even resulting in death)	the diseases, of or heart fellung.  E (Final lon	a	of OR AS A	d the death. Do sech line.  A CONSEQUENCE (	22. 12. 12. 12. 12. 12. 12. 12. 12. 12.	NAME AN AVIS 2525 the mod	Fun Brac de of dy	ss of facility eral Highway, Along auch an	me Sn. Sn. Sn. Sn. Sn. Sn. Sn. Sn. Sn. Sn.	AN AUTOPSY FORMED?	24b. WE	Approximate Interval Baty Onset and D
News any injury, or other traumatic event, the medical examiner MEDICAL CERTIFICATION	23. PART I. Enter shock, iMMEDIATE CAUS disease or condition resulting in death;  Sequentially list of if any, leading to it cause. Enter UND CAUSE (Disease or that initiated even resulting in death)	the diseases, of or heart fellume E (Final Ion Indiana) onditions, immediate ERLYING or injury to LAST	b. OUE TO d. HOSPITAL:	at cause on e	d the death. Do pech line.  A CONSEQUENCE ( A CONSEQUENCE ( but not resulting	22. 12. DO 12. not enter  OF):  OF):  OTHER	NAME AN ZULS 2525 the moderlying 26. PL 3:	Fun Brai de of dyl	ss of Facility Part Hid dbwry, H ing, auch an	. 24a. WAS PERIO	AN AUTOPSY FORMED?	24b. WE	Approximate Interval Baty Onset and D
ked, or item 23 shows any injury, or other traumatic event, the medical examiner PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter shock, immediate CAUS disease or conditions and immediate cause. Enter UND CAUSE (Disease of that initiated even resulting in death)  PART II. Other signals are cause. Enter UND cause. The conditions are cause. Enter under the cause cause. Enter under the cause cause. Enter under the cause cause. Enter under the caus	the diseesea, o, or heart feilum  E (Final lon    onditions, immediata ERLYING or injury ts   ) LAST    RED TO MEDICAL    N   5  Pending	b. OUE TO d. HOSPITAL: 1 □ Inputent 2 □ 28a. DATE O (Month, I	at cause on e	d the death. Do pach line.  A CONSEQUENCE ( A CONSEQUENCE ( A CONSEQUENCE ( Dut not resulting	22. 12. DO 12. not enter  COF):  OF):  OTHER 4   Num	NAME AN ZULS 2 5 2 5 2 5 the modern of the m	Fundade of dyl	ss of FACILITY Pract Hid abury, Hing, such as	. 24a. WAS PERI 1 Yes	AN AUTOPSY FORMED?	24b. Wf AM CCC DF	Approximate interval Batw Onset and D
is marked, or item 23 shows any injury, or other traumatic event, the medical examiner D BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter ahock, IMMEDIATE CAUS disease or conditive resulting in death resulting in death cause. Enter UND CAUSE (Disease of that initiated even resulting in death)  PART II. Other alg  25. WAS CASE REFER EXAMINER?  1 YES 2 A	the diseases, of or heart fellume E (Final on the disease) on the service ERLYING or injury to LAST	b. OUE TO d. HOSPITAL: 1   Inpettent 2   28e. PLACE	at cause on e	d the death. Do pech line.  A CONSEQUENCE ( A CONSEQUENCE ( A CONSEQUENCE ( Dut not resulting	22. 12. DO 12. DO 12. DO 12. DOF):  DOF):  DOF):  OTHER 4   Num ME OF JURY M	NAME AN ZULS 2 5 2 5 2 5 the modern of the m	Fundade of dylad	ss of FACILITY PACE HIG dbwry, Hing, auch an given in Part  EATN (Check on maldenca 6 6 28d. ] NO	. 24a. WAS PERI 1 YES Y one)	AN AUTOPSY FORMED?  3 2 NO	24b. WF AM CC DF 1	Approximate Interval Batwonset and D
is marked, or item 23 shows any injury, or other traumatic event, the medical examiner D BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter ahock, immediate CAUS disease or conditive resulting in death.  Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that initiated even resulting in death)  PART II. Other alg.  25. WAS CASE REFEREXAMINER?  1 YES 2 - A.  27. MANNER OF DEAT  1 Netural  2 Accident  3 Suicide  4 Nomicide	the diseases, of or heart fellume E (Final on the diseases) of the first tellume E (Final on the disease of the first tellumediate in the disease of the first tellumediate in the disease of the first tellumediate in the disease of the first tellumediate in the disease of the first tellumediate in the disease of the first tellumediate in the disease of the first tellumediate in the disease of the first tellumediate in the disease of the first tellumediate in the disease of the first tellumediate in the first	b. OUE TO d. HOSPITAL: 1   Inpettent 2   28e. PLACE	at cause on e	d the death. Do bech line.  A CONSEQUENCE of A CONSEQUENCE OF A CONSEQUENC	22. 1 DO 12 not enter  TV C E  OF):  OF):  OF):  OTHEF 4   Num  ME OF JURY M , street, factor  at the 11	name and 2000 the modern property in the mode	Fundade of dylade of dylade of dylade of dylade of dylade of December 2 Company ACE OF December 2 Company ACE 2 Co	ss of FACILITY PART HICKORY ABOVE TO THE PROPERTY OF THE PART OF T	. 24a. WAS PERIOR OF THE TOTAL OF TOWN, ST. COURSE(a) and	AN AUTOPSY FORMED?  3 2 NO	24b. Wf AM CC DF 1	Approximate interval Baty Onset and D

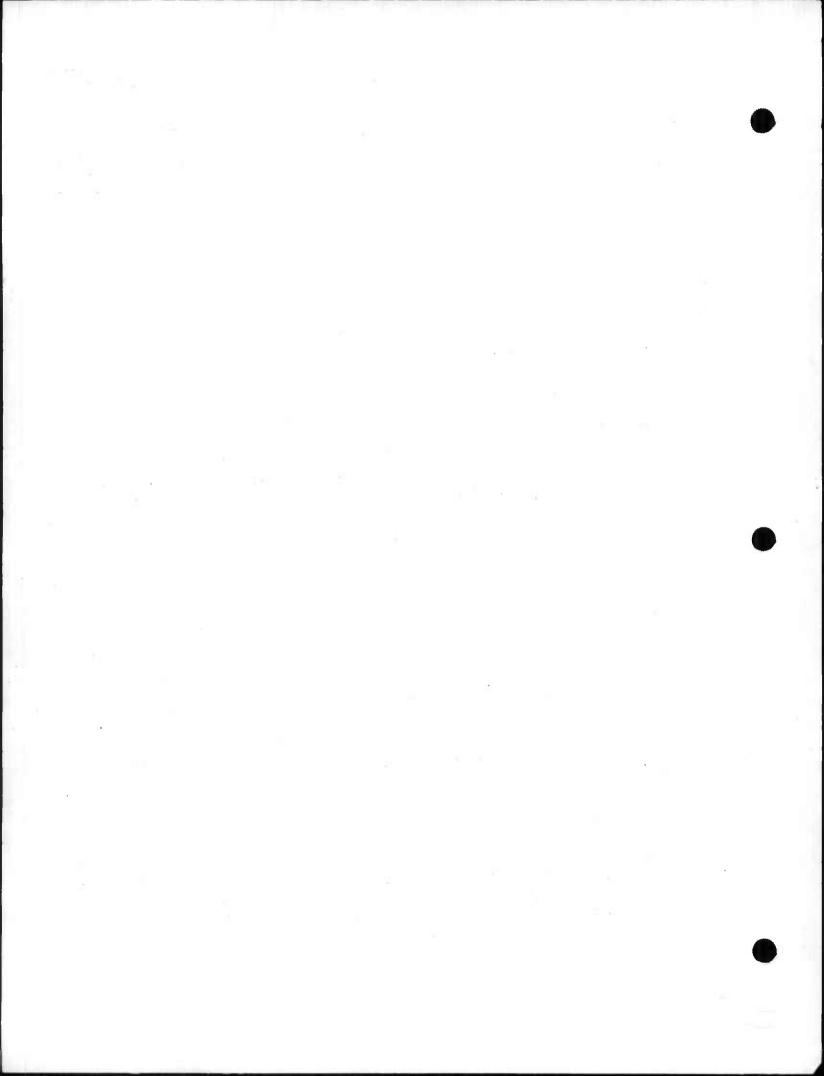
32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should thin the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IN THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	IN THE BACKEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the waten 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT O	F HEALTH AND	MENTAL HYGIEN	<b>E</b> 9	4 07386
1	1. DECEDENT'S NAME (First, Middle, Last) EDNA V. ABBOTT			J. D.L.	2. DATE OF OEATN MONTH 3/13	794 YEA	3. TIME OF DEATH  3:15 A M M
	220-30-4793	6. AGE (In yrs. lest		AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BI	RTNPLACE (State or Foreign buntry)  VIRGINA
TOR	99. FACILITY NAME (If not institution, give street  1619 MARSHALL RESIDENCE OF DECEMENT	· ·	_	MORE CIT		9c. COUNTY O	F DEATN
DIRECTOR	10a. STATE 10b. COUNTY — — —		BALTIMOR				10d. INSIDE CITY LIMITS? XX YES 2 \( \text{NO} \) NO
FUNERAL	1619 MARSHALL S	TREET		101. ZIP CODE	230	U.S.	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XXVIdowed 4 Divorced	2. WAS OECEDENT EVER IN U.S. ARM FORCES? 1 TYES Y NO IF YES, GIVE WAR OR DATES	O If ye	OECENDENT OF HISPA II, specify Cuben, Maxic YES 2//NO Speci		В	ACE — American Indian, llack, White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 9 T H	mpleted) (Giv College (1-4 or 5 +)	EDENT'S USUAL OCCUI e kind of work done durin Do NOT use retired.)	g most of working	16b. KIND OF BU	SINESS/INDUSTR	γ
ш	17. FATNER'S NAME (First, Middle, Last)  NELSON F. RIDG		<u>lomemaker</u>		AME (First, Middle, Malden	Surname)	
TO B	190. INFORMANT'S NAME (Type/Print) DELORES C. THOM	19b.	MAILING ADDRESS (St	eet end Number or Rural	Route Number, City or Tow	n, State, Zip Code)	01070
	20a. METNOD OF OISPOSITION 1 X viriel 2 Cremellon 3 Remove 4 Donetlon 5 Other (Specify)	cemetery, crem	ND DATE OF DISPOSITIO natory or other place) HAVEN CEME	N(Name of TERY	3/16 20c. LO	CATION — CITY OF	r Town, State
	21. SIGNATORE OF PUNERAL MEDIACE LICEN	deste	Сна   150	L E. FORT	EVENS FUNEI	TIMORE	INC. MD 21230
	23. PART i. Enter the diseases, or corahock, or heart fellura. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	nplications that caused the deat only one cause on each line.  Me tastate  DUE TO (OR AS A CONSEOL	i Colo		ch es cerdiac or reep	ratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEOL					
PHYSICIAN: MEDICAL CI	PART II. Other algnificent conditions of	CONTRIBUTING to death but not re	sulting in the under	lying cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 7 NO
ICIAN		IOSPITAL:	OTHER:	6. PLACE OF DEATH (C	heck only one)		
	1 YES 2 1 1  27. MANNER O DEATN  1 Netural 5   Pending	Inpetient 2   ER/Oulpetient 3     26e. OATE OF INJURY (Month, Day, Year)	26b. TIME OF 28c	Nome 5 masidence INJURY AT WORK?  YES 2 NO	6 Other (Specify)  26d. DESCRIBE NOW I	NJURY OCCURED	)
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined	26s. PLACE OF INJURY — At hom building, stc. (Specify)			281. LOCATION (Street City or Town, State)	and Number or Rui	ral Route Number,
COMPLET		N: To the best of my knowledge, deat					se(e) and manner se stated.
TO BE C	29h BUSTONE AND TITLE OF CERTIFIER	DATTENDO	SICH	29c. LICENSE NU	MBER 63/	29d. DATE SIGN	NED (Montp. Day, Year)
	A. ACAN REISINGS	rNO 5411	OLD FRE	DERICIC O	En BACK	No	21229
	MAR 1 4 1994	32. Jedistrar's synature a Saydson-Randell	•				

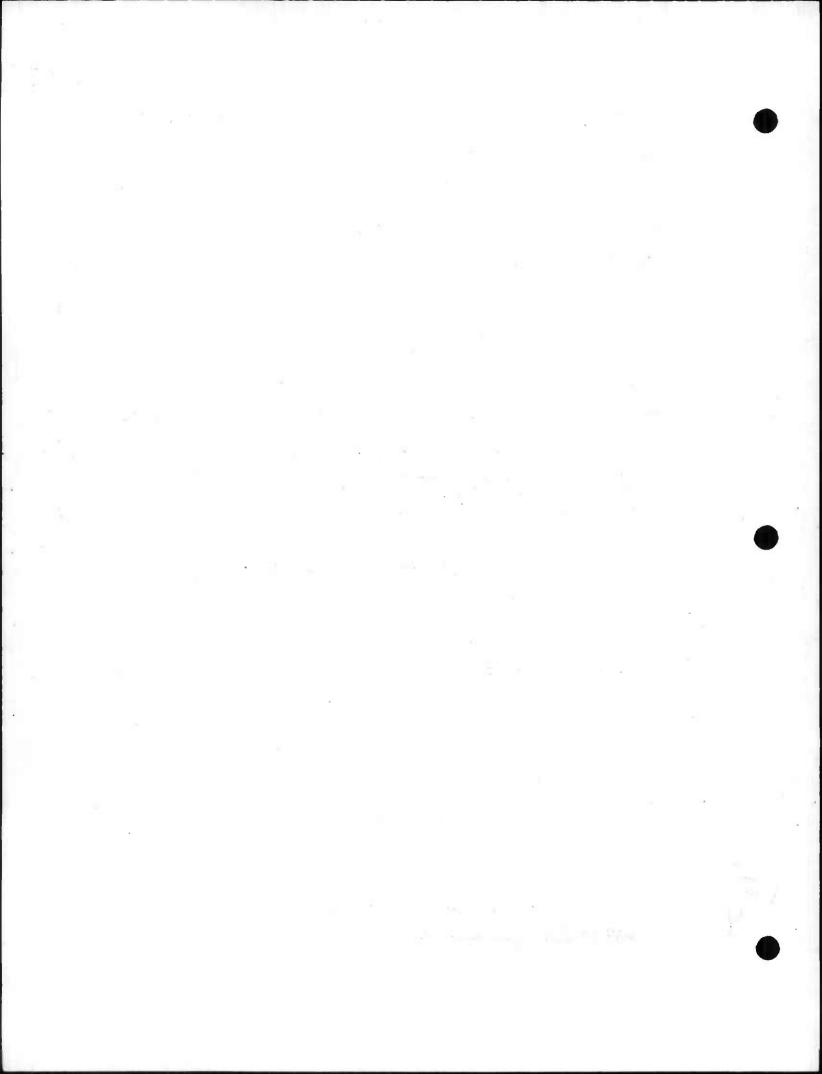


COLUMN
DAI DIE
V FINE
ETCO D
COMP
U

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

07387 94

	1. DECEDENT'S NAME (First, JOHN	Middle, Last)		A	AUSTI	N			2. DATE MONT	OF DEATH MARCH	<b>~11</b> ,	1994	3. TIME OF DEATH ±0:15 p <sub>M</sub>
	4. SOCIAL SECURITY NUMB 212-46-15	-	5. SEX 1 XM 2 F	6. AGE (In yrs. la:	st birthday) YRS.	IF UNDER 1 YE	_	#F UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH	7	Count	
	9a. FACILITY NAME (If not in:		not and number			AL CITY TO	WOL OF	LOCATION OF DE		7/190		NTY OF D	RGIA
TOR		ND GENE	ERAL HOS	PITAL				MORE CIT					MORE CITY
EC	10a. STATE	10b. COUNTY			10c. CIT	Y. TOWN OR L	OCATIO	DN .	-				10d. INSIDE CITY
FUNERAL DIRECTOR	MARYLAND					ALTIM	OR	E			1X YES 2 NO		
RAI	100. STREET AND NUMBER						101.	ZIP CODE			10g. CIT	ZEN OF	VNAT COUNTRY?
N.		RANKLI	N STRE					2120				U	SA
F	11. MARITAL STATUS 1 Never Merried 2		FORCES? 1	TEVER IN U.S. AF YES 2 X	NO NO	If yo	s, spec	NDENT OF HISPAN	n, Puarto		or No	Black, White, atc.	
BY	3 Widowed 4 XDivo	rced				1 ☐ YES 2X NO Specify:						Spec	Black
	15. DECI (Specify only	EDENT'S EDUC highest grade o	ATION completed)	16e. DE	ECEDENT'S	USUAL OCCU work done during se retired.)	PATION g most	t of working	16b	KIND OF BU	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)			+)		se retired.) shore			5	Sparr	ows	Poi	nt
OM	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOTHER'S NA	ME (First )	Miridle Maiden	Sumame		
Ö	ISHMAEL	AUSTI	N							RIGHT	oomanay		
BE	19a. INFORMANT'S NAME (7)	/pe/Print)		19	b. MAILING	ADDRESS (St	reef an	d Number or Rural			n, State, Zij	p Code)	
٩	SAMMIE AU							TERRA		BALT			21216
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	val from Stata	cemetery, cre	ematory or o	OF DISPOSITIO			DAT		CATION -		
	4 Donation SX Other			ARBU'	TUS					L6 AR	BUTU	S,	MARYLAND
- 1	21. SIGNATURE OF FUNERAL	. SERVICE LICE	7 1/	1.1				O DY		& 501	V FI	MER	AL HOME
	NY	0111	1 1	RICKA				LIBERT					
	23. PART I. Enter the di	seesés, or co	mplications the	1 cat sed the de	eath. Do r	of enter the	mod	a of dying, suc	h as care	diec or raspi	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Fin	1 1	let only one car	Jee on each sine	е.								Interval Between Onset and Death
	disease or condition resulting in deeth)	+0.	SEPSI	S									
	i dodani		DUE TO	(OR AS A CONSE	OUENCE O	F):							
Z	Sequentially list conditions, Due to (or as a consequence of):												
일	If any, leading to immed	diete	DUE TO	OUENCE O	F):								
CERTIFICATION	CAUSE (Disease or Injur			EQUENCE OF):									
Ë	that initiated events resulting in deeth) LAS	r	OUENCE O	IENCE OF):									
띩		d.											
	PART II. Other eignifica	nt conditione	contributing to	death but not	resulting	In the under	lying	ceuse given in	Part I.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS
MEDICAL	METAST	CATIC R	ENAL CA	NCER						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1 123 2	45 110		DF DEATH?
						-							T TES Z NO
A	25. WAS CASE REFERRED TO	MEDICAL				2	8. PLA	CE OF DEATH (Ch	eck only or	ne)			
Sic	EXAMINER?		HOSPITAL:	ER/Outpetlant 3	B DOA	OTHER:		5 Residence					
PHYSICIAN:	27, MANNER OF DEATH		28e. DATE OF	INJURY	26b, TIM	E OF 280	: INJU		_	CRIBE HOW !	NJURY OC	CURED	
		Pending investigation	(Month, E	Day, Year)	IN	M 1	WOR	K?					
B	2 Deutste	26e. PLACE C	OF INJURY — At he	ome, farm,	street, fectory,	offica		26f. LOC	ATION (Street a	nd Numbe	r or Runal I	Route Number,	
COMPLETED	Succee     Could not be building, atc. (Specify)     Homicide determined								City	or Town, State)			
٣	29a. CERTIFIER 1 -CERT	IFYING PHYSIC	IAN: To the best of	my knowledne de	anth occurs	ad at the time	deta e	and plane, and due	to the sec	unate) and mus		4.4	
Ž.	onel												) end menner as stated,
ၓ၂	29b. SIGNATURE AND TITLE						_	29c. LICENSE NUI					(Month, Day, Year)
BE		A.S	B	~	D.			29C. LICENSE NOR	MDCM			/11/9	
2	30. NAME AND ADDRESS OF AMIR S. E	PERSON WHO	COMPLETED CAU				NEE	RAL HOSP	ΤΤΔΤ				,
							LTEF	TT HODE	TIME				
	MAR 1	4 1994	SZ. JEGISTRI	R'S SIGNATURE	Medical								



Pages 1, 2, 3 should

permit.

use as the burial-transit

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with frours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
#	e d		0
P	B		5
taine	Shoc		H
90	5		9
y b	pag		þ
Ë	100		ust
93	lirec		E
2	를		ine
death	fune	,	эхэш
after	by the	moval	cal
SULS	2	N re	ned
Ĕ	Filled	n, c	9
	ely 1	natio	=
1 with	mplet	Crer	wen
cute	00 F	unal	3
exe	an	9 0	ma
2	iciar	100	Lan
cate	phys	e D	-
ertif	Du	gien	to to
th	tend	F	0
e de	he at	Ment	ľu,
=	5	pug	=
the state	Ped	5	an
uire	Sign	Hea	SMC
Tee	peed	10 .	등
138	735	90	23
The	cate	State	item
CIA	ertifi	the	9
H-S	NS C	F.	ed,
G P	er th	É.	nari
NO	: Aft	de	80
TTE	30,	afte	28
A H	IREC	MILES	E
AL O	100	2 hg	f In
FILE	ERA	in 7	E
5	F	With	TAN
出	뿔	iled	20R
2	2	200	Ξ

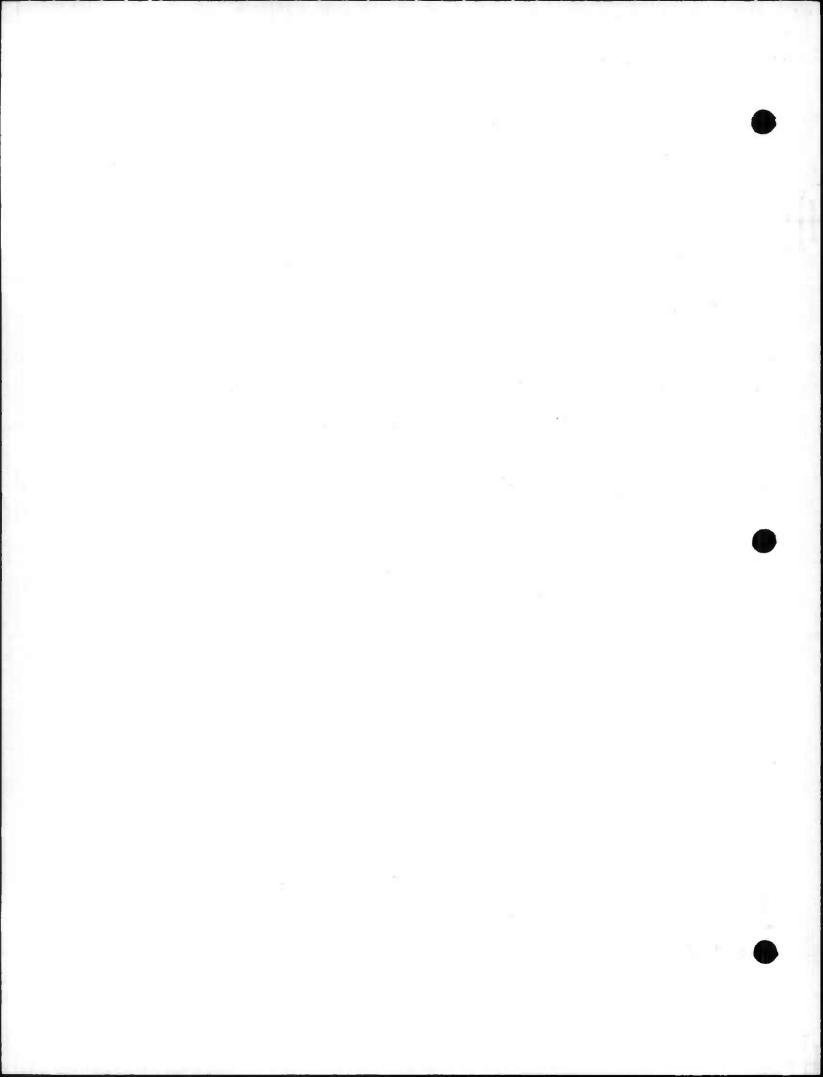
MEDICAL

COMPLETED

BE

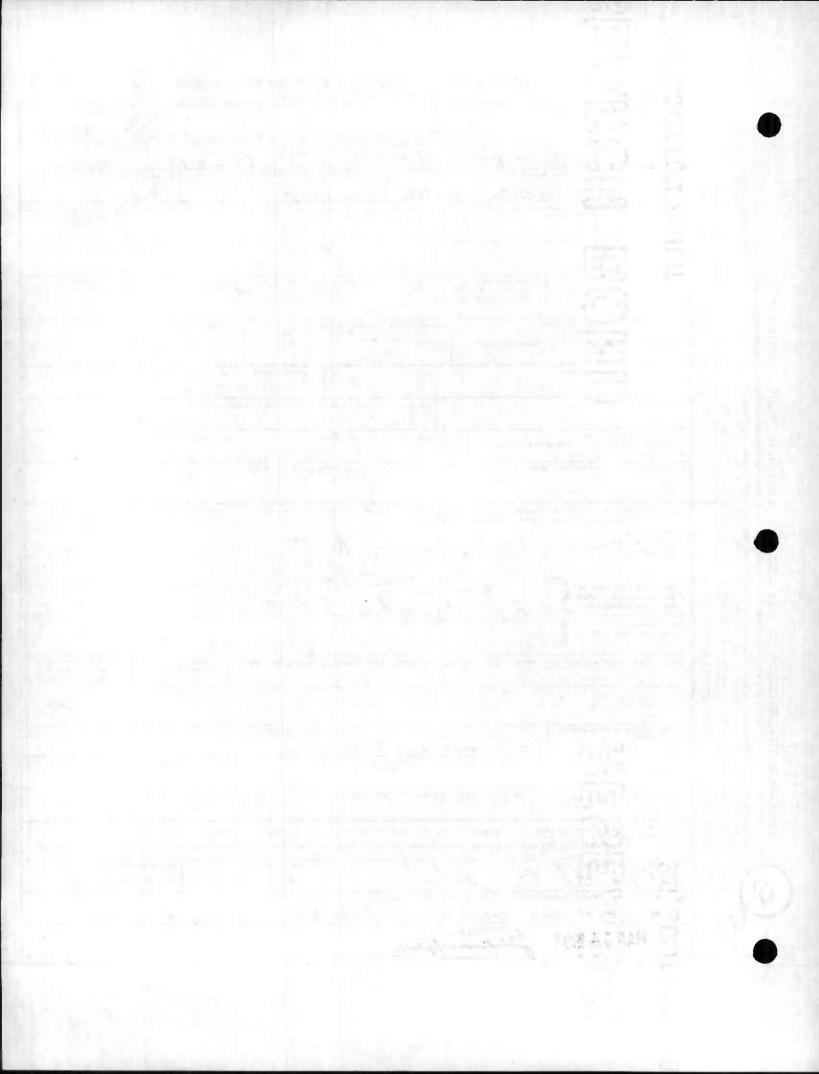
2

FOR STATE REGISTRAR 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO t. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 94 3. TIME OF DEATH 3 10 YEAR Helen Amentler 6:00 A 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 3 - 20 -5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 - M 2 E F 068-46-1754 82 1911 Pennsylvania 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Eastpoint Nursing Home Eastpoint-Dundalk RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Dundalk Md. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1906 Washington Road 21222 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES RANO If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) t Never Merried 2 Married 3 Widowed 4 Divorced 1 TES 2 NO Specify: Specify: BY White COMPLETED 15. DECEDENT'S EDUCATION tee. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) 10 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jacob B. Wagner BE Beulah Jane Siewell 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Phyllis Wagner 1906 Washington Rd., Baltimore, Md. 21222 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 □ Burlel 2 □ Cremeflon 3 □ Removal from State
4 □ Doneflon 5 □ Other (Specify) reenMount Crematory 94 Balto . Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Edison M. Perkins Bradley-Ashton Funeral Home, 21222 M. mil3 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. .Balto Md Approximate interval Batween IMMEDIATE CAUSE (Final Onset and Death CARDIO PULMOHARY disease or condition\_ reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): OROMARY ARTERY CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING EPRESSIOM CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST ANEMIA -MRONIL PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO BY PHYSICIAN: 25. WAS CASE REFERRED TO-MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL t YES 2 70 Inpetient 2 ER/Outpetient 3 DOA 410 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO 26e. PLACE OF INJURY — building, atc. (Specify) At home, ferm, streef, fectory, office 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER t 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated, (Check only one) 2 MEDICAL EXAMINER: On the beels of exa 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) -7188 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JULKA SAVINDER BALTO 2 MARIK DUNDALIL LACE 32. BEGISTRAR'S SIGNATURE

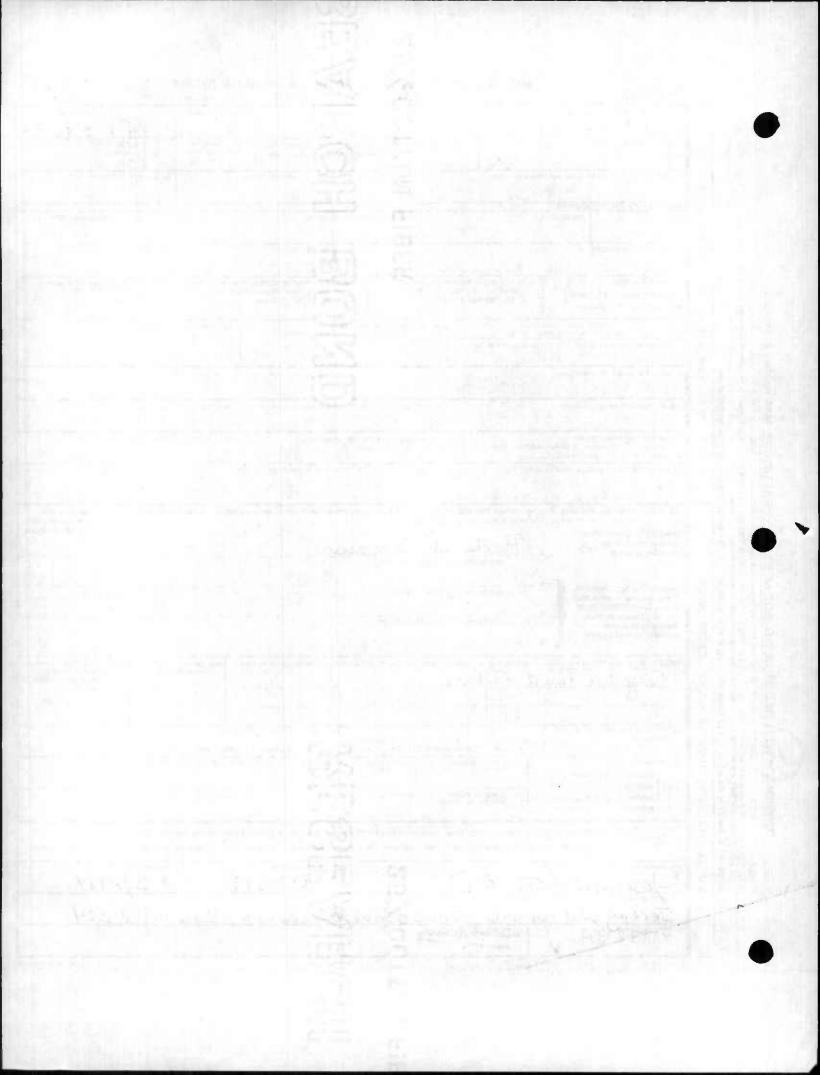


## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO

	HEGISTHAR		CERTIFIC	CALL	JF DEATH	REG. NO	D.					
	1. DECEDENT'S NAME (First, Middle, Last)  MYRTLE	W. ABE	72				DAY 9	YEAR 950				
	4. SOCIAL SECURITY NUMBER 577 18 2227	1 🗆 M 2 🂢 F		IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) 01130		B. BIRTHPLACE (State or F Country) MARYLAND				
TOR	98. FACILITY NAME (If not institution, give st HOWAK) COUNTY GE RESIDENCE OF DECEDENT	week and number) WERAL Hos		96. CITY, TOV	PEATH	PG. COUNTY OF DEATH HOWARD						
L DIRECTOR	MARYLAND HOWA			TOWN OR LO	IA		10d. INSIDE CITY LIMITS? 1 YES 2 🔯					
FUNERAL	6336 CEDAR LANE				21044		S.A.					
В	11. MARITAL STATUS  1 Never Married 2 Married  3 XWidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS If yes	sa or No— 1	4. RACE — American Ind Black, White, etc. Specify: WHIT						
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12TH GRADE		16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOMEMAK	rk done during retired.)	HOMEMA							
E COMPI	17. FATHER'S NAME (First, Middle, Leet) WILLIAM MARTIN W	IBLE			the second secon	AME (First, Middle, Melde OBERTA ELI	,					
TO B	19a. INFORMANT'S NAME (Type/Print) MARK WIBLE					- BALTIMOR						
	20a_METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetton 3 ☐ Remo	oval from State 200	b. PLACE AND DATE OF metery, cremetory or othe HARLES ME	PLACE AND DATE OF LEON ARD TOWN, State  1 DATE 20c. LOCATION — City or Town, State  1 DATE 20c. LOCATION — Cit								
	22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE—BALTIMORE, MD. 21229  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest,   Approximate											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Acute 1	A CONSEQUENCE OF:			้อก		I we				
MEDICAL	PART II. Other algorificant conditions	a contributing to death i	but not reaulting in	the under	ying cause given in		RMED?	24b, WERE AUTOPSY MAILABLE PRIOR COMPLETION OF OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (Check only one) OTHER:								
BY PHYS	27. MANNER OF DEATH  1 Metural 5 Pending 2 Accident Investigation	1 Detlent 2 ER/Out 28e, DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c.	Home 5 Residence INJURY AT WORK? YES 2 NO	8 Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCCU	RED				
ETED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR' building, atc. (Spe	Y — At home, farm, str	set, factory, o	office	281. LOCATION (Street City or Town, State	and Number of	Rural Route Number,				
OMPL		CIAN: To the best of my known: C: On the bests of examination										
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	O. de	hat		29c. LICENSE NU	SUS8	29d. DATE :	SIGNED (Month, Day, Year,				
	30. NAME AND ADDRESS OF PERSON WHO  5999 HARPEREN  31. DATE EN ED (Adopt). Day Mark	es FARM	ROAD		FE215	Columb	1A 2	1044				
	31. DATE FILES (Marth, Say, 1994)	STATE OF THE STATE	Andre									



	1. DECEDENT'S NAME (First, Middle, L	ast)			DEATH	REG. NO.			3. TIME OF DEA		
	Ella D.	Abrams		644		3 /C	-	YEAR	3:46		
	4. SOCIAL SECURITY NUMBER	1.04.0	MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country			
	101-18-2342 90. FACILITY NAME (# not institution, g	tive street and number)		TY, TOWN C	OR LOCATION OF DEA	3/16/1	9c. COUNT	_	V A EATH		
TOR	FRANCIS SCOT	TT KEY	r KEY BALTO								
DIRECTOR	10a. STATE 10b. CO		10c. CITY, TOWN	N OR LOCAT	TION				10d, INSIDE CITY LIMITS?		
	MD  100. STREET AND NUMBER		BALTO		f. ZIP CODE		44. 017170		1 X YES 2 THAT COUNTRY?		
ERAL		NKLIN ST. AP	г 7к	100	21229				. A .		
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 VES	U.S. ARMED XXNO XTES	If yes, sp		C ORIGIN? (Specify Yee, Puerto Rican, etc.)		RACE Black	— American Indi		
LED	15, DECEDENT'S (Specify only highest g		16a. DECEDENT'S USUAL (Give kind of work don	ne during ma	ON pst of working	16b. KIND OF BUS	INESS/INOUS				
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired	1.)							
COMP	17. FATHER'S NAME (First, Middle, Last)		COOK 18. MOTHER'S NAM								
BE (	BURRELL  190. INFORMANT'S NAME (Typo/Print)	BELL	ELL BESSIE								
5		TAYLOR				ALTO, MD					
	20e. METHOD OF DISPOSITION  1- Burlet 2 Cremetion 3 Remove from State  20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Date 20c. LOCATIO										
	21. SIGNATURE OF FUNERAL SERVICE				L PK	31594 R	ANDAI	LLS	TOWN,		
	MARCH F/H-WEST 4300 Wabash ave										
	IMMEDIATE CAUSE (Fine)	or complications that caused ure. List only one cause on ea	nch line.	er tha mo					Approxim		
MIFICATION	ahock, or heert failu IMMEDIATE CAUSE (Finai	a. Butteria  DUE TO (OR AS A  DUE TO (OR AS A	Sepa	er tha mo					Approxim		
CERTIFICATION	shock, or heert felice immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):	er tha mo	ode of dying, such	as cardiac or respi	ratory arres	it,	Approxim Interval B Onset an		
MEDICAL C	shock, or heert felice immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. Butteria  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):	er tha mo	ode of dying, such	as cardiac or respi	AUTOPSY MED?	it,	Approxim		
MEDICAL C	shock, or heert felice immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  Itions contributing to death but	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the	underlying	ode of dying, such	Part i. 24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?	it,	Approxim Interval B Onset an Onset an WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?		
MEDICAL C	ahock, or heert failu  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.  Itions contributing to death but	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the state of t	underlying 26. Pt ER: tursing Hom	g cause given in F	Part i. 24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?	24b.	Approxim Interval B Onset an Onset an WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?		
PHYSICIAN: MEDICAL C	ahock, or heert felicies immediate cause. (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditions in death Last  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	Buttonic  Buttonic  Buttonic  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  Itions contributing to death but  Eart Failer  HOSPITAL:  1   Inpetient 2   ER/Output  286. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the	underlying  26. PI  ER: tursing Hom  28c. INJ	g cause given in F	Part i. 24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?	24b.	Approxim Interval B Onset an Onset an WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?		
ED BY PHYSICIAN: MEDICAL C	ahock, or heert failu  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit  CAUSE (Disease or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	Buttonic on eause on	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the state of the state	underlying  26. Pt  ER: tursing Hom  28c. NV  1   V	g cause given in F	Part i. 24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?	24b.	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2		
ETED BY PHYSICIAN: MEDICAL C	ahock, or heert feliu immeDiATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditions in the conditions of the cause of th	Buttonic on eause on	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the state of the state	underlying  28. Pl  ER: tursing Hom  28c. INJ  1 1 1 2 actory, office	g cause given in F  LACE OF DEATH (Checkers 5   Residence 8 JURY AT JURY AT JURY 2   NO	Part i. 24a. WAS AN PERFOR 1 YES 2  Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Yown, State)	AUTOPSY MED?  NO  NJURY OCCUI	24b.	Approxim Interval B Onset an Onset an  WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2		
COMPLETED BY PHYSICIAN: MEDICAL C	ahock, or heert feliu immeDiATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditions in the conditions of the cause of th	DUE TO (OR AS A  DUE TO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the state of the state	underlying  28. Pl  ER: tursing Hom  28c. INJ  1 1 1 2 actory, office	g cause given in F  LACE OF DEATH (Checkers 5   Residence 8 JURY AT JURY AT JURY 2   NO	Part i. 24a. WAS AN PERFOR 1 YES 2  Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street as City or Town, State)  o the cause(s) and manual me, dete and place, and	AUTOPSY MED?  NO  NJURY OCCUI	24b.  RED  Rural R	Approxim Interval B Onset an Onset an  WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2		
ETED BY PHYSICIAN: MEDICAL C	ahock, or heert failui immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in death and	DUE TO (OR AS A  DUE TO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the state of the state	underlying  28. Pl  ER: tursing Hom  28c. INJ  1 1 1 2 actory, office	g cause given in F	Part i. 24a. WAS AN PERFOR 1 YES 2  Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street as City or Town, State)  of the cause(s) and manuface, and place, and place, and place.	AUTOPSY MED?  NO  NJURY OCCUI	24b.  RED  Rural R	Approximinterval E Onset an Interval E Onset a		



		pinou
		to.
		. 2.3 st
		42
		Page
		mit.
		8
	Ġ.	ansit
	cia	五
<b>ILTIMORE, MARYLAND 21215-0020</b>	phys	buria
ŏ	Buil	s the
5	ence	e as
2	r att	
7	0	for us
	Di-	
Z	90	5
4	9	e detache
_	41	6
≥	5	D
Щ	ned	SE SE
2	etai	5
~	9	(C)
шÎ	y	990
$\alpha$	E	2
0	9	용
Σ	a0e	dire
F	۵.	70
BALT	ath	9
4	90	5
8	after	y the
	10	-

DIVISION OF VITAL RECORDS. P.O. BOX 68760.

	etail	-S	
6	9	5	
j	lay	pag	
5	6 п	ctor.	
	906	dire	
-	9.	Te C	
JE (112)	Seath	Į,	
ì	fter (	the	mont
	IS a	9	20.00
	hou	- P	2
	7	July 1	ino
6	thin	etely	- mus
Ś	W D	D D	000
,	Surfe	00 5	linial.
,	exe	an	d of
)	8	iciar	200
1	cate	Style	0
,	ertif	ng I	nien
	th o	endi	17
-	dea	att	chue
	the	#	1 22
	hat	D D	200
)	Sa	дпе	46100
	adnii	S He	17 17
	W	bee	200
	e la	has	0
	E	cate	2000
•	CIA	ertifi	ha
)	132	is c	dil.
	5	ar th	th th
,	DIN	Aff	dan
	TEN	9	ftor
	A AT	띭	-
	007	ā	hou
	PITA	RA.	F
	100	N.	siethic.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 😭 hours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho	he flad within T house after death with the Costs Dave of Martin Martin Marians wice to being accounting or comment
	T O	0.7	- 61
	-	1	- 2

	REGISTRAR  1. DECEDENT'S NAME (First	t, Middle, Last)				KIIF	ICAI	E OF	DEA	IH		REG. N		_	3. TIME OF DEATH
- 1	Lawrenc	e Cal	vin Bo	de							Marc	h 8,	1994	YEAR	
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE	(In yrs. las	t birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	2001	s. BIRTI	HPLACE (State or Forei
	219-10-2964		1 📉 M 2 🗌 F	:	69	YRS.	MONTHS	DAYS	HOURS	MIN.		h, Day, Year)	1925	Count	yland
	9a. FACILITY NAME (If not is		treet and number)				9b. CIT	Y, TOWN (	OR LOCAT	ION OF D		20,	-	INTY OF E	
СТОВ	10512 York	Avenue					Co	ckey	svil	le.				timo	
ш	10a. STATE	10b. COUNT	γ			10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
DIR	Maryland	Ba1	timore			Co	ckey	svil	.1e						1 YES 2 X N
FUNERAL	10e. STREET AND NUMBER							101	f. ZIP COD	E			10g. CI1	IZEN OF	WHAT COUNTRY?
띮	10512 York	Avenue							210	130				USA	
5	11. MARITAL STATUS		12. WAS DECED	ENT EVER	N U.S. AR	MED	13.	WAS DEC	ENDENT	OF NISPA	NIC ORIGII	N7 (Specify )	fes or No-	14. RAC	E - American Indian
_ 1	1 Never Married 2 K		FORCES?			Ю		If yes, sp	ecity Cubi	en, Mexica	en, Puerto	Rican, atc.)		Blac Spec	k, White, etc.
В	3 Widowed 4 Dive	orced	West of the						412110	Орчен	· /·			Spec	White
	15. DEC	CEDENT'S EDU	CATION		16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON ost of worki	ina	168	. KIND OF B	USINESS/IN	DUSTRY	
Ti.	Elementary/Secondary (		College (1-4 or	5+)	life.	Do NOT us	se retired.)	during mo	ast or worki	ng					
린	8	-			Bu1	1doz	er O	pera	tor			Camp	bells	Qua	rrv
COMPL	17. FATHER'S NAME (First, A	Alddle, Last)							_	HER'S NA	AME (First,			, 20	
<u>ш</u> П	15. FATHER'S NAME (First, Middle, Last)  Edgar Paul Bode  Gladys Marie Bosley								1ev						
00		19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
임	Barbara A	Barbara A. Bode 10512 York Ave., Cockeysville, Maryland 21030													
	200. METHOD OF DISPOSIT			1						COC		7			
	20s. METHOD OF DISPOSITION  1AD Burlal 2 Cremation 3 Removal from State  4 Donation 1 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place)  Poplar Grove Cemetery March 11, Phoenix, Maryland														
	4 ☐ Donation—6 ☐ Other		when A	- 1 <sub>50</sub>	plai	Gro	ve (	Jeme	tery	M	arch	Щ, 1	Phoen:	ix, l	Maryland
- 1	7/1	16.	W LU	BNI			22.		MD ADDRE			-Wied	efeld	Tnc	
	Lemmon-Mitchell-Wiedefeld Inc.  10 W. Padonia Rd., Timonium, MD 21093														
$\neg$	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory error.														
- 4	Interval Betw  IMMEDIATE CAUSE (Figure)														
	disease or condition	hal	E	-<~	Ma	(())		Cu		~					
	resulting in death)		a. Dile:	m (OP AS	CONSEC	VI MOCE O	D.	- 00	MU	·					6 min
_	disease or condition resulting in death)  a. ESONA SCA CONSEQUENCE OF):														
ó	Sequentially liet conditions,  DUE TO (OR AS A CONSEQUENCE OF):														
CATION	if any, leading to imme ceuse. Enter UNDERLY		552	o (on no	· OOMGEU	JENGE U	,,								
	CAUSE (Disease or Inju		C	TO (OR AS	CONCE	HENCE OF	EN.								
RTIF	that initiated events resulting in death) LAS	т	UVE .	S (on no	. CONSEC	JENUE U									
			d			-									
ĭ. II	PART ii. Other significa	ent condition	s contributing	to death t	out not re	esuiting	in the u	nderlying	g ceuse	given in	Part i.		N AUTOPSY	246	. WERE AUTOPSY FIND
5	COP	1)										PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAU
EDICAL	Lun	s Car	nor									1 TYES	NO NO	-	OF DEATH?
Σ		J. CV.					_				_				1 TES 2 NO
N N	06 840 0405														
ੁ ∥	25. WAS CASE REFERRED T EXAMINER?	U MEDICAL	HOSPITAL:			ı	OTHE		LACE OF D	DEATH (Ch	neck only or	10)			
2	1 TES 2X NO		1   Inpatient 2	ER/Out	patient 3	□ DOA	4 🗆 Nu	rsing Hom	ю 5 XI R	asidence	6 🗆 Othe	r (Specify)			
E	27. MANNER OF DEATH		28e. DATE (Month)	OF INJURY Day, Year)		28b. TIM INJ	E OF URY	28c. INJ WO	URY AT		28d. DE	CRIBE NOW	INJURY OC	CURED	
- 1		Pending Investigation					М		YES 2	NO					
≿	3 Suicide 8	Could not be	28e. PLACE	OF INJURY	f — At hor	me, farm, i	street, fac	tory, offic	•		281. LOC	ATION (Stree	t end Numbe	r or Rural i	Route Number,
D 8√		determined	is a real real real real real real real re	=1 =rev (op/o	~11						City	or Town, Stat	10/		
	4 Nomicide determined														
ETED	29a. CERTIFIER														
PLETED	(Check only														
ETED	(Check only	ICAL EXAMINE	R: On the beals of												e) and manner as state

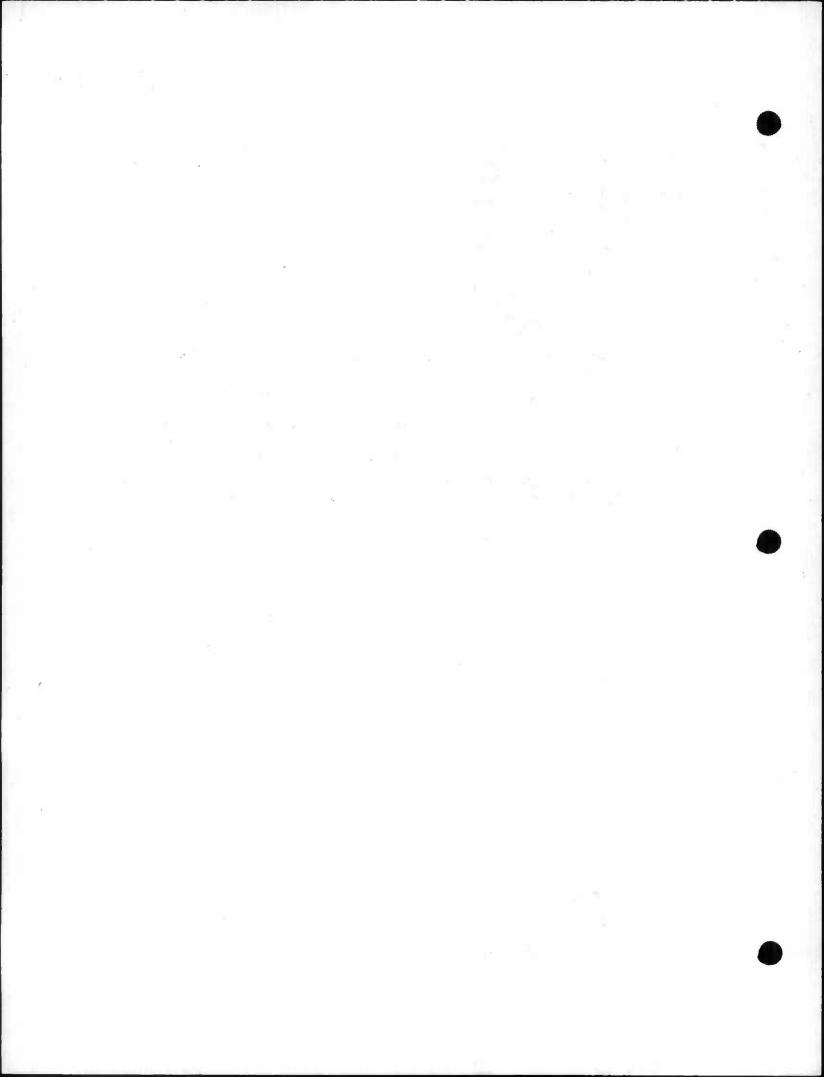
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) William E. Randall, Jr., MD 1205

31. DATE FILED (Month, Day, Your)

MAR 1 41994

1205 York Road, Lutherville, MD

21093, suite 33



BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physician

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1		-	FOR STATE REGISTR	AF
	1,	DE	CEDENT'S	N/

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				CATE OF DEATH	REG. NO	٠.				
	1. DECEDENT'S NAME (First, Middle, Last	ohn	Berg		2. DATE OF DEATH MONTING 8	<b>47994</b>	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 216-30-2302	5. 8EX 6. / 1 🔀 M 2 🗆 F	AGE (In yrs. lest birthday) 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 30,	1001	BIRTHPLACE (State or Fore Country) Marvland			
OR	90. FACILITY NAME (If not Institution, give Saint Joseph Hos			9b. CITY, TOWN OR LOCATION OF D	DEATH	9c. COUNTY OF DEATH Baltirnore				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  1 Maryland  Baltimore  Perry Hall									
FRAL	100. STREET AND NUMBER 4107 E. Joppa R			101. ZIP CODE 21236	6		10g. CITIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2XXNO	13. WAS DECENDENT OF HISPA If yea, specify Cuban, Mexic 1 — YES X X NO Speci	an, Puarto Rican, etc.)	Specify Yea or No— 14. RACE — American Indien Black, White, etc.  Specify:  White				
ETED	15. DECEDENT'S EC (Specify only highest gra	DUCATION ide completed)	16e. DECEDENT'S (Give kind of w	usual Occupation rork done during most of working a retired.)	16b. KIND OF BI	USINESS/INDUS				
7	8th grade	8th grade Self-Employed					ry			
COM	17. FATHER'S NAME (First, Middle, Last)  Joseph Berg  Mary Katherine Winkler									
TO BE	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Number or Rural	Route Number, City or To	wn, State, Zip Co	ode)			
	Ms. Carol L. Be:			4107 E. Joppa Rd. Baltimore, Maryland 21236  PLACE AND DATE OF LOCATION — City or Town, State						
	1 Donation 8 Other (Specify)		cametery cramatory or of	F Faith Cemetery	3-11-94					
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE		22. NAME AND ADDRESS OF F	EH 79	401 B	clair Rol			
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Cardio Res	AS A CONSEQUENCE OF				Unk			
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	nal Failure As a consequence of	):						
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR  DUE TO (OR  DUE TO (OR  ALCOHOLIC C	nal Failure As a consequence of irrhosis, Asoit	): <b>108</b>	1 Part I. 24a. WAS A PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?			
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are consistent to the conditions of the conditions are called the cause of	DUE TO (OR  . Hepato Ren  DUE TO (OR  d. Alcoholic C  ona contributing to dee	nal Failure AS A CONSEQUENCE OF CIrrhosis, Asoli oth but not resulting in	):  The underlying cause given in the underlying cause given in 28. PLACE OF DEATH (C	PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?			
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are consistent conditions. Cholecystitis—Cholecy	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR d. Alcoholic Cone contributing to dee	nal Failure AS A CONSEQUENCE OF CIrrhosis, Asoli oth but not resulting in	28. PLACE OF DEATH (COTHER:	PERFO 1 YES  heck only one)  8 Other (Specify)	PRMED?	1 □ YES 2 N			
PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions the conditions of the condit	DUE TO (OR  . Hepato Ren  DUE TO (OR  d. Alcoholic Co  one contributing to dee  delithiasis  HOSPITAL:  JA Impetiant 2 = ERI  28e. DATE OF INJU.  (Month. Day, Ye	nal Failure AS A CONSCOUENCE OF EITTHOSIS, ASOIT With but not resulting in  //Outpetiant 3 □ DOA  UNY 286. TIME	28. PLACE OF DEATH (COTHER:	PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 VES 2			
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the condi	DUE TO (OR  . Hepato Ren  DUE TO (OR  d. Alcoholic C  one contributing to dee  lelithiasis  HOSPITAL:  JAC Inpetient 2 ER  28e. DATE OF INJ. (Month, Day, W.	AS A CONSCOUENCE OF CIFTHOSIS, ASOIT OF THE PROPERTY OF THE PR	28. PLACE OF DEATH (COTHER: 4   Nursing Home 5   Residence E OF   28c. INJURY AT WORK? 1   YES 2   NO	PERFO 1 YES  heck only one)  8 Other (Specify)	INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH?  1  YES 2 No			
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are significant conditions. Cholecystitis—Cholec	DUE TO (OR  . Hepato Ren  DUE TO (OR  d. Alcoholic C  one contributing to dee  delithiasis  10 SPITAL:  JAL Impetient 2 ER  (Month, Day, Ye  28e. PLACE OF INJU  Month, Day, Ye  28th PLACE OF INSUITABLE  28th PLACE OF INSUITABL	AS A CONSCOUENCE OF CIFTHOSIS, ASOIT STATE O	28. PLACE OF DEATH (COTHER: 4   Nursing Home 5   Residence E OF WORK? 1   YES 2   NO treet, factory, office	PERFO  1 YES  Neck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(a) and many	INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH?  1  YES 2 No.			
D BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are significant conditions. Cholecystitis—Cholec	DUE TO (OR  Hepato Ren  DUE TO (OR  d. Alcoholic C  ona contributing to dee  delithiasis  HOSPITAL:  JA Inpetient 2 ER.  28e. DATE OF INJ.  (Month, Day, Ye  28e. PLACE OF INJ.  Delithiasis  VSICIAN: To the best of my Inter: On the best of examination.	AS A CONSCOUENCE OF CIFTHOSIS, ASOIT STATE O	26. PLACE OF DEATH (COTHER: 4   Nursing Home 5   Residence E OF URY MORK? 1   YES 2   NO Areet, factory, office	PERFO  1 YES  heck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(a) and make time, data and place, a	INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH?  1  YES 2 No.			

Mar 8 1994 De 7 35 am Towson, Marylanu Barboore Cardio Resourcery Arrest - Allegato Como Historia Palura Alcoholic Cirmoss, Asonie

изфас б

Perry Comm. M.D.: 7820 York Road: Tawage: Mr. 21204

Pages 1, 2, 3 should

permit.

use as the burial-transit

funeral director, page 5 should be detached for

DIRECTOR

FUNERAL

BY

COMPLETED

2

75

notified

must be

the medical examiner

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

MOTH

MAR 1 4 1

(	8	2	2
	ie	智量	=
	100	2 E	2
	5	.5 =	9
	2	3 0	=
	74	E NO	š
9	E	Hal Jan	1,
2	를	물은	5
2	B	E -	3
•	릇	D E	9
)	9	8 0	를
<	9	8 7	5
)	9	5.5	1
3	Cal	40	-
:	E S	0.0	5
	8	£ 5	-
6	5	a ten	0
3	de	the sta	5
í	2	₹ ₹	를
	H t	20	=
5	4	2 4	E
5	83	Par les	90
i	ā	SI	8
	ě	9 6	5
1	ME	Spor	23
ζ	9	20	=
-	F	tate	9
-	S	Ses	=
	ᅙ	10 E	.0
5	35	SE	9
,	4	50	F
	NG.	fte	E
	9	4 5	-
)	1	5 4	8
	A	S EC	=
THE WEST OF THE STATE OF THE ST	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fifled in by the full period with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
,	N	72	=
	F	ER.	22
	8	3	3
	T	EL ≥	E
	芒	THE PER	Ö
	0	2 4	3
	-		-

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH JOHN R BRADLEY 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. leat birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 4/10/1929 DAYS 243 40 5645 1 X M 2 | F 64 YRS. Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GBAC HOSP. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE Md. Balto., 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1220 Winston Ave. 21239 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or Noif yee, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Nursing Services 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Malden Surname) Richard Bradley Dora Harper 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Vetta L. Bradley 1220 Winston Ave. Balto., Md. 21239 20a. METHOD OF DISPOSITION
1 X Buriel 2 Cremation 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State cemetary, crematory or other placa) Loudon Pk. 4 Donation 5 Other (Specify) 3/12 Balto., Md. 21. SIGNATURE OF EUNERAL SERVICE LICENT 22. NAME AND ADDRESS OF FACILITY William C. Brown Community 1206 W. North Ave. 23. PART I. Enter the disease, or confplicatione that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only one cause on each line IMMEDIATE CAUSE (Finel LUNG CANCER WITH disease or condition resulting in death) METASTESES DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significent condition	e contributing to death but no	t resulting in	ent I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			1   YES 2					
1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA   A   Nursing Name 5   Residence 8   Other (Specify)							
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident investigation	28s. DATE OF INJURY (Month, Day, Year)	OF TY M	28c, INJURY AT WORK? 1 YES 2 NO	20d. DE	SCRIBE NOW INJURY OCCURED			
3 Suicide & Could not be determined					CATION (Street and Number or Rural Route Number, y or Town, State)			
29a. CERTIFIER (Check only)  1 CERTIFYING PNYSH	CIAN: To the best of my knowledge,	death occurred	at the f	time, data and place, and due to	o the ca	vuse(a) and manner as state	1.	

17.11.

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (NPO. Print)



94 07393

8. BIRTNPLACE (State or Foreig

10d. INSIDE CITY

14. RACE --- American Indian, Black, White, etc.

Black

Approximete

Interval Between

Onset and Death

1 YES 2 NO

N.C.

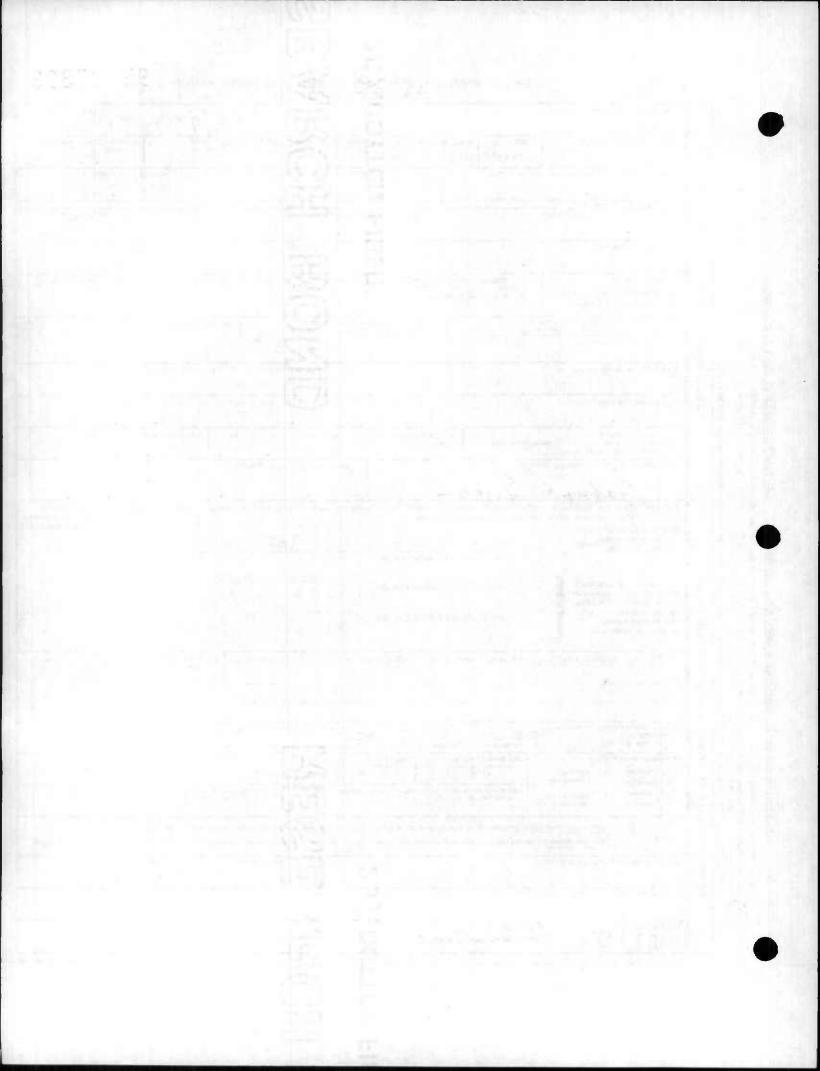
YEAR

BALTO.

USA

Balto.

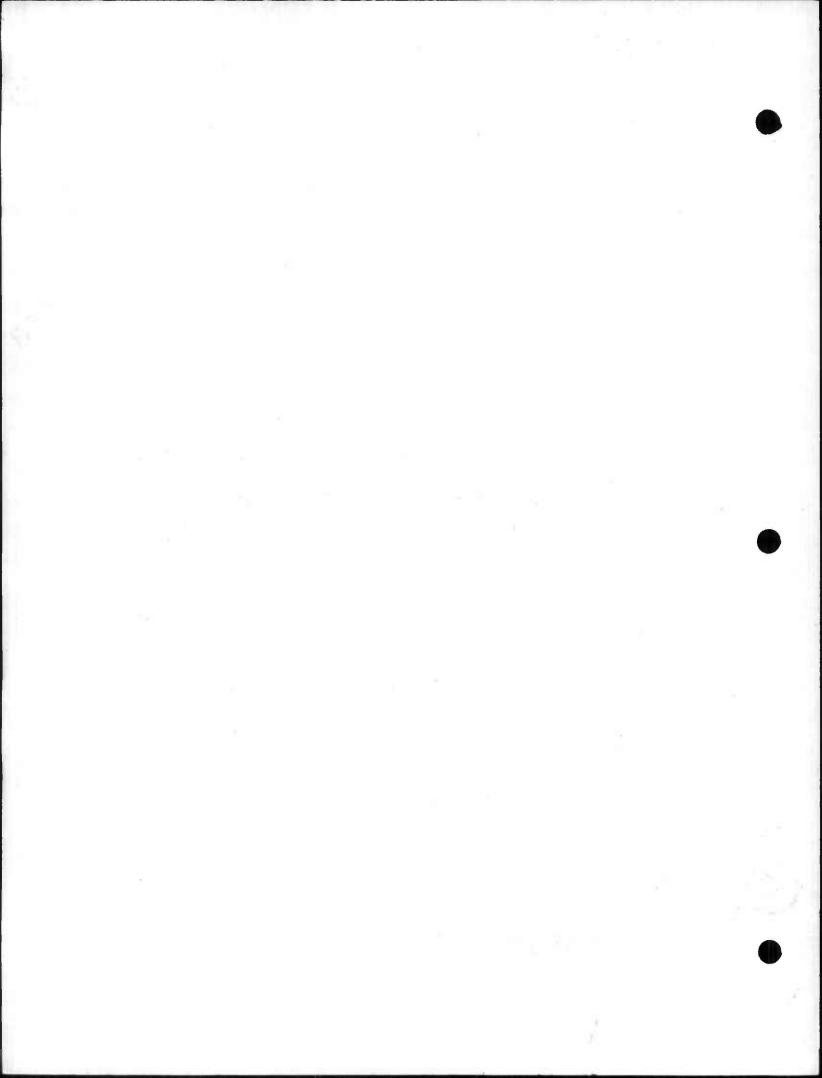
▶ 3/9/94



	,
_	
0	
9	
~	
-	
6876	
ထ	
$\times$	
0	
BOX	
0	
- 4	
$\circ$	
٠.	
α.	
S	
0	
$\alpha$	
=	
ECOF	
7	
$\circ$	
LLI	
-	
R	
_	
AL	
-	
_	
>	
OF	
0	
$\mathbf{O}$	
-	
Z	
_	
$\circ$	
_	
VISION	
-	
>	
_	

OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	
HIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should burs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
am 28 is marked or flam 22 shows any injury or other traumotic awant the medical avanishes must be matted as asset	

1. DECEDENT'S NAME (First, Middle, Last)		C	ERTIF	CATE	UF D	CAIN		G. NO.			
ANDREW! LOV	IS BA	ENER	7				2. DATE OF DI MONTH	DAY	9	/EAR	0.300 x
4. SOCIAL SECURITY NUMBER	T	AGE (In yrs. la		IF UNDER 1 Y	EAR IF	UNDER 24 HRS.	7. DATE OF BI	RTH			LACE (State or Foreign
327-44-4768	1 M 2 🗆 F	57	YRS.	MONTHS D	AYB HO	OURS MIN.	(Month, Day, 11/2		36 77	Country)	TNITA
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR L	OCATION OF DE			C. COUNT		
ST. AGNES HO	SPITAL				BAI	TIMOR	E				
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ		10c CITY	, TOWN OR I	OCATION						
MARYLAND			1,500	BALTI							Od. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER				Dilli I		CODE		1	Og. CITIZEI		AT COUNTRY?
533 BRICE S	TREET					21223				USA	
11. MARITAL STATUS	12. WAS DECEDENT EV			13. WAS	DECEND	ENT OF HISPAN	IIC ORIGIN? (Spe	cify Yes or		RACE -	- American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR		NO			NO Specify	n, Puerto Rican,	etc.)		Specify:	White, alc.
15. DECEDENT'S EDU	I CATION	10.00									Black
(Specify only highest grade	completed)	(0	Sive kind of w Do NOT use	USUAL OCCU ork done durir retired.)	PATION og most of	working	16b. KIND	OF BUSIN	ESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)			stru	a+i	an.	Da:	nko	Arli	ingt	on
17. FATHER'S NAME (First, Middle, Last)			COII	SCIU			ME (First, Middle,	Maiden Sur	mame)		
CURTIS BARNE	R					IDA					
19a. INFORMANT'S NAME (Type/Print)	-	19	b. MAILING	ADDRESS (S	reet and A		Route Number, Cit	y or Town, S	State, Zip Co	ode)	
JULIA BARNER			533 1	BRICE	ST	REET	BALTI	MORE	Ξ, Μ	D :	21223
20a. METHOD OF DISPOSITION 1 XBurial 2 A Cremation 3 Ram	oval Irom Stata	20b. PLACE cemetery, cre		F DISPOSITIO	N (Name o	of		20c. LOCAT			
4 Donation Donation Donation		KIN	G MEI	MORIA			3/15	RANI	DALL	STO	WN, MD
21. BIGNATURE OF FUNERAL SERVICE LI	SENSEB	1				DDRESS OF FA		COM	ETTNI	יגמים	L HOME
Number	( NU	Mali					Y HEIG				21207
23. PART I. Enter the diseases or shick, or heart failure.	complications that or	used the de	eath. Do n	ot enter the	mode	of dying, auci	h ss cardlec o	r respirat	ory arres	t,	Approximsts
IMMEDIATE CAUSE (Finel	List only one cause	on sech line	0.								Onset and Dec
disesse or condition resulting in death)	. Netw	htic	· pm	nuea	tro	CA					6 mrs.
	DUE TO (OR	AS A CONSE	OUENCE OF	):							
Sequentially list conditions,	b,	AS A CONSE	OHENOE OF								
if any, isading to immediate cause. Enter UNDERLYING	DUE 10 (ON	AS A CONSE	OUENCE OF	j:							
CAUSE (Disesse or injury that initiated events	c. DUE TO (OR	AS A CONSE	OUENCE OF	):							
resulting in desth) LAST	d										
PART II. Other significant condition	s contributing to de-	ath but not	meulting is	the under	dulan as	was alvas la	Don't Dr.			T.,,,,,,,	
> h & ( , om , u )	0 + 5	(10)	Λ <sub>α</sub>	of the original	nying ce	use given in		PERFORME		A	PERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION DF CAUSE
preumoc reutopin	in i	· · ·	P	and	PPC		_   10	YES 2	NO	0	F DEATH?
- Journ por							-	•		1	YES 2 LY
25. WAS CASE REFERRED TO MEDICAL					6. PLACE	OF DEATH (Che	ack only one)				
EXAMINER?	HOSPITAL:	VOutpatient 3	DOA DOA	OTHER:		W 25	6 Other (Spec	2/6/)			
27. MANNER OF DEATH	28a. DATE OF INJ	URY	28b. TIME	OF 28	c. INJURY	AT	28d. DESCRIBE	HOW INJU		RED	
	(Month, Day, Y	rear)	INJU		WORK?	2 NO		11/	4		
1 Natural 5 Pending	200 81 105 65 11	JURY — At he	ome, larm, s	treet, factory,	offica		281. LOCATION City or Town	(Street and	Number or	Rural Rou	ite Number,
2 Accident Investigation 3 Suicide 6 Could not be	building, etc.	, , , , , , , , , , , , , , , , , , , ,					Only Or 10W	, Gleff)			
2 Accident Investigation	28a. PLACE OF IN building, atc.										
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	building, atc.	knowledge, de	eath occurre	d at the time,	data and	placa, and due	to the cause(a)	and manner	r as stated.		
2 Accident 3 Suicide 6 Could not be datarmined  29a. CERTIFIER (Check only	28a. PLACE OF IN building, atc.  ICIAN: To the best of my										ind manner as stated.
2 Accident 3 Suicide 6 Could not be datarmined  29a. CERTIFIER (Check only 1	ICIAN: To the best of my				on, death		time, data and p	laca, and d	lue to the c	ause(a) a	ind manner as stated.
2 Accident 3 Suicide 6 Could not be datarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIE	ICIAN: To the best of my				on, death	occured at the	time, data and p	laca, and d	ue to the c	ause(a) a	forth, Day, Year)
2 Accident 3 Suicide 6 Could not be datarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIER  NAME AND ADDRESS OF PERSON WITH COURSE CONTROL OF CERTIFIER  NAME AND ADDRESS OF PERSON WITH COURSE CO	ICIAN: To the best of my IR: On the basis of axami	Ination and/or	Investigation	n, in my opini  Print)	on, death	c. LICENSE NUM	time, data and p	laca, and d	ue to the c	igned (M	forth, Day, Year)
2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIE	ICIAN: To the best of my IR: On the basis of axami	OF DEATH (ITE	Investigation  M 27) (Type,	n, in my opini  Print)	on, death	c. LICENSE NUM	time, data and p	laca, and d	ue to the c	igned (M	forth, Day, Year)



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

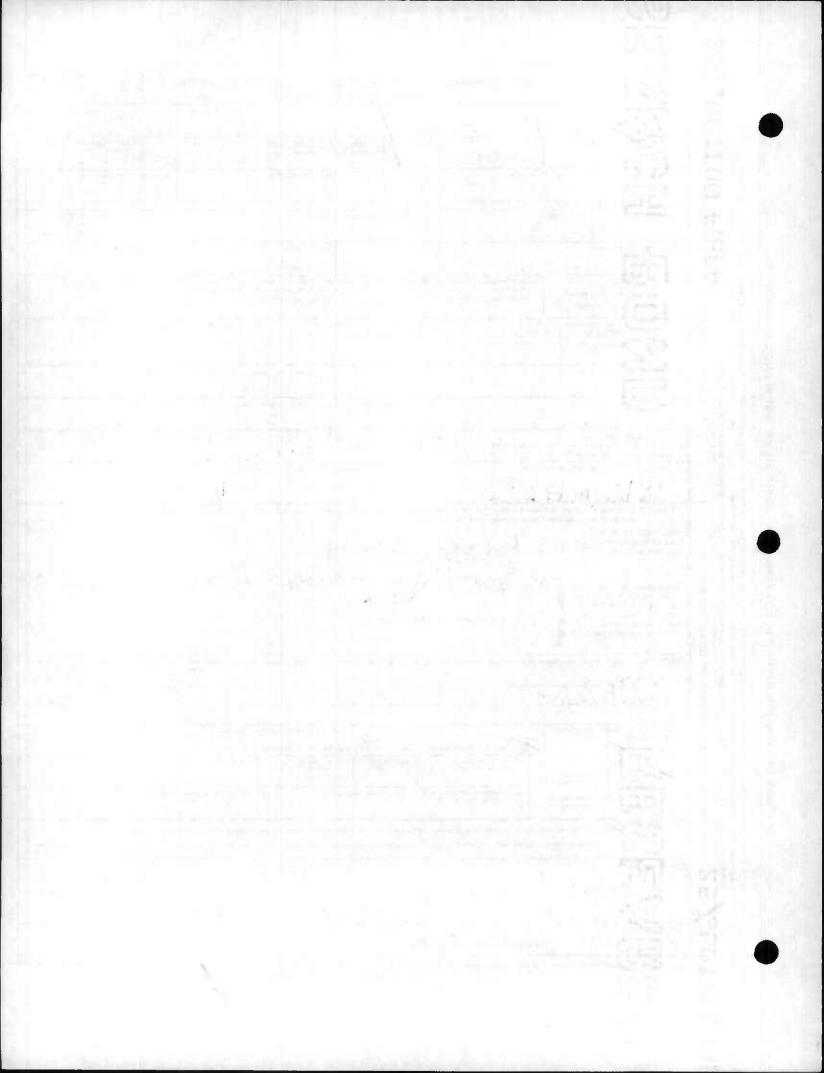
	1, DECEDENTS	ap ann	POT	RI	Margar	et A.	Bla	ney	3 -	12-	The second	YEAR	F 500
	4. SOCIAL SECU	RITY NUMBER	s. sex	E. AGE (I	in yes. lear birthday)	IF UNDER 1 YE		ICO 24 HTG.	7. DATE	OF BRITH	199	6. BIRTY	5:30P HPLACE (State or Foreign
	214-01	-3274	10 # 2 12	79	vigle.	MONTHS DV	's Hount	MIN.	2-	20-19	915	Count	Md.
	115		ive street and number)			96. CITY, TOY		TION OF D	EATH		9c. COUR	NTY OF D	HTAB
TOR		Hospit				Balti	nore				-		-
DIRECTOR	10a. STATE	18b. CO	<del></del>		100	altim							10d. INSIDE CITY LIMITE? 1X XYES 2 NO
FUNERAL	10e. STREET AN	ALCO CALCULATION OF THE PARTY O	ley STre	eet		O L O L III	10f. ZIP CC	224				S.A	WHAT COUNTRY?
BY FUNI	11. MARITAL STA 1 Never Marri 3 Widowed	ed 2 Merried	12. WAS DECES FORCES? IF YES, GIV	PENT EVER IN 1 TYES E WAR OR DA	U.S. ARMED 2. NO NTESX X	If yes	DECENDENT , specify Cu YES 2	ban, Mexico	an, Puerto	N? (Specify Yes Ricen, etc.)		14. RACI Black Spec	E — American Indian, k, White, etc.
COMPLETED	11	15. DECEDENT'S (Specify only highest (secondary (0-12)		5+)	16a. DECEDENT'S (Give kind of life. Do NOT	work done during	ATION most of wo	rking	164	b. KIND OF BU	SINESS/IND		
MP	10 yr	ME (First, Middle, Last			Homem	aker				Own I			
	Militario	Kellner					1000			Middle, Malden			
BE		'S NAME (Type/Print)		_	19b, MAILIN	O ADDRESS (Str						Code)	
5	Barba	ra L. B	enson		700000	Yawme							21220
	20a. METHOD OF				PLACE AND DATE	OF DISPOSITION			DAT		CATION —		
		5 Other (Specify)	Removal from State	ceme	etery, crematory or		E AND ADD	r	34	16-94	Ba	1 t.o.	Md
	21 SIGNATURE (					II FOCIA	- 0 - 1						
	ZII GIGITATOTIZ	F FUNERAL SERVIC			D ,								21224
	23. PART I. Er	ter the diseases,		DO	the death. Do	ins M	oran.	-Ash	ton	ore St	- B:	a 1 +	Approximate interval Betw
CERTIFICATION	23. PART I. Er	atter the diseases, ock, or heart fall AUSE (Final adition seth)  ist conditions, to immediate INDERLYING se or injury wents	Edisor complications are. List only one of the pure of	that caused cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause of the cause of th	the death. Do	ins Mi 3000 not enter the Corcha	oran.	-Ash	ton	ore St	- B:	a 1 +	o. Md.
I: MEDICAL CERTIFICATION	23. PART I. Er sh tMMEDIATE C disease or co resulting in de Sequentially I if any, leading cause. Enter t CAUSE (Disea that initiated resulting in de	inter the diseases, ock, or heart faile authorized to immediate authorized to	E.dis or complications are. List only one of the contributing of t	that caused cause on as a cause on as a cause on as a cause on as a cause on as a cause on a cause of the cau	the death. Do ach line.	ins Mi 3001 not enter the Consu	oran- DE mode of o	-Ash Bal dying, suc	ton	ore St	AUTOPSY	a 1 + /	Approximata Interval Betw
MEDICAL	23. PART I. Er sh IMMEDIATE C disease or co resulting in de Sequentially I if any, leading cause. Enter I CAUSE (Diseathat initiated resulting in de PART II. Other	iter the diseases, ock, or heart fall AUSE (Final addition seth)  iet conditions, to immediate INDERLYING se or injury wents seth) LAST  registicant conditions	or complications are. List only one of the contributing t	that caused cause on as a common to the cause on as a common to the cause on as a common to the cause of the	the death. Do ach line.	ins Mi 3001 not enter the Consumer Cons	oran- DE mode of o	-Ash Bal fying, suc	ton	24a. WAS AN PERFOR	AUTOPSY	a 1 + /	Approximate Interval Betwoonset and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest
MEDICAL	23. PART I. Er sh IMMEDIATE C disease or co resulting in de cause. Enter I CAUSE (Disea that initiated resulting in de cause. Enter I CAUSE (Disea that initiated resulting in de cause).	deter the diseases, ock, or heart fall AUSE (Final addition seth)  det conditions, to immediate and authority in the conditions, to immediate and authority in the conditions are or injury events seath) LAST  algnificant conditions of the conditio	Edis or complications are. List only one of the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contribution that contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contribution that contributing the contrib	that caused cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause of the cause of	the death. Do ach line.	ins Mi 3000 not enter the Carchi Carchi DF):	oran- oran-	-Ash Ball tying, suc	ton time the accer	Self-P.  24a. WAS AN PERFOR  1   YES 2	AUTOPSY	a 1 + /	Approximate Interval Betwoonset and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest
PHYSICIAN: MEDICAL	23. PART I. Er sh IMMEDIATE C disease or co resulting in de Sequentially I if any, leading cause. Enter I CAUSE (Disea that initiated resulting in de PART II. Other EXAMINERY).	iter the diseases, ock, or heart fall AUSE (Final Indition Indition Indition Indition Indition Indition Indition Indition Indition Indition Indition Indition Indition Indition Indition Indition Indition Indition Indition	or complications are. List only one of the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributions the	that caused cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on a cause of the	the death. Do ach line.  CONSEQUENCE CONSE	ins Mo	oran- oran- oran- oran- oran- oran- mode of oran- oran- mode of oran- oran- mode of oran-	-Ash Ra1 tying, suc	Part I.	Self-P.  24a. WAS AN PERFOR  1   YES 2	AUTOPSY	244	Approximate Interval Betwoonset and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest and Domest
BY PHYSICIAN: MEDICAL	23. PART I. Er sh IMMEDIATE C disease or co resulting in de Cause. Enter I CAUSE (Disea that initiated resulting in de Cause. Enter I CAUSE (Disea that initiated resulting in de Cause Cause (Disea that initiated resulting in de Cause Cause (Disea that initiated resulting in de Cause (Disea that initiated resulting initiated resulting in de Cause (Disea that initiated resulting initiated resulting initiated resulting initiated resulting initiated resulting initiated resulting initiated resulting initiated resulting initiated resulting initiated resulting initiated resulting initiated resulting initiated resulting initiated resultin	ist conditions, ist conditions, and ist conditions, and ist conditions, ist conditions, ist conditions, ist conditions, ist conditions, ist conditions, and ist conditions, and ist conditions, and ist conditions, and is conditions is conditions in the conditions is conditions in the	or complications are. List only one of the contributing the contributing the contributing the contributing the contributing the contribution on the contribution of th	to death be	the death. Do ach line.  CONSEQUENCE ( CONSE	ins Mo	ying cause  S. PLACE OF Home 5   HUJURY A  WORK?	-Ash Ra1 tying, suc	Part I.	diac or reapi	AUTOPSY NAMED?	24tb	Approximate interval Bety Onset and E Onse
PHYSICIAN: MEDICAL	23. PART I. Er sh iMMEDIATE C disease or co resulting in de Cause. Enter I CAUSE (Disease that initiated cresulting in de Cause. Enter I CAUSE (Disease that initiated cresulting in de Cause Control of the Cause Control of the Cause Control of the Cause Control of the Cause Ca	ister the diseases, ock, or heart fall AUSE (Final addition seth)  ist conditions, to immediate IMDERLYING se or injury wents seth) LAST  reginificant cond  Conditions, to immediate IMDERLYING se or injury wents  reginificant cond  Conditions of Imperior	or complications are. List only one of the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contribution the contribution the contribution the contribution the contribution the contribution the contribution the contribution the contribution that contribution the contribution that contribution the contribution that contribution the contribution that contribution the contribution that contribution the contribution that contribution the contribution that contribution that contributions that contrib	to death be considered to finjury ng, stc. (Special Construction)	CONSEQUENCE ( CO	ins Mo	ying cause  S. PLACE OF  HOME 5    INJURY 7    Office	Ash Bal dying, suc	Part I.	24a. WAS AN PERFOR 1 VES 2	AUTOPSY NAUT	24t	Approximate Interval Betwoonset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do

MINISTRAN'S SIGNATURE

DHMH-15 Rev 1/89

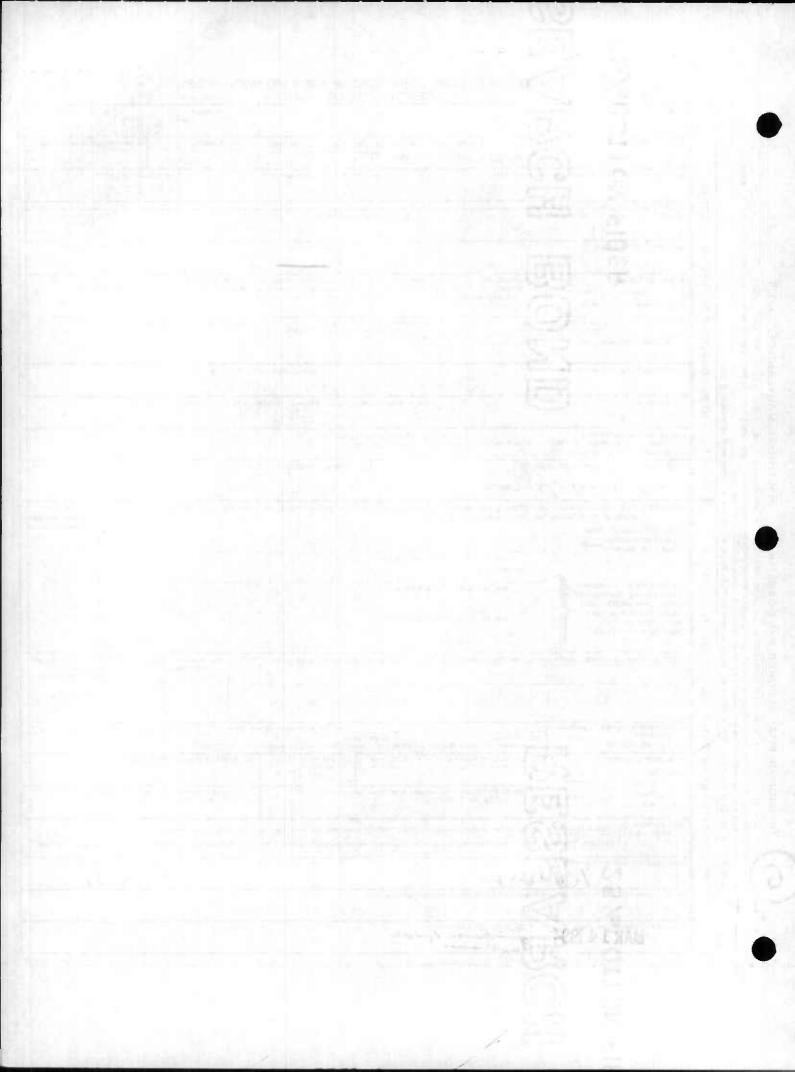
> Md Approximata interval Betwe **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?



BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760, PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, La	st)	Old III.	CATE OF	DEATH	REG. NO		3. TIME	OF DEATH			
	JOHN EDWARD BUI				100 231	MARCH 12	1994	EAR				
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		1 1:1				
	220 18 5327	1 M 2 F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)				
	9e. FACILITY NAME (If not institution, gir	ve street and number)		9b. CITY, TOWN	OR LOCATION OF DE	12 27		of DEATH	na			
СТОВ	Fort Howard V.A. Hospital Fort Howard Baltimore  RESIDENCE OF DECEDENT  96. COUNTY OF DEATH  Fort Howard Baltimore											
DIREC	10e. STATE 10b. COU	NTY		TOWN OR LOCA					IDE CITY			
	Maryland  100. STREET AND NUMBER	N/A	Ba	ltimo					S 2			
RA	1250 1000 - 100 01 2000	Lan Observa			1. ZIP CODE	217		OF WHAT COL	JNTRY?			
FUNERAL	1219 Winches	12. WAS DECEDENT E			21207 213	IC ORIGIN? (Specify Ye	USA	DAGE Amount				
BY FL	1 Never Married 2 Merried 3 Nover Married 4 Divorced	FORCES? 1500.	YES 2 NO	If yes, sp		n, Puerto Rican, atc.)	14.	Black, White, a Specify: B	rtc.			
G	15. DECEDENT'S E (Specify only highest gr	DUCATION rade completed)	16a. DECEDENT'S U	SUAL OCCUPATION done during mo	ON ost of working	16b. KIND OF BU	SINESS/INDUST	TRY				
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)								
MP	9th grade	N/A	Auto Me	chani								
E COMPL	17. FATHER'S NAME (First, Middle, Leot) Charles Burke			ME (First, Middle, Maiden e Mische								
TO B	19a. INFORMANT'S NAME (Rype/Print)  Thelma Webster  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  21208  903 Flagtree Court Baltimore, Maryland											
	20a. METHOD OF DISPOSITION											
	1 Surial 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND DATE OF cometery, cremetory or oth Garrison	Fores	t Vet.	Cem. Owi	ngs M	ills,	Md			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	ND ADDRESS OF FA	CILITY	1701	McCul:	loh			
	> Orion	Harris		Chat	nan Har		Balti					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
_	d											
MEDICAL				24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
AN												
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	3/Outpetlent 3 DOA	OTHER:	LACE OF DEATH (Ch							
HX	27. MANNER OF DEATH	28a. DATE OF INJ			IURY AT	28d. DESCRIBE HOW	NJURY OCCUR	FD				
Y P	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, 1		RY WO	YES 2 NO	and, begoinse from	moon occon					
TED B	3 Suicide 6 Could not determined	28e. PLACE OF IN building, atc.	IJURY — At home, ferm, st (Specify)	reet, factory, offic	•	281, LOCATION (Street City or Town, State	end Number or I	Runal Route Num	ber,			
OMPLET	opel	IYSICIAN: To the best of my						ouse(e) and mar	iner se str			
E CO	29b. SIGNATURE AND TITLE OF CENT				29c. LICENSE NUM	IBER	29d. DATE SI	GNED (Month, C	Day, Year)			
0	188	lung			1-152			12.94				
2												
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  RAUL LOPEZ, M.D., 9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052											
	31 DATE FILED (Afairs Con Mari	2000 10010	31. DATE FILED (Month, Pay, Year) 994  34 BEGISTRAN'S, SIGNATURE									



-	
0	
CV.	
0	
0	
·	
S	
American .	
S	
CA	
_	
N	
_	
=	
~	
Q,	
_	
-	
>	
00	
AB	
Q.	
2	
ni.	
ш	
2	
=	
OR	1
_	
Σ	
=	ì
	1
Ε.	

DIVISION OF VITAL RECORDS, P.O. BOX 68760

HEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with chors after death. Page 6 may be retained by the hospital or attending physician.

WERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should that 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

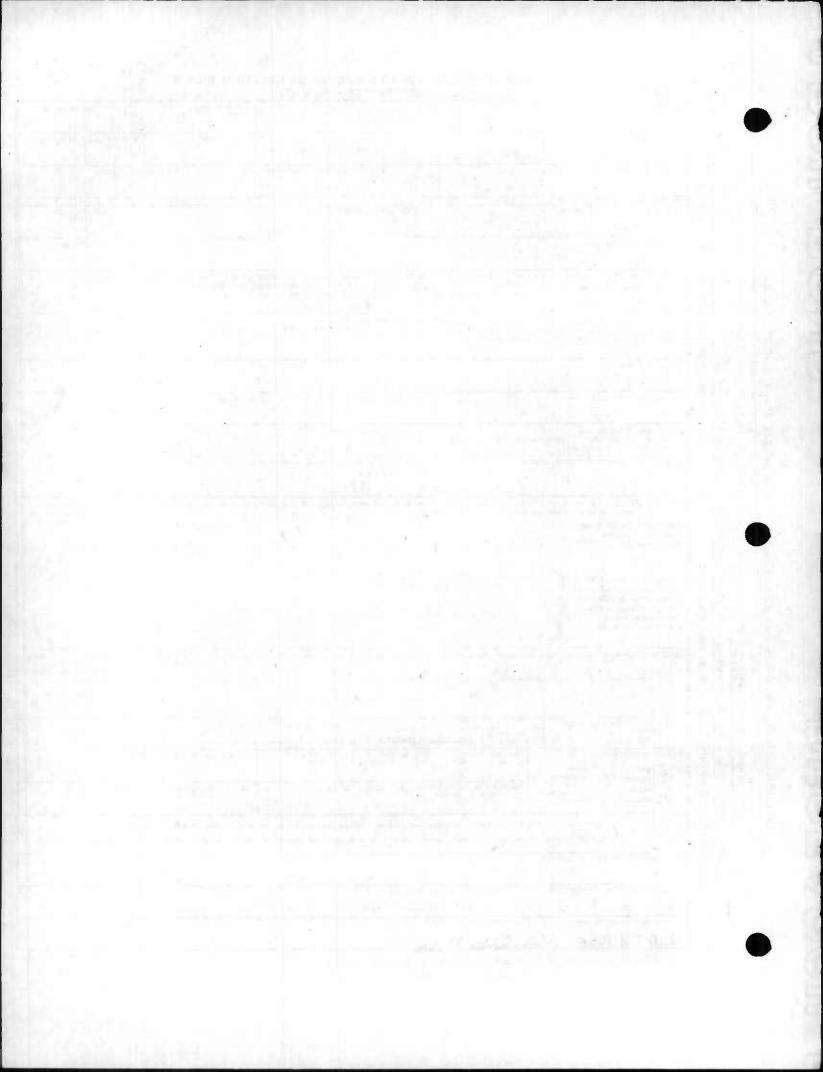
WANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR
1. DECEDENT'S NA
Lou
4. SOCIAL SECURIT
216 03.
9a. FACILITY NAME
3805 G
RESIDENCE O
10- PTATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

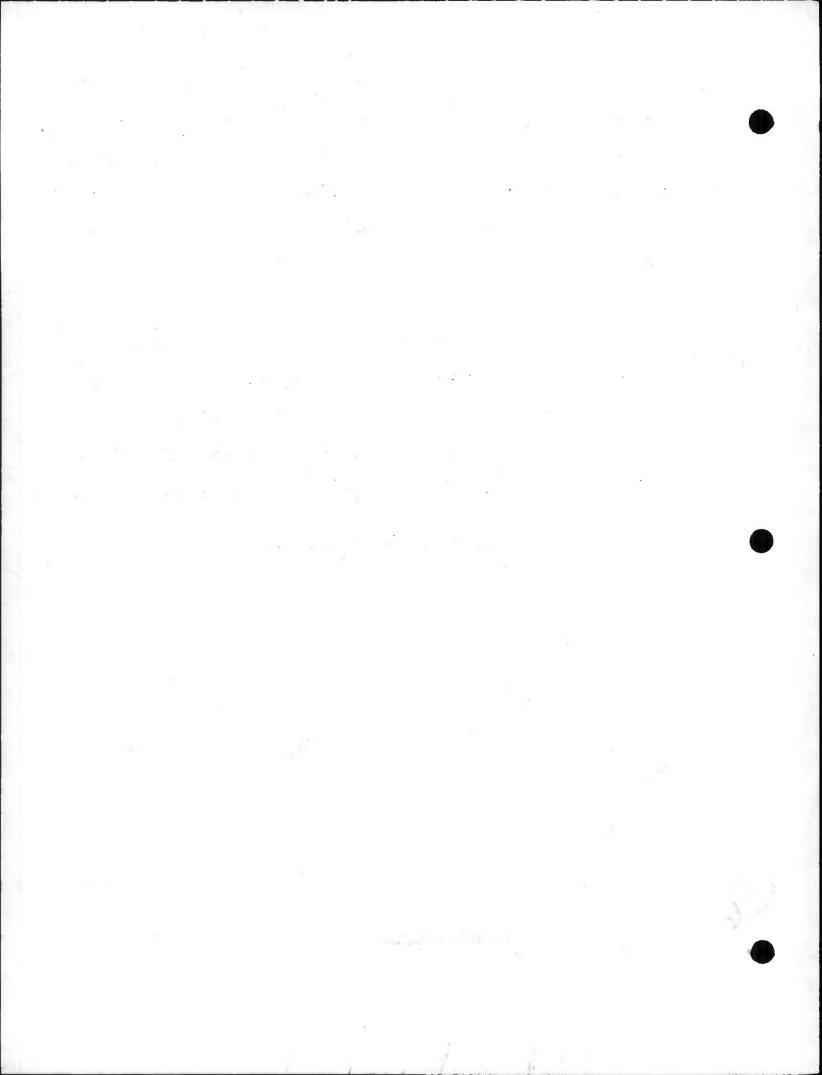
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF OEATH MONTH DAY YEAR										
	LOWIN A BRENGLE MARCH = 1974										M .
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH	8.	8. BIRTHPLACE (State or Foreign	
	216 03 3791	1)X M 2 🗆 F	28	YRS.	MONTHS DA	/8 HOURS	MIN.	(Month, Day, Year)	200	Country)	0
	9a. FACILITY NAME (If not institution, give s	street and number)	2		9b. CITY, TO	VN OR LOCAT	ION OF DE		Bc. COUNTY	OF DEATH	-
E .	ARAC GIENA L	LOV FIFT	~		Pag	Krills			-	-	
8	RESIDENCE OF DECEDENT	211 101	4,000		- FIR	1/1/12	-		I DUK	MORE	
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR L	CATION				10d. INSIDE C	YTE
5	PARYLAND BAL	-TIMORY		1 1	PARK	211.5				1 TYES 2	NO NO
AL	10e. STREET AND NUMBER				1 1 1 21 3	101. ZIP COC	Æ		10g. CITIZEI	OF WHAT COUNTRY	17
FUNERAL	JEOS GLAVIN	LIAY	APTS			Al	724		17	50	
3	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	EVER IN U.S. A	RMED	13. WAS	DECENDENT	OF HISPAN	NIC ORIGIN? (Specify Ya	a or No — 14	. BACE — American II	ndlen
	1 Never Married 2 Married	FORCES? 1	X YES 2 [	NO	If yes		nn, Maxica	n, Puerto Rican, etc.)		. RACE — American II Black, White, etc. Specify;	
BY	3 Widowed 4 Divorced	W.W.			"	152 50 110	Specify	γ.		(1) 4 (1)	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. O	ECEDENT'S	USUAL OCCU	ATION		16b. KIND OF BU	ISINESS/INDUS	TRY	
画	Elementary/Secondary (0-12)	College (1-4 or 5 +	life.	i. Do NOT us	work done during se retired.)	most of worki	ng				
릴			152	F-5	mp.	IAZ.	35				
8	17. FATHER'S NAME (First, Middle, Lest)	-	-	A-1	- 4	16. MOT	HER'S NA	ME (First, Middle, Meider	Surname)		
	JAMES A. C.	BRIDGI	40			- F	200	ol s Q	OORE		
B	19e. INFORMANT'S NAME (Type/Print)	1000	19	b. MAILINO	ADDRESS (Str	set and Numbe	c or Rural I	Route Number, City or Tox	un State Zin Co	di ai	2011
2	(Dace) : 05 K (	BENIT		1200	.610	. 0	12/1	1 AB	PLAL	112 (1)	CM4
- 1	20a. METHOD OF DISPOSITION	31.001			OF DISPOSITIO	Manage	777	2000	HEN	or Town, State	
	US Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cri	ematory or o		(IName DI	1	3-8 P	CATION - CIN	or lown, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	TAKK	rpou	22 NAM	E AND ADDRE	SO OF FA	74 1 H:	el Wille	1 10.	
	100	- CHOCK			2VF	YUZ CT	AAT		10815	1	
	TRUE AND	aron the			88	DOHO	AFG	RO ROAD	- Pact	SV.115	
	23. PART I. Enter the diseases, or o	complications that	caused the de	esth. Do r	ot enter the	mode of dy	Ing, suci	h as cardled or resp	iratory srres	Approx	Imate
T)	ahock, or heart failure.  IMMEDIATE CAUSE (Final	List Dnly ona cau	se on aach iln	8.							Between and Daath
	disease pr condition 5 0 S 1										
- 1	DUE TO (OR AS A CONSCOURAGE OF):										
-	Critisus Aprily Slambin										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  Due TO (OR AS A CONSEQUENCE OF):										
¥	cause. Enter UNDERLYING										
표	CAUSE (Disesse or Injury that Initiated events	C. DUE TO	OR AS A CONSE	QUENCE OF	n:						
	resulting in death) LAST									1	
빙		a									
	PART II. Other aignificant condition	contributing to	death but not	resulting	n tha under	ying cause	given in	Part I. 24s. WAS AN		24b. WERE AUTOPS	
2								1 TYES		AWAILABLE PRIC	
MEDICAL										OF DEATH?	1 110
							_			1 NES 2	NO
A	25. WAS CASE REFERRED TO MEDICAL				2	. PLACE OF E	EATH /Ch	nok only one)			-
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/D-4		OTHER:	1.1720		700			
¥	27. MANNER OF DEATH	28e. DATE OF		28b. TIM		INJURY AT	ealdence	8 Other (Specify) 28d. DESCRIBE HOW	BUILDY COOLE	-	
	1 Natural 5 Pending	(Month, Di			URY	WORK?	7	286. DESCHIBE HOW	INJURY OCCUP	IED	
B	2 Accident Investigation	00- 81 405 0	F to at times			YES 2	_ NO				
	3 Suicide 6 Could not be 4 Homicide detarmined	building,	F INJURY — At he atc. (Specify)	ome, term, (	treet, tectory,	office		281. LOCATION (Street City or Town, State	and Number or )	Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, d	eath occurre	ed at the time,	date end place	, and dua	to the cause(a) and ma	nner as stated.		
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the c									ause(a) and menner a	n stated.	
11	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LIC	ENSE NUM	ABER	29d, DATE S	IGNED (Month, Day, Ye	ner)
BE	R K-Inly	Q LA				TOA	201	57	DO-	501 CIT 25	1/1
유	000	1 7 101				HJJ	00	<u> </u>	1 (44)	4001	1.10
- II	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH OTE	M 27) /Tuna	Print)						
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)	771.	~! ^	2000	-		
	DR. BENTAMIN K	YORKO	FF			774	01 0	30 9512	VZ - 1	กดอนกา	
	31. DATE FILED (Month, Day, Year)  MAR 1 4 1994	YORKO	E OF DEATH (ITE			774	010	90 9 s. 12	.V3-1	00200	

		1. DECEDENT'S NAME (First, Middle, Last)  LEVENIA E. BOWLER  2. DATE OF DEATN MONTH DAY YEAR MARCH 09, 1994 n/a								3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-18-1697	5. SEX 1  M 2XXF	6. AGE (In yrs. 79	last birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-08-	1 91 4 BIRT		PLACE (State or Foreign
ron	9a. FACILITY NAME (If not institution, give street end number)  1828 E. NORTH AVENUE  BALTIMORE CITY  n/a  RESIDENCE OF DECEDENT											
DIRECTOR		county n/a		10c. CI	TY, TOWN O		TIMOF	RF.				10d. INSIDE CITY LIMITS? 1 XXES 2 NO
FUNERAL	10e. STREET AND NUMBER	NORTH AVENU	JE			_	. ZIP COD					HAT COUNTRY? STATES
BY	11. MARITAL STATUS 1 Never Married 2 Merrie 3XX Widowed 4 Divorced		NT EVER IN U.S. 1 YES 2 ( WAR OR DATES	ARMED NO		If yes, sp	CENDENT CONTROL OF STREET	in, Mexica	NIC ORIGIN? (Specify Warn, Puerto Rican, etc.) by:	ee or No-	14. RACE Black, Specify	American Indian White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondery (0-12)  TH  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kile. Do NOT use retired.)  n/a  16b. KIND OF BUSINESS/INDUSTRY  n/a								DUSTRY			
ш	17. FATHER'S NAME (First, Middle, Last) CHARLES DUVALL  16. MOTNER'S NAME (First, Middle, Meiden Surname) JESSIE GROSS											
TO B	196. INFORMANT'S NAME (TyperPrint) ANNA BELL DAVIS  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1911 E. NORTH AVENUE, BALTIMORE, MD 21212											
	206. METHOD OF DISPOSITION  1   XBuriel 2   Cremetion 3   Removal from State  4   Donetion 8   Other (Specify)   DATE  206. LOCATION - City or Town, State  Comparing of PARK O3 - 14   RANDALL STOWN, MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WILLIAM C. MARCH FH1101 E. NORTH AVE.											
	Approximate shock, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	S b. Cho	O (OR AS A CONS	ALA SEQUENCE C	l f	all	ire					Syrs
MEDICAL	PART II. Other significant co							given in	Part I. 24a. WAS A PERFO	RMED?		WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pandir	28e. DATE O (Month,		26b. TII		28c. INJ WO			28d. DESCRIBE NOW	INJURY OC	CURED	
G	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown, Steele)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown, Steele)											
COMPLET		G PNYSICIAN: To the best of										end menner se str
BE	296. SIGNATURE AND TITLE OF CO	Ao sen h	ul n	M				ENSE NUI		29d. OAT	1 .	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERS		14A								1 1	
	WO WO	4 10000	CALL VA	10	340	0	Brek	m	Lane Ba	etim	ne M	ND 21213



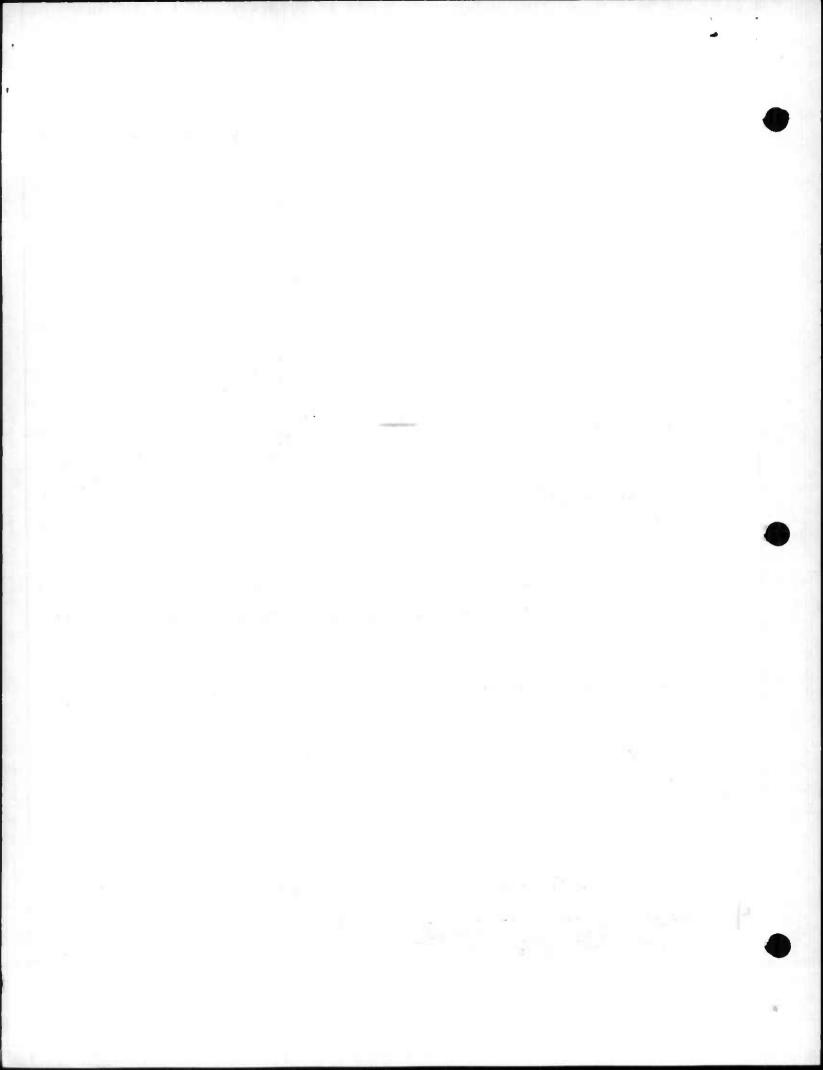
68760	
BOX	
P.O.	
RECORDS,	
F VITAL I	
SIONO	

		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTA	L HYGIENI REG. NO.	91	0	739	99				
		1. DECEDENT'S NAME (First, Middle, Lest)  ELIZABETH  T	HERESA	BALLIS	TRERI		2. DATE MONT	OF DEATH DA	199	3. 3.	4:02	АΤΗ	ТН Д м			
. 3 should			5. SEX 6. AGE (1)	In yrs. lest birthday) YRS.	IF UNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		BIRTHPLA Country)	CE (State or	Foreign	_			
	JR	9a. FACILITY NAME (If not institution, give stre GOOD SAMARITAN HO			96. CITY, TOWN O	OR LOCATION OF D		• • • •	9c. COUNTY							
Pages 1, 2.	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  DAI TIMODE  LIMITS?										TY	=			
permit. P	AL.	MARYLAND  100. STREET AND NUMBER		LTIMORE 101	. ZIP CODE			10g. CITIZE		1 YES 2 NO						
020 physician. bunal-transit	FUNER		PARKWAY  12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		21214 USA  CENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — America Black, White, atc.)						dlan,	_			
5-0 nding is the	D BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES A	t 🗆 YES	ecify Cuban, Maxica 2 NO Specif		Hicani, atc.)		Specify:	HITE					
RE, MARYLAND 21. may be retained by the hospital or r, page 5 should be detached for u st be notified at once.		15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	USUAL OCCUPATION WORK done during most retired.)	ON ast of working	16b	. KIND OF BUS	INESS/INDUS							
	COMPL	17. FATHER'S NAME (First, Middle, Lest) FRANCISCO	RAFF		OOLNIIC	18. MOTHER'S NA			Sumame)		DELLA	1	_			
	TO BE	198. INFORMANT'S NAME (Type/Print) CESINA THERESA MAR	TIN	195. MAILING 2900	ADDRESS (Street &			ÃLT Í MÖ								
		20s. METHOD OF DISPOSITION  Burlal 2 Cremation 3 Remove Densition 5 Other (Specify)	val from State 20b.	PLACE AND DATE etery, crematory or o	OF DISPOSITION (Na	ame of	DAT	E 20c. LOC	CATION — CH	y or Town,	State	-	-			
ath. Paguneral dir		21. SIGNATURE OF FUNERAL SERVICE LICE			EMER CEN 22. NAME AF LEONA	ND ADDRESS OF FA RD J. RU	CILITY	<u>/94 BA</u> NC.	LIIMUI	<u>⟨E. M</u>	D					
BA iours after de d in by the fu or removal.		23. PART I. Enter the diseases, or co shock, pr heart failure. Li	implications that caused	I the death. Do		HARFORD da of dylng, suc					21214 Approxi	mats	_			
the the		iMMEDIATE CAUSE (Finel disease or condition resulting in death)								Onset a						
executed with and complete o burial, creminatic event,	NO	Sequentially list conditions,	1+SeVD	)												
Sician prior t	FICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the Intilled sweets)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
S, P.O. E death certifica e attending phy ental Hygiene	CERTIF	that initiated avanta resulting in death) LAST	50E 10 (01 A5 A	CONSCOURNCE	···):											
in de de	4	PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY							MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE						
W requi	N: MEDIC	dementia	rillation						OF DEATH?  1 YES 2 NO							
AN: The law fificate has b State Dept.	PHYSICIAN		HOSPITAL:	entient 3 DOA	28. Pt OTHER: 4  Nursing Hom	ACE OF DEATH (C)							_			
NG PHYSICIA frer this certificate with the marked, or	ву рну	27. MANNER OF DEATH  1 Naturel 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO		,	CRIBE HOW IN	JURY OCCU	IED			_			
TTENDI TTENDI TTOR: A after di	ED	3 Suicide 8 Could not be datermined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, fectory, affic	0	281. LOC City	ATION (Street a or Town, State)	nd Number or	Rural Route	Route Number,					
TAL OR AL DIRI 72 hour	OMPLET		IAN: To the best of my knowl : On the basis of examination								d menner a	atated.				
THE JOSPI HE JUNER Within	BE CC	296. SUCHATURE AND STITLE OF CERTUPIER	n			29c. LICENSE NU			29d. DATE S	IGNED (Mo						
(4)	70	DR. CARL SPERLING	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	D. BALTIM		0/		. 2-	,,-9		· <b>-</b> -	-			
4		31. DATE FILED (Month, Day, Year)  MAR 1 4 1994	32. JEGISTRABIS SIGN	ATURE					-				_			



2, 3 should

	Item # 19b Film # G	709 3-14-9	4 N.A. Per	. Fun	eral Ho	ome					O.	3	1/4[][]
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMENT	OF H	EALTH	AND N		SIEN NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las	at)							2. DATE OF DEA				3. TIME OF DEATH
	Kelly	Joelle Be:	rgstrom					- 1	MONTH -	IC	) - ·	94	9:07 Pu
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	l birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT				HPLACE (State or Foreign
	214-33-7473	1 🗆 M 25 🖟 F	2	YRS.	MONTHS	DAY8	HOURS	M0194.	June 1	ber)	1991	Count	(YY)
	9e. FACILITY NAME (If not institution, giv				Oh CITY 1	TOWAL O	D LOCATI	ON OF OE		,			ryland
Œ												NTY OF E	
6	1903 Canter Lan	e			Ma	rric	otts	ville	2		C	arro	11
DIRECTOR	10e. STATE 10b. COU	YTY		10c. CIT	Y, TOWN OR	LOCATI	ON						10d. INSIDE CITY
8	Maryland Ca	rroll		M	arrio	++0	-411	0					LIMITS?
	10a. STREET AND NUMBER	11011		FI	alliu	_	ZIP COO				10- 017	TEN OF I	1 YES 2 XNO
FUNERAL	1903 Canter Lan					101.		7					
Ž I	11, MARITAL STATUS		T EVER IN U.S. AR	MED			217	-					States
	1 Never Merried 2 Merried	FORCES? 1	YES 2 A	10	11 1	yes, spe	offy Cubs	n, Mexicen	C ORIGIN? (Speci , Puerto Rican, et	C.)	or No	14. RACI Blac	E — American Indien, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES "		1 (	YES	2 XXNO	Specify:				Spec	White
	15. DECEDENT'S E	DUCATION	18e, OF	CEDENT'S	USUAL OCC	LIPATIO	M		16b, KIND C	E Blie	INESS (INF	MICTON	WILLE
E	(Specify only highest gra Elementary/Secondery (0-12)		(Gi	ive kind of a	work done du	ring mos	t of working	ng .	TOO. KIND C	W 803	INCOOLING	JUSTRY	
4		College (1-4 or 5	"		_								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					T	18 MOTE	JED'S NAM	IE (First, Middle, M	lalelaa l	C	-	
	Steven Harris B	erostrom							Marie Ch				
8	19e. INFORMANT'S NAME (Type/Print)	or go er om	191	MAILING	ADDDESS /	Ctroot on			oute Number, City			0.41	
2	Mr. and Mrs. Ste	ven Reroc		1903	A Can	+0*	Tan	o M					0110/
	Mr. and Mrs. Steven Bergstrom 1903 Canter Lane Marriottsville, MD 21104  20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State												
	1 Donetion 5 Other (Specify)	matory or o	ther place)	ion (wan	C =		DATE	re. LUC	ATION —	City or 10	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	-   Callo	II C	Lemat.	TOII	DADDRE	VICE	3/15/1	lam	pste	ad,	Maryland
		8	-12011	parties -					Funeral	Dí	rect	ors.	Inc.
	Yames	0.	OU M		87	28 I	Libe	rtv F	Road Ra	bar.	a11s:	town	, MD 21133
	23. PART / Enter the diseases, o shock, or heart failure	r complications the	t coused the de	sth. Do r	not enter th	he mod	is of dyl	ng, such	as cardlec or	respir	atory srr	est,	Approximats
	IMMEDIATE CAUSE (Finel Onset and Death									Interval Between Onset and Death			
	disease or condition resulting in death)	P	NETWONA							1 day			
	resulting in death) s. ISPIRATION THE WHO NIA  DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditione,  Due to (or as a consequence of):  The provided in the conditione of the												
Ĕ													
ਨੂੰ ∥	CAUSE (DISEASE OF INJURY C. FAMILIAL ERYTHROPHAGOCYTIC LYMPHOHISTIOCYTOSIS / YEAR												
# 1	thet initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE OF	F):								
CERTIFICATION	resolving in death) Exs	d				-							
_	PART ii. Other significent conditi	ons contributing to	deeth but not re	esuiting i	in the unde	erlyina	COURS O	iven In P	Part I 24 M		WTOPSY	100	WEEK MINDS OF STREET
8	CELEBRAL AND								PE	RFOR		240	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	SOLDINGE AND	CELE DE UA	K CHEW	ा गुर	KAPY	10	XIG	П	- 12X	ES 2	□ NO		OF DEATH?
Σ									_			1	1 TES 25000
ž													
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLA	CE OF D	EATH (Chec	k only one)				
YS	1 YES 2 NO	1 Inpatiant 2	ER/Outpatient 3	□ DOA		g Home	5 10/A	sidence 6	☐ Other (Specify	)			
PHYSICIAN: MEDICA	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, D		28b. TIM	E OF 21	8c. INJU			28d. DEŞCRIBE H	IOW IN	JURY OCC	URED	
m	2 Accident Investigation						ES 2 _	NO					
CE C	3 Suicide 6 Could not b	28e. PLACE O building,	F INJURY — At hor atc. (Specify)	ne, ferm, s	streef, fectory	y, office			261. LOCATION (S City or Town,	treet er Stete)	nd Number	or Rural F	Poute Number,
	1												
P	Ocheck only 1 CERTIFYING PHY												
COMPLE													) end manner ee stated,
	396. SIGNATURE AND TITLE OF PURTIE	9						NSE NUME					(Month, Day, Year)
BE	Hyoz l. bar	& MD					D 30		7			-10-	
임	30. NAME AND ADDRESS OF PERSON V	HO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type,	Print)		- 04	2.1				70	77
	C-1/1/ T 1/4		N. RUTL			RA	1.77	MAJI	= MA	7	120	5	
	A4 B455 60 55 60	4-32-REDISTRA	B'S SICKTURE	A.	1.0,	L/7:3	-11/		עיין	-	100	J	
	MAR 14 1994	Of the sales		-									

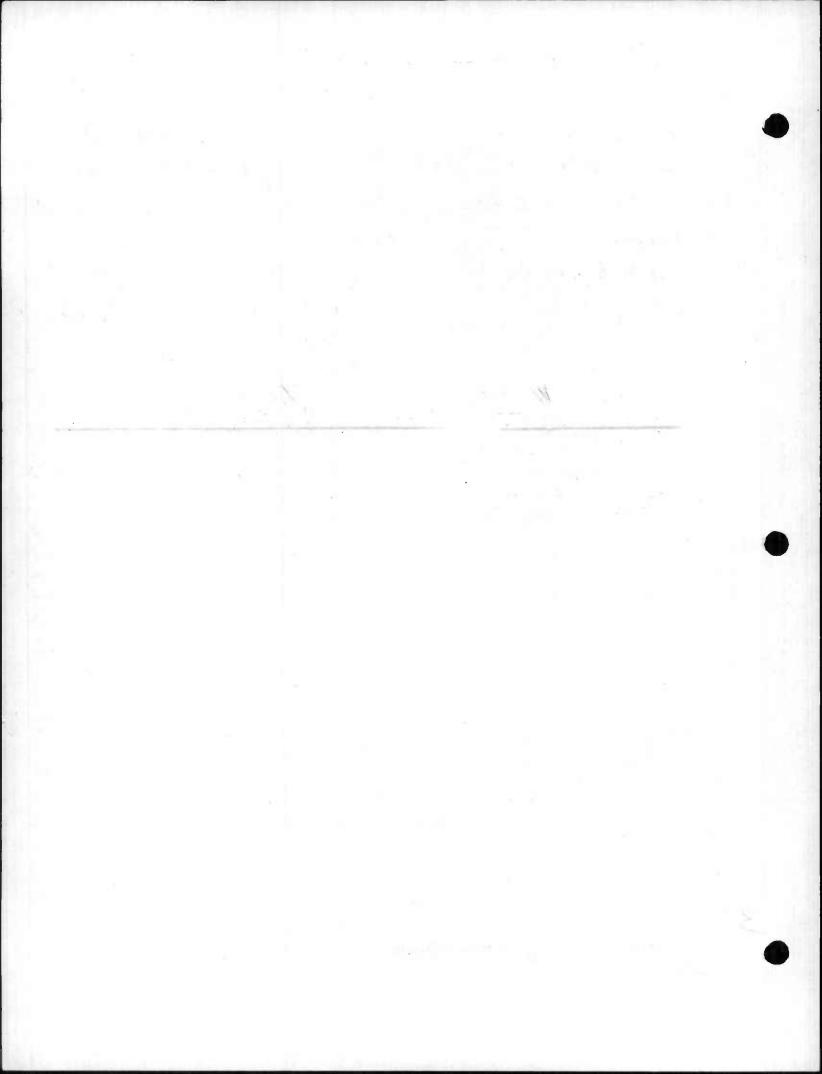


	_	
	to p	
	notified	
	pe	
	must	
ii.	, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified	
гетабол, от гетом	medical	
100U	the	
1, cremai	event,	
o buria	matic	
DUOT 1	Tage	
lental Hygiene prior to burial, ci	s any injury, or other tra	
1	9	
Menta	nluny,	
and	TY.	
earth	VS 3	
6	shov	
Dept.	23	
State Dept. of Health and M	Hem	
the S	10	

FOR 1 • STATE REGISTRAR	STATE OF MARYLAND	) / DEPARTMENT	T OF HEALTH AND	MENTAL HYGIENE REG. NO.	94 07	401
	ckingham			2. DATE OF DEATH DAY	1994 3. TIME	OF DEATH
110 00 0001	-	6 YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 02 - 19	8. BIRTHPLACE (S Country)  MARYT A DC. COUNTY OF BEATH	
The 1.11.1 1	ome, Inc	Ba	ltimore			-
MARYLAND 100, STREET AND NUMBER			TIMORE CI		1 A YE	S 2 NO
2211 2. ROGEES			21209		U. S. A.	
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	DHO	WAS DECENDENT OF HISPAI If yes, specify Cuben Mexico 1 ☐ YES 2 ☐ NO Specif	in, Puerto Rican, etc.)	No— 14. RACE — Ameri Black, White, e Specify:	can Indian, itc.
15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First, Middle, Last)	TION 16s. (1-4 or 5+)	DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	during most of working	166. KIND OF BUSIN	ESS/INDUSTRY	
Henry	W. Ridgely		18. MOTHER'S NA	ME (First, Middle, Melden Su Ura Ray		
Wesley Klome		0011 111	110 63 1106	Route Number City or Town . itonspille , Ma	Stele, Zip Code) 21328	09
20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	al from State othe	or place)	eme of demetery, cremetory or EMETERY 03/1		FION — City or Town, State SVILLE, MARY	LAND
21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE SEE	LE	NAME AND ADDRESS OF FA ROY M & RUSS 630 EDMONDSO	ELL C WITZK		
IMMEDIATE CAUSE (Final	mplications that caused the st only one cause on each	death. Do not anter line.	r the mode of dying, suc	h as cerdisc or respira	int	proximate arvai Between set and Daat
disease or condition reaulting in death) a.	DUE TO (OR AS A COM	HSEOUENCE OF):				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM					
PART II. Other aignificant conditions	contributing to death but n	ot resulting in the u	ndariying cause given in	Part I. 24e. WAS AN AL PERFORMI 1 YES 2 [7]	ED? AVAILABI COMPLE OF DEAT	
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF OEATH (C/		1 7	8 2   NO
EXAMINER?	HOSPITAL:	R 3 DOA 4 NU				
2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — A	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. OESCRIBE HOW INJ	URY OCCURED    Number or Rural Route Num	
4 Homicide determined	building, etc. (Specify)		,	City or Town, State)	Transaction of Fundamental Professional	
29a CERTIFIER						Der,
e ii	AN: To the best of my knowledge On the basis of examination and					

32. REGISTRAR'S SIGNATURE
JUNE DEVILON-Randell

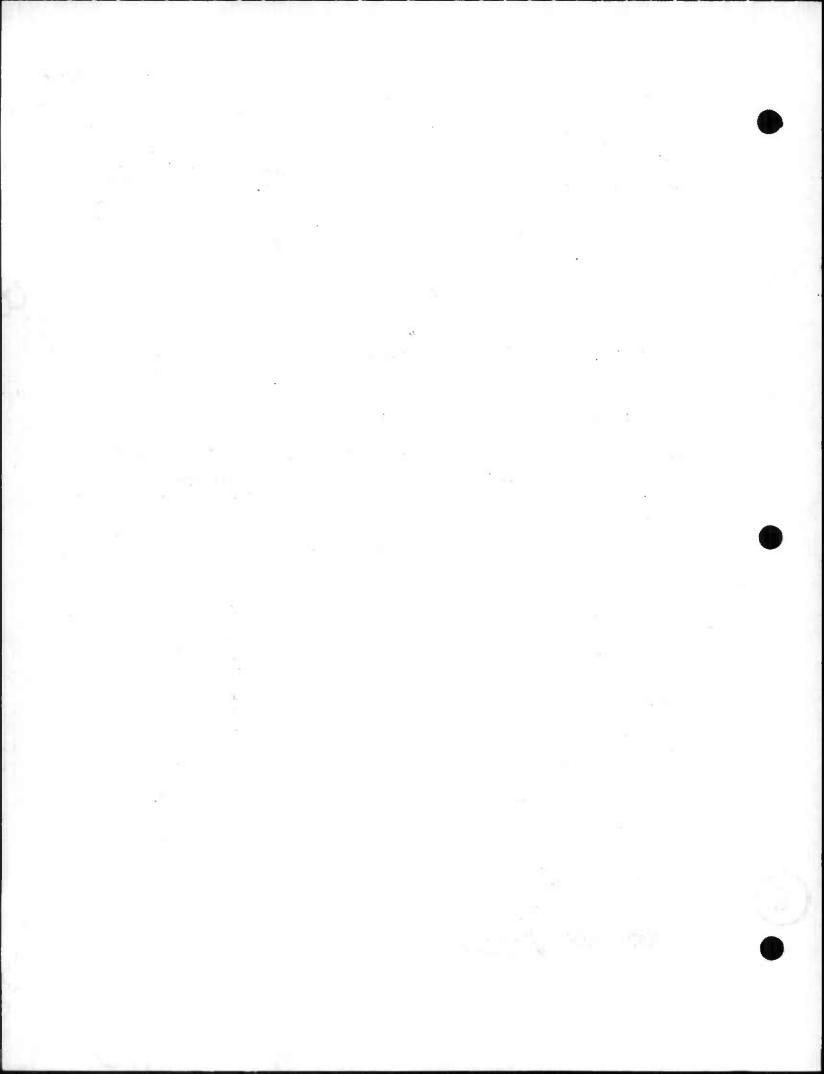
MAR 1 4 1994



	3 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Deor, of Health and Mental Hydiere prior to burial, cremation, or removal.	once.	
	e retained b	5 should t	i, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
Î	е 6 тау ъ	ector, page	must be	
	death. Pag	funeral dir	xaminer	
	ours after	certificate has been signed by the attending physician and completely filled in by the fit the State Dent, of Health and Mental Photeins prior to build, cremation, or removal.	medical	
	hin 24 h	tely fille	t, the	
	uted wit	comple	c even	
	pe exec	or to bu	aumat	
	rtificate	g physic	ther tr	
	leath ce	attendin	y, or o	
	at the c	and Me	ny Inju	
	equires t	in signed	DWS 3	
	e law re	has bee	n 23 sl	
	CIAN: Th	ortificate he State	or iten	
	3 PHYSIC	r this ce	arked,	
	ENDIN(	IOR: After	S is m	
	L OR AT	L DIRECT	item 2	
	E HOSPITAL OR ATI	FUNERAL MITHIN 72	MPERTANT: If item 28 is marked,	
-	S THE	TOTALE FUNERAL DIRECTOR: After this certification within 72 hours after death with the	IMPAR	
	1	100		

94 07402 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEI		07402	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YEA	3. TIME OF OEATH	
	COOPER.	ARTHI				3	12 9		
	4. SOCIAL SECURITY NUMBER		MC	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HETHPLACE (State or Foreign ountry)	
	215-05-9397  9e. FACILITY NAME (If not institution, give a	1 🔯 M 2 🗆 F	88 YRS.			MAR. 19, 19		MARYLAND	
œ	ST. AGNES HOSPITA	,	91		BALTIMOR		9c. COUNTY C	F DEATH	
6	RESIDENCE OF DECEDENT				DALLITOR				
DIRECTOR	10a. STATE 10b. COUNT	•	10c. CITY, T	OWN OR LOCA				10d. INSIDE CITY LIMITS?	
		TIMORE		BALTI				1 YES 2 NO	
R I	100. STREET AND NUMBER 920 WILTON DRIVE			10	2.1.2.2.7			OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IS	NIIS ADMED	12 WM 0 DE		NIC ORIGIN? (Specify Ye		U.S.A.	
β	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp		n, Puerto Ricen, etc.)		RACE — American Indien, Black, While, etc. Specify: WHITE	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed	18e. DECEDENT'S US			166. KIND OF BI	USINESS/INDUSTR		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	etired.)	at or working				
COMPLETED	12TH GRADE		CHAUFFUE	R			ransfer		
	17. FATHER'S NAME (First, Middle, Last) HOWARD B. COOPER					ME (First, Middle, Meide T THOMPSON			
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or To			
임	GERTRUDE COOPER					TIMORE, MI		_	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem		PLACE AND DATE OF D						
	4 Donation 5 Other (Specify)	V	VESTERN CE	METERY			BALTIMOR	(E	
	21. SIGNATURE OF INVIERAL SERVICE OF	A A			D ADDRESS OF FA	CILITY AL HOME IN	JC.		
	Soust-D	mill	2	4107	WILKENS	AVENUE-BAT	TIMORE.	MD. 21229	
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that cause List only one cause on a	the death, Do not ach line.	enter the mo	de of dying, auc	h aa cardiec or rea	piratory arreat,	Approximate Interval Batween	
	IMMEDIATE CAUSE (Final								
ŀ	resulting in death)								
_									
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate OUE TO (OR AS A CONSEQUENCE OF):								
<u>ই</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury								
	that initiated eventa resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE OF):						
		d							
¥	PART II. Other algnificant condition	in contributing to death b	ut not resulting in t	the underlyln	g ceuse given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
PHYSICIAN: MEDIC						1 YES	2 NO	OF DEATH?	
Σ								1 TYES 2 NO	
Y N	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	anck only one)			
Sic	EXAMINER?  1 TYES 2 K NO	HOSPITAL: 1   Inpatient 2   ER/Outs		THER:	e 5 🗆 Raeldence				
テ	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN.		28d. DESCRIBE HOW	INJURY OCCURE	D	
BY	10 Natural 5 Pending 2 Accident Investigation			M 1 🗆	rES 2 NO				
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, larm, streetly)	et, lactory, offic		281. LOCATION (Street City or Town, Stett	end Number or Ru s)	irel Route Number,	
교		ICIAN: To the bast of my know							
<sub>ල්</sub>	2 MEDICAL EXAMINE	ER: On the basis of examination	n and/or investigation, i	n my opinion, o	eath occured at the	time, date end place, a	ind due to the cau	se(e) and menner ee stated.	
8	296. SIGNATURE AND TITLE OF CERTIFIED	_			29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WH	/ .	ATH (ITEM 27) (Type, Pri	nt)			1. 2/10	194.	
	S. NAOVI BYD.	ST. AGNES	HUSPITT						
	31. DATE FILED (Month, Dev., 1864)  MAR 1 4 1994	32. REGISTANOUS STON	ATURE						



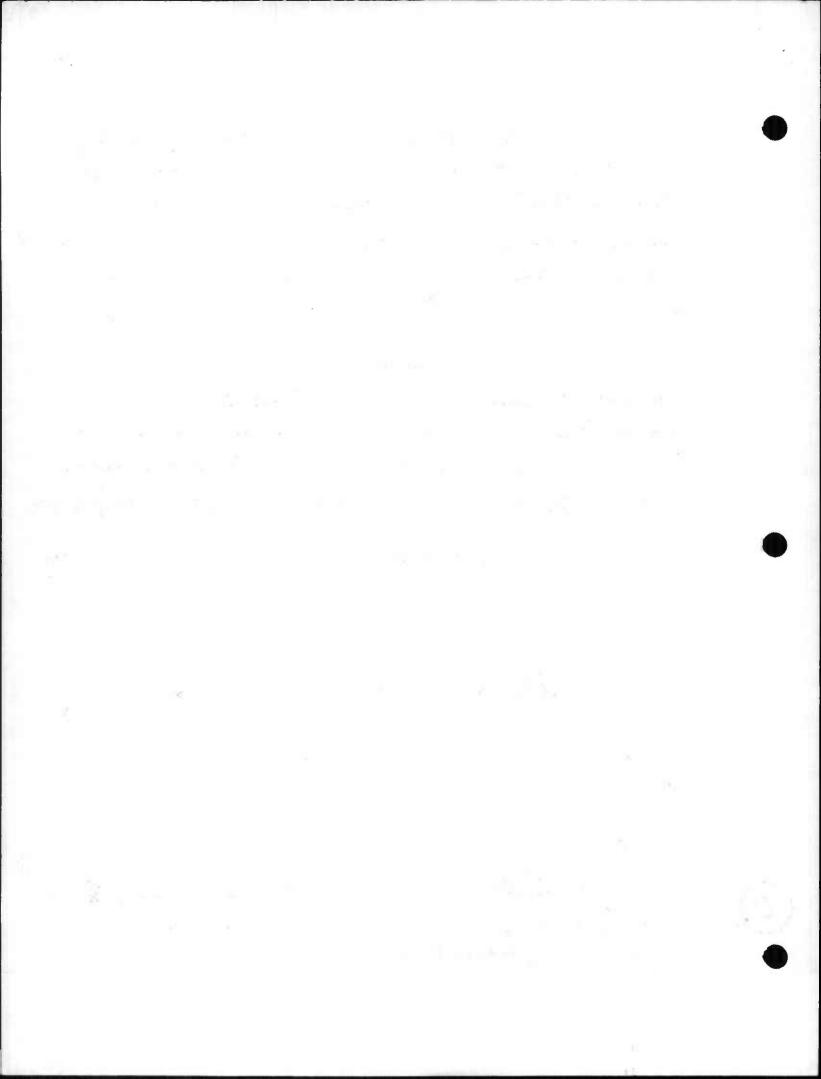
	ĺ
,	
9	
BOX 68760	
×	
0	
<b>m</b>	
DIVISION OF VITAL RECORDS, P.O. F	
Q.	•
ທົ	
0	
5	,
$\ddot{\circ}$	
Ш	ľ
Ψ.	
₹	
	1
>	-
F	-
_	i
ž	1
=	į
=	-
	1

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be writin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

							9	4 07403
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART	MENT OF H	IEALTH AND DEATH	MENTAL HYGII	NE	
	1. OECEOENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH		3. TIME OF DEATH
	MAR	F) DELLS Y	11007			MONTH	By 100	YEAR 2. F. AM
	4. SOCIAL SECURITY NUMBER		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1199	4 0.00 1.1 L
	0.5 0.500	1 H 2 K F Q		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	/	8. BIRTHPLACE (State or Foreign Country)
	918 18 818	10	THS.		777-1111	JAn.24	1404	ALDRY VONE
~	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN C	OR LOCATION OF D	EATH		TY OF DEATH
Ö	18210GER KO	A0		ABIO	0000		1 46	ARFORD
្ត្រ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	v						
DIRECTOR	1100		10c. CITY	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
		RFORO		HBIN	000			1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g, CITIZ	EN OF WHAT COUNTRY?
iji	18 SiNSER 1	CAO			POOLS		U.	· A. 2.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specity	Yes or No-	14. RACE American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2			city Cuban, Maxic 200 NO Speci	an, Puerto Rican, etc.)		Black, White, atc.
B	3 Wildowed 4 Divorced	1/1 Walter William						STIKE
	15. OECEDENT'S EOU (Specify only highest grade	CATION 16	a. DECEDENT'S L	SUAL OCCUPATION	ON	16b. KIND OF I	SUSINESS/INDU	JSTRY
山	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	st of working			
重			AT H	one				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maid	en Sumame)	
Ш	Wallish P	1RCSL)			000	N COL	6.0	
00	19a. INFORMANT'S NAME (Type/Print)	11/12/14	10h MAII INC	ADDRESS (Court of	1.64	LRIG	72.1	
2	02/12 03/00		VIII C	ADDRESS (SIFER &	0	Route Number, City or 1	own, State, Zip C	
	DHVIO I WER		1411 (7K	525 K 140	110	THIRT	THRAT	and alous
	20a, METHOD OF DISPOSITION  Surial 2 Cremation 3 Rem	oval from State 20b.PL		FOISPOSITION (Na	me of	DATE 20c.	LOCATION - C	Sty or Town, State
	4 Donation 5 Other (Specify)		y, crematory or oth		A.	19th B	LAR	C)ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF F	CILITY LA DE 1 -	- BEL A:	R.P.A.
	15-6 77	, A		EVANS	FUNERE	TC MHLT	7	
	23. PART i. Enter the diseases, or	condition that assess the	a death De	1311811	OLOK!	URIVS 1	OKESI	411 NO 21050
	shock, or heert failure.	List only one cause on each	iine.	ot enter the mo-	de of dying, suc	th as cardiec or res	spiratory erre	Approximate interval Between
	IMMEDIATE CAUSE (Finel							Onset and Death
	disease or condition resulting in death)							da
		DUE TO (OR AS A CO	INSEQUENCE OF)	:				
Z	Secure Mally that are division.	b						
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF)	:				
3	cause. Enter UNDERLYING CAUSE (Disease or injury	С						!
드	that initieted events	DUE TO (OR AS A CO	NSEQUENCE OF)					
ERTIFICATION	resulting in death) LAST	d.						
22								
MEDICAL	PART II. Other significant condition	s contributing to deeth but i	not resulting in	the underlying	cause given in	Pert i. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20		lly lames	a 1/1	ency	tin	1 _ YES		COMPLETION OF CAUSE OF DEATH?
NE I								1 TYES 2 NO
						_		X
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (C)	eck only one)		
2	EXAMINER?  1 YES 230 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatie		OTHER:				
¥	27. MANNER OF DEATH	28a. DATE OF INJURY				8 Other (Specify)		
ā	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. DESCRIBE HOV	V INJURY OCCU	PRED
ВУ	2 Accident Investigation				ES 2 NO			
ED	3 Suicide 8 Could not be	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, at	reet, factory, office		281. LOCATION (Street City or Town, Sta	et and Number o	or Rural Route Number,
	4 Homicide determined							
٦	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowledg	a death occurred	of the time date	and place, and due	to the sever(s) and s		
ξ		R: On the basis of examination an						
COMPL			- or mireargation	, my opinion, on			and the to the	cause(a) end manner as stated.
BE	29b. SIGNATURE AND TITLE OF CONTINUE	7/ 111			29c. LICENSE NU			SIGNED (Month, Day, Year)
10,	N. 1	47700			D 340	152	<b>▶</b> ∩	ARCH & 1994
F	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, F					
ı	SCOTT S. HAS	د لاوريا	MRTI	4 AIR	· BELF	0d 02	male	,
	31. DATE FILED (Month, Day, Year)	3 REGISTRAR'S SIGNATU	RE	1147	Will !	111/1 14/11	NOIN O	<u>'</u>
	MAR 1 4 1994	guie sevidon	andelle					
	111111111111111111111111111111111111111	- Al	1					



昘

FOR STATE REGISTRAR

JACKIE 4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

58 8158

RAS

5. SEX

1 M 2 | F

DIREC	Saint Joseph Hospital		Towson	Maryland	Baltimore	
= 1	10a. STATE 10b. COUNTY		TY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	104 STREET AND NUMBER	-	LOCKEXEV.	CODE	10g. CITIZEN OF W	1 VES 2 NO
FUNERAL	102 WAREN KOAD		2	11030	D.S.A	-
5		EVER IN U.S. ARMED YES 2 NO AR OR DATES		NT OF HISPANIC ORIGIN? (Specify Cuban, Mexicen, Puerto Ricen, etc.) NO Specify:	Yee or No.— 14. RACE Black Speci	— American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	(Give kind of	S USUAL OCCUPATION I work done during most of was retired.)	vorking	C H 9 220	4050
	17. FATHER'S NAME (First, Middle, Last) CHARLY RUFUS C	240	16. 6	MOTHER'S NAME (First, Middle, Meid STHIL BE	fon Surnamo) AV&RS	760116
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLIN	SAPRESS (Street and Nu	mber or Rural Route Number, City or	Town, State, Zip Code)	10 21030
	20e. METHOD OF DISPOSITION 17 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE cemetery, cremetory or	OF DISPOSITION (Name of other piece)	DATE 20C	LOCATION — City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			DRESS OF FACILITY FCHILL HARD SECOND	rus	.00
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OR AS A CONSEQUENCE OF	DF):			4DAYS
E	resulting in death) LAST					
				PERF	AN AUTOPSY ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
	PART II. Other significant conditions contributing to c CARDIOMYOPATHY, ACUTE F  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   NO   Inpetient 2	ER/Outpetlent 3 DOA	28. PLACE COTHER:	PERF 1 YES  DF DEATH (Check only one)  Residence 6 Other (Specify)	ORMED?	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES NO
BT PHTSICIAN: MEDICAL	PART II. Other significant conditions contributing to compare the conditions contributing to compare the conditions contributing to compare the conditions contributing to compare the conditions contributing to compare the conditions contributing to compare the conditions contributing to conditions condi	ER/Outpetlent 3 DOA INJURY 28b. TII	28. PLACE COTHER: 4   Nursing Home 5   WORK? M   1   YES	PERF 1 YES  DF DEATH (Check only one)  Residence 6 Other (Specify) T 2ed. DESCRIBE HOW 2 ND	W INJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES NO
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to c  CARDIOMYOPATHY, ACUTE F  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ER/Outpetient 3 DOA INJURY 28b. Till INJURY At home, ferm, ric. (Specify)  Try knowledge, death occur	28. PLACE COTHER: 4   Nursing Home 5   ME OF	PERF 1 YES  DF DEATH (Check only one)  Residence 6 Other (Specily) T 28d. DESCRIBE HON 2 ND  28f. LOCATION (Stre-City or Yown, State)	W INJURY OCCURED  of end Number or Rural Rate)	AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES NO
PHTSICIAN: MEDICAL	PART II. Other significant conditions contributing to c  CARDIOMYOPATHY, ACUTE F  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES   NO	ER/Outpetlent 3 DOA  NJURY (x, Year)  INJURY — At home, ferm, ric. (Specify)  Try knowledge, death occur aminstion end/or investigati	OTHER: 4   Nursing Home 5   ME OF   LJURY   M   28c. INJURY   WORK?   1   YES   street, factory, office   Tred at the time, data and p   lon, in my opinion, death o	PERF 1 YES  DF DEATH (Check only one)  Residence 6 Other (Specily) T 28d. DESCRIBE HON 2 ND  28f. LOCATION (Stre-City or Yown, State)	W INJURY OCCURED  et and Number or Rural Rate)  manner as stated.  and due to the cause(e)  29d. DATE SIGNED	AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

F UNDER 1 YEAR

IF UNDER 24 HRS.

COLE

6. AGE (In yrs. last birthday)

94

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

07404

3. TIME OF DEATH 11:08 pm

8. BIRTHPLACE (State or Foreign Country)

and the second of the second o

1, 2, 3 should

Pages 1

permit.

rial-transit

B	3		
9	the		
P	SE		
atte	98		
6	5		
B	9		
Spi	he		
¥	rac		90
E .	de		Ö
3	ä		10
8	P		60
tai	sho		1
80	40		90
2	age		e
Jay.	9		1
9	9		ä
96	Sire		-
5	Te		9
Æ.	Je.		E
e	2		ex.
ther	幸	Oval	-
S	3	E.	90
סמי	5	70	e
2	100	e.	-
12	X	atio	=
喜	ete	E	ti
*	Idn	5	S.
B	3	ia.	60
중	B	3	ati
8	5 3	9	E
2	icia	100	E
ate	Sé	d	7
ij.	0 0	- Gu	š
ě	iệ.	2	0
=	Ten	Te le	0
9	69	lent	2
the	=	Σ	Ē
To least	3	Se Se	>
S	Ded	5	a
are.	Sign	Hea	3
100	9	0	9
×	8	H	65
6	has	8	2
Ē	ate	ate	eп
Š	100	S	=
3	ert	the	0
3	S	₽	Pa.
à.	=	3	Ť
NG	fter	eath	Ē
N	A. A	0	- 65
E	TO TO	afte	00
100	SEC	5	E
ô	RIO	HOU	9
đ	A	2	-
5	ER	5	E
વ	N	Aith	AN
1	E	P	F
•	王	file	PO
TO THE METER OF ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

DEIRDRE

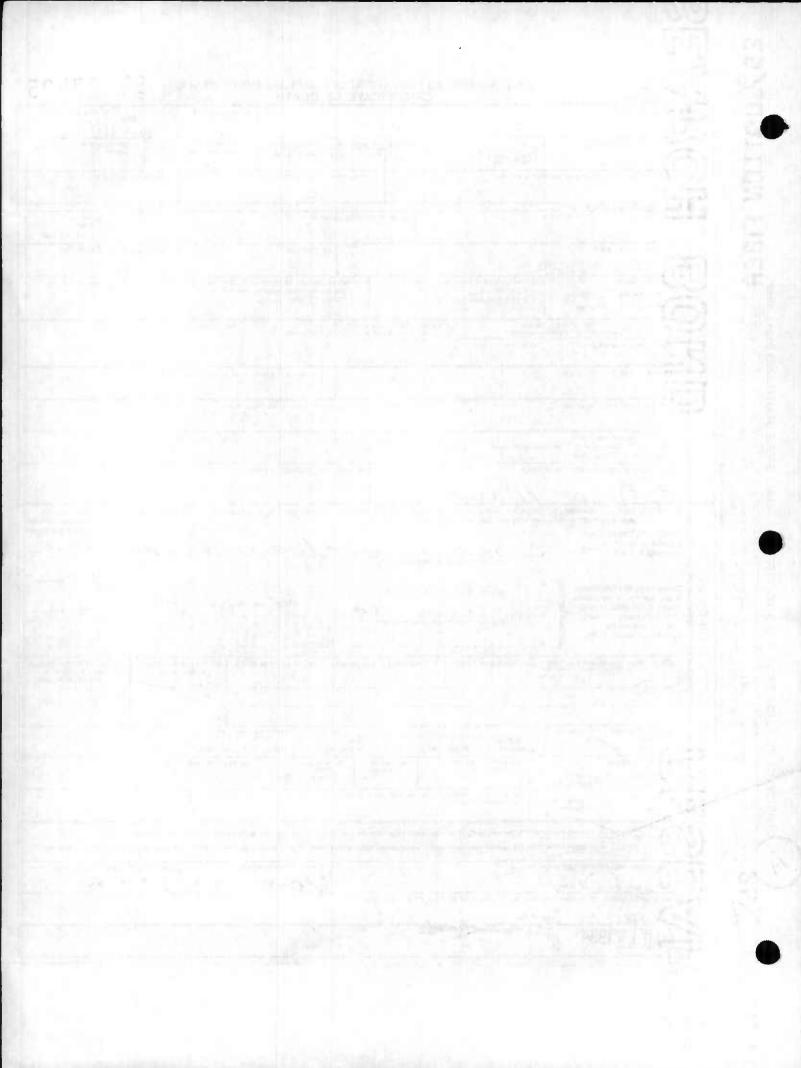
30. HAME AHO AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

La 7 Decident & Children

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 07405 CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF CEATH ARRINGTON YEAR ranco: MA 94 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day Year)
12-23-21 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 M WXXF 217-20-7987 72 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTO ST. AGNES 10e. STATE 10b. COUHTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTO 1X YES 2 - HO MD 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21229 U.S.A. 4227 ROKEBY RD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 YO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried Specify: BLACK BY 3√XWidowed 4 ☐ Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL UNKNOWN HT8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANNE BURGESS JOHN BARR BE 19e. IHFORMANT'S HAME (Type/Print) NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4227 Rokeby Rd Balto, MD 21229 19b. MAILING ADDRESS (Street PW CARRINGTON WILLIAM 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Arbutus Memorial Pk. 31594 Arbutus, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY March F/H -West 4300 Wabash Ave 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such se cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel TOP disease or condition resulting in death) my scarled collapse anner Kickwar DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): elaknon CERTIFICATION Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING SIP whypile Parceatre auturn CA CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 LINO 1 YES 2 HO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 JANO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANHER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF IHJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be determined 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE > 3-10-94 Mr By A\$2438528-770



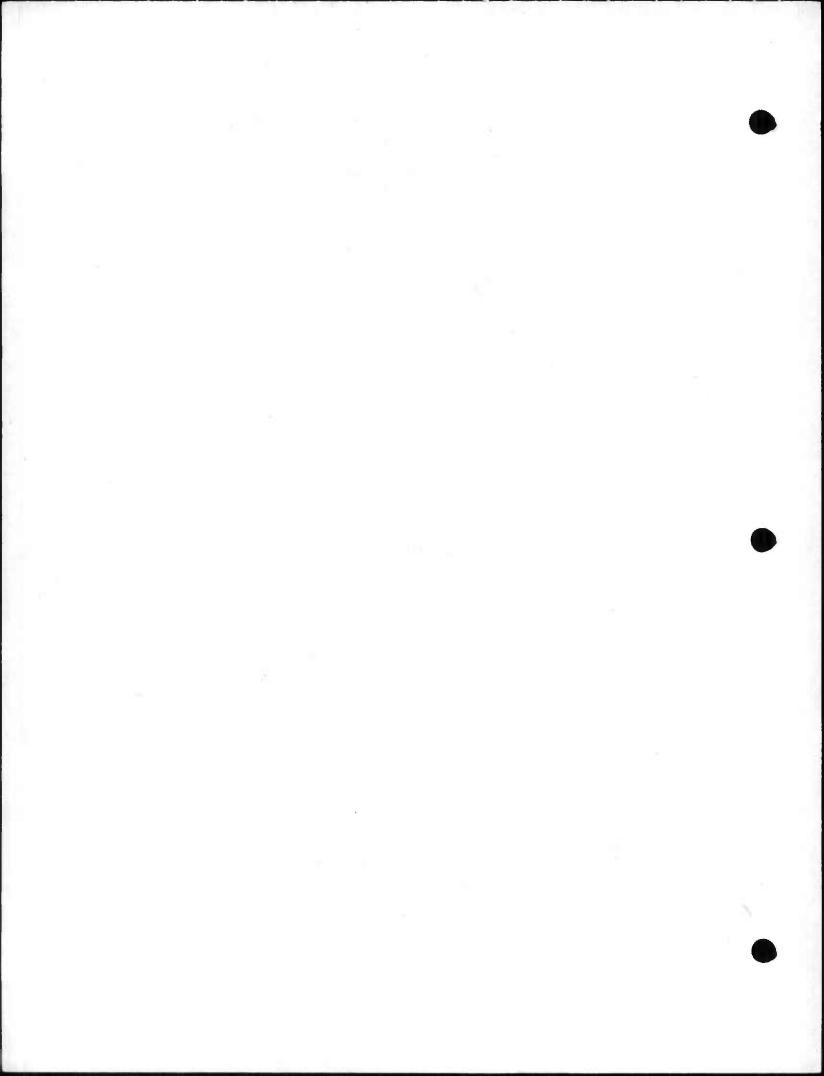
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
THE HOPPIN DR AITENDING PHYSICIAN: The law requires that the death certificate be executed within a life in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, on item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

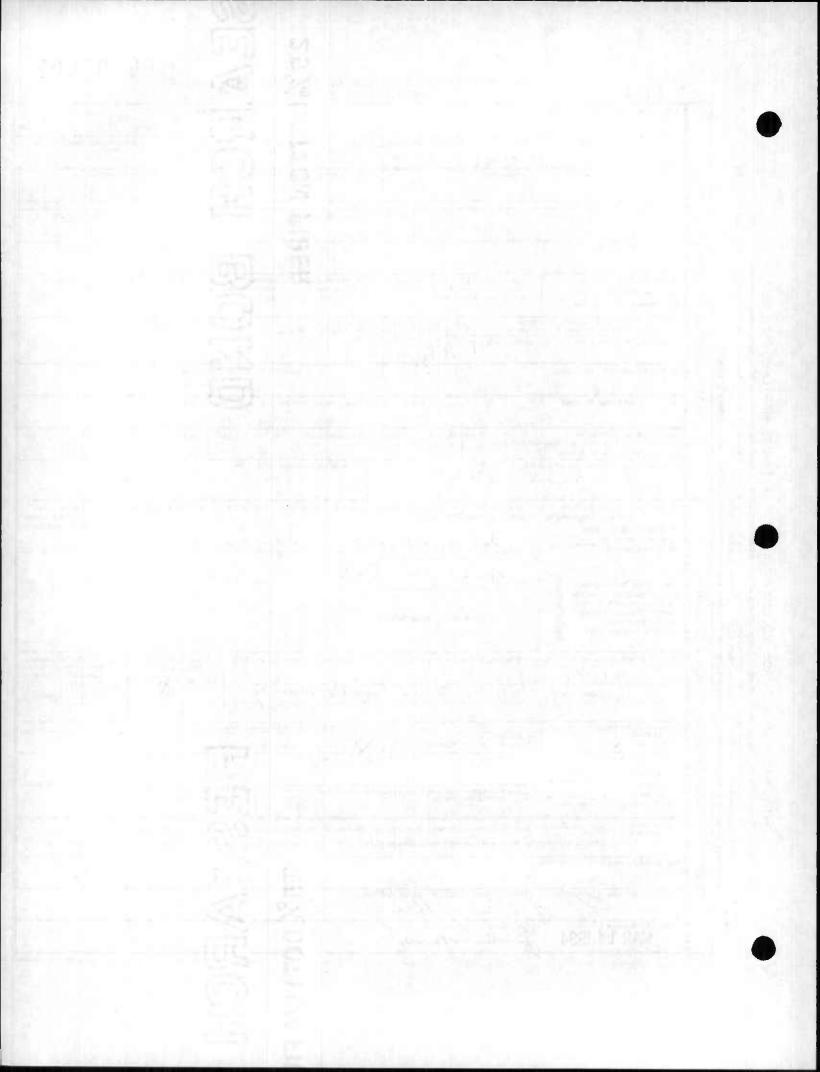
	REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	EG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last) LAMONT	ANDREA		DA	/IS	2. DATE OF D	еатн 13	<b>*5</b> 4	3. TIME OF DEATH  1:15 A M	
	4. SOCIAL SECURITY NUMBER  5. SEX  1 M M 2 □ F  6. AGE (in yrs. lost birther  4. 4 YR			IF UNDER 1 YEAR NONTHS DAYS	PLACE (State or Foreign ry) yland					
TOR	96. FACILITY NAME (If not institution, give 1 1600 BLK GWYNNS F. RESIDENCE OF DECEDENT			BALTIMO	RE CITY	EATH	9c. COL	JNTY OF D	EATN	
DIRECTOR	10a. STATE 10b. COUNT	У		TOWN OR LOCAT					10d. INSIDE CITY LIMITS?	
	Md.		Bal	timore					1 X YES 2 NO	
FUNERAL	2522 W. Cold S			101	21215			10g. CITIZEN OF WHAT COUNTRY? USA		
ਨ∥	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 XYES IF YES, GIVE WAR OR E	IN U.S. ARMED 2 NO DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Maxican, Puerto Rican, etc.)  1 ☐ YES 2 ☐ NO Specify:  1. Specify: Black					k, White, atc.	
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a, OECEDENT'S US (Give kind of wo life. Do NOT use	SUAL OCCUPATION of done during mo retired.)	N st of working	16b. KIND	OF BUSINESS/IN	OUSTRY		
COMPLET	12 th		Clerk			Pos	tal Se	rvic	e	
CO	17. FATHER'S NAME (First, Middle, Last) Edward Davis				18. MOTHER'S NA		, Maiden Surname) er			
10 8	190. INFORMANT'S NAME (Type/Print) Amanda Davis	19b. MAILING A	W. Col	nd Number or Rural d Sprir	Route Number, Ci	ty or Town, State, Z	lip Code)	Md. 21215		
	20e-METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	b. PLACE AND DATE OF metery, crematory or othe BYTISON	DISPOSITION (Na	me of	DATE	20c. LOCATION -	- City or To			
	21. STONATURE OF FUNERAL SERVICE LI		ILLISON .		D ADORESS OF FA			-		
	1 Servit	6-7		4611	Park He	Der eights	rick C Ave. 1	. Jo Balt	nes F.H. o., Md.15	
	23. PART i. Enter the diseases, or shock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Multi-	each lina.	jurie			or roughterory at		Approximata Interval Between Onset and Death	
RIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
<u>ا</u> 5	DART II Other should on an alle	d								
PHTSICIAN: MEDICAL	PART II. Other significant condition	e contributing to death	but not resulting in	PERF			WAS AN AUTOPSY PERFORMED? YES 2 \( \subseteq \text{ NO} \)	246	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 \( \sqrt{N} \) NO	
AN	25. WAS CASE REFERRED TO MEDICAL	T		26 PI	ACE OF DEATH (C)	rack cohi con			· · · · · · · · · · · · · · · · · · ·	
2	EXAMINER?	HOSPITAL:	patient 3 DOA 4		e 5 🗆 Rasidenca	, , , ,	AT SCI	ENE		
Ē	27. MANNER OF DEATN	26a. DATE OF INJURY	26b. TIME	OF 28c, INJ	URY AT RK?		E NOW INJURY OF			
	1 Natural 5 Pending  2 Accident Investigation	MAR 13, 199			ES 2 NO	PEDEST	RIAN STI	RUCK	BY AUTO	
	3 Suicide 6 Could not be 4 Nomicide determined	WAY		261. LOCATION 1600 B	(Street and Number yn, State) LK.GWYNI	NS FA	ALLS PKWY			
COMPLETED		ICIAN: To the best of my know				to the cause(e)	end menner as at	Med.		
	296. SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE NU				(Month, Day, Year)	
10 05	30. NAME AND ADDRESS OF PERSON W	Ought W		3-1-41	O.C.M.I	Ī.			,1994	
		IGHT MD	111		REET BAI	LTIMORE	MARYLAN	VD 21	201	
	31. DAMAR 11 41994	32, REGISTRAR'S SIG	ATURE							



FOR 1 - STATE REGISTRAD

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Las Beulah Ire		OAIL	01	DEATH	MONTH	2. DATE OF DEATH MONTH DAY YEAR March 10, 1994			. TIME OF DEATH		
						IF UNDER 24 HRS.		OF BIRTH	, 1994		11:25p	
	213-48-3367	1   M 2   F	95			DAYS	HOURS MIN.	(Month	, Day, Year)		Country)	
	Sa. FACILITY NAME (If not institution, giv		1 75						13,		_	ylvania
or		aireet and number)		1			R LOCATION OF	DEATH			NTY OF DEA	
CTOR	Pickersgill					Tow	son	fine.		Ba	altimo	ore
W I	10e. STATE 10b. COU	VTY		10c. CITY,	TOWN OR	LOCAT	ION		-		19	Od. INSIDE CITY
DIR	Maryland B	altimore		T	owso:	n						LIMITS?
	10e. STREET AND NUMBER	TTTIMOTE		1 10	UWSU.		ZIP CODE			10e. CITI		AT COUNTRY?
RAL	615 Chestnut A	venue					21204				JSA	
FUNE	11. MARITAL STATUS		ENT EVER IN U.S. AF	RMED	112 W	BS DEC	ENDENT OF HISP	ANIC OBIGIN	7 (Smanifu W			- American India:
	1 Never Married 2 Married	FORCES?	1 X YES 2 1	NO	H	Ves. 504	2 X NO Spe	cen. Puerto F		W 01 110-	Black, \	White, etc.
BY	3 Widowed 4 Divorced	WWI			'	YES	2 M NO Spe	city:			Specify:	White
	15. DECEDENT'S E	DUCATION	16a. DE	ECEDENT'S U	SUAL OCC	CUPATIO	ON .	16b.	KIND OF BL	ISINESS/IND		
	(Specify only highest gra	College (1-4 or 5	(G	Sive kind of wo	ork done du	iring mos	st of working					
PL	Transmit processing (0-12)	2		lousew	ife			300	Home	emakeı	r	
OMPL	17. FATHER'S NAME (First, Middle, Last)		- 11	Judew.			18. MOTHER'S	NAME (First A				
0	Wallace George Starry				18. MOTHER'S NAME (First, Middle, Meiden Surname)  Alma Grace Shartzer							
8				h MARINO A	AIma Grace Shartzer  NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, 2						Codel	
2	Henry C. Smi					w Court						
	Henry C. Sml	LIL, JE.		-					_			Total Control
	1 N Buriel 2 □ Cremetion 3 □ Re	emoval from State	cemetery, cre	AND DATE OF ematory or othe	er place)			12T		OCATION —		
	4 Donation 5 Other (Specify)	(ICENSIE /	<u> </u>	ley Va			m. Grdn		111	uoniun	n, Mai	ryland
	Duran (Vary) Lemmon-Mitchell-Wiedefeld Inc											
Lemmon-Mitchell-Wiedefeld Inc. 10 W. Padonia Road, Timonium, M										2109		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO	O (OR AS A CONSE	QUENCE OF):		9 S	-					
	PART II. Other significant conditi	dtons contributing t	o death but not	resulting in	ng in the underlying cause given in Part I. 24a.			24a, WAS A	N AUTOPSY	24b. W	ERE AUTOPSY FI	
EDICAL	IH PT								PERFO	RMED?	A	MAILABLE PRIOR
	1000 01	Visio	2 20	105	enc	to	Macu	2_	1 TYES	2 NO		F DEATH?
Σ	1		,			De	geren	tin			'	YES 2 N
A	25. WAS CASE REFERRED TO MEDICAL				_	-6	ACC DE DEATH	21	- 1			
$\overline{c}$	EXAMINER?	HOSPITAL:			QTHER:		ACE DF DEATH					
PHYSICIAN	1 YES 2 NO		☐ ER/Outpatient 3		_		e 5 🗆 Residenc					
표	1 Natural 5 Pending	28a. DATE O (Month,	Day, Year)	26b. TIME			RK?	28d. DES	CRIBE HOW	INJURY OCC	CURED	
B	2 Accident Investigation				M		rES 2 NO					
	3 Suicide 6 Could not b	28e. PLACE building	OF INJURY — At ho g, etc. (Specify)	ome, farm, str	reet, factor	ry, office		28f. LOC. C/ty	ATION (Street or Town, State	and Number	or Rural Rou	ite Number,
ETE	4  Homicide determined							130				
PLI	29a. CERTIFIER 1 CERTIFYINO PH	YSICIAN: To the best	of my knowledge, de	eath occurred	at the tim	ne, data	and place, and d	tue to the ceu	se(a) and me	nner se stat	ed.	
COMPL	one) 2 MEDICAL EXAM											nd manner as st
	290. SIGNATURE AND TITLE OF CERTIF	TER O -/		2.00			29c. LICENSE N	TAMBER .		T and DATE	E SUGNED IN	Igenth, Day, Year)
8	W. A	- Kilon	1. m	0			00	520	5	<b>&gt;</b>	3/11/	94
2	30. HAME AND ADDRESS OF PERSON I	MIO COMPLETED A	USE OF DEATH IITS	Am and	Provide	_	UD.		31		111	//
	9/	HATA	en //	il.	-	6	= BN	7 C				
	31 DATE FILED (Month One Man)	In project	PADIDAGIONATION	7	/		-					
3	MAR 14 1994	32. REGISTE	RAR'S SIGNATURE	us,			0	1				301



ours after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the buriat-tran BALTIMORE, MARYLAND 21215-0020

for use as the burlal-transit permit. Pages 1, 2, 3 should

death the atter

2

gradan and completely filed in by the prior to burial, cremation, or removal.

physician certificate be

attending phy ental Hygiene p

Health and N 報

has been a Dept. of H

medical

2

event.

9	
89	
×	
0	ŀ
00	ļ
O	
α.	,
0	
č	
Ö	ì
V.Ö	
\m	ı
P	
L	ĺ
10	
=	
>	
F	
_	
~	
2	
S	
5	
~	
_	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) YEAR 2. DATE OF DEATH MONTH 3. TIME OF OEATH was 48 h AM SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 212 09 3893 03 06 10 MONTHS DAYS HOURS MIN. 1 X M 2 - F 84 YRS. Md. 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Mercy Hospital DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Dundalk 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 103 Center Place 21222 Apt. 213 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complet 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Warehouseman Produce 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Joseph W. Deckwar Lena Erh notified at BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Flora Deckwar 103 Center Place Apt. 213 Dundalk, Md. 21222 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must 1 Burial 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) Oak Lawn Cemetery 3-15-94 Eastwood Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charles S.Zeiler & Son Inc. 901 S. Conkling Street Balto., Md 21224 23. PART I. Enter the disesses, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory streat, Approximats shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) Gram Negative DUE TO (OR AS A CONSEQUENCE OF): lomonas traumatic CERTIFICATION Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events injury, or other DUE TO (OR AS A CONSEQUENCE OF) resulting in desth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS shows any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: TO THE HOSPITAL OR ATTENDING PHYSICIAN: The lew TO THE FUNERAL DIRECTOR: After this certifical has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or item 23 is marked. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) 1 TES NO OTHER: Inpetient 2 - ER/Oulpatient 3 - DOA 4 - Nursing Nome 5 - Residence 6 - Other (Specify) 27. MANNER OF BEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation t YES 2 NO BY 28e. PLACE OF INJURY — At home, lerm, streel, factory, office building, etc. (Specify) 3 Suicide 28I, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as attated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mont). BE Day, Year) House 94 2 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Malco Ostli M Trenp July Daydon fande 19 1994"



	-	
	after	
	6/3	
_	DOUG	
	7	
	Œ	
	W	
	executed	
	3	
	ertificate	
	0	
	death	
	the	
	that	
	requires	
	MP	
	The	
	PHYSICIAN:	
	ENDING	
_	25	Ġ
	ş	٩
•		

30. NAME AND

31. DATE FILED (Month, Day, Year)

4

DDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

P800

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH ORIONS MARCH 2001690 11 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 225 44 269 1 🗌 M 2 💢 F DAYS HOURS YRS. IARY 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERIDIAN LO DIRECTOR ALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? WHATEND THE YES 2 | NO JORS FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? OVAL 21217 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puarto Rican, etc.)

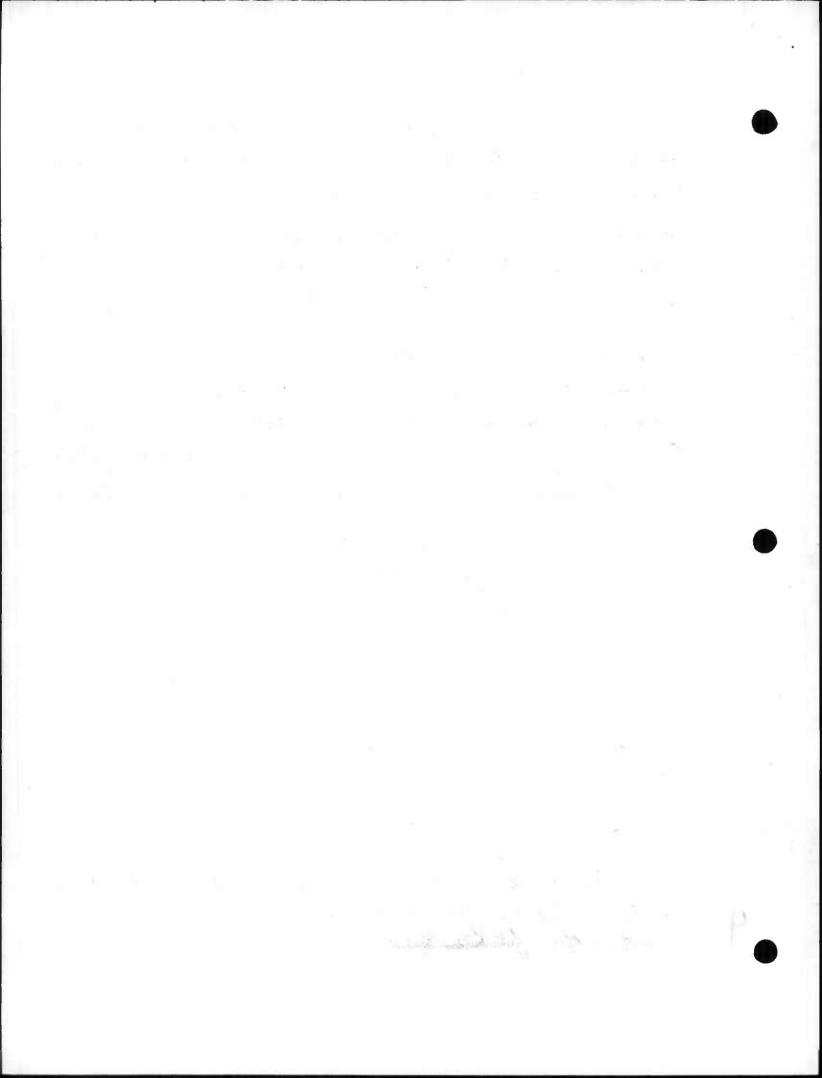
1 YES 2 NO Specify: BY 3 ₩Idowed 4 ☐ Divorced 317/kw 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12YRS AT Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) BE INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Unit 503 2 ADINS 2124 20e. METHOD OF DISPOSITION

Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 3-13 MARYLAND ☐ Donation 8 ☐ Other (Specify) SMETERY 22. NAME AND ADDRESS OF FACILITY EVANS FURERAL CHAPIL - BILAIR, P.A. 21. SIGNATURE OF EUNERAL SERVICE LICENSEE NEWPORT DRIVE FORUST PARYLAND 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onsat and Death IMMEDIATE CAUSE (Final disesse or condition DUE TO (OR AS A CONSEQUENCE OF): Kes nalong resulting in death) has OUE TO OH CERTIFICATION Sequantially list conditions, COMBEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury 09 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 % Nursing Home 5 - Residence 8 - Other (Specify) 1 YES 2 NO 1 Inpetiant 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 St Natural 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, afc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 4 Homicide determined 29a. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIE 29d. DATE SIGNED (Month, Day, Year) BE

206

ROAD

HPPI 11HOSTAS



be retained by the hospital or attanding physician.

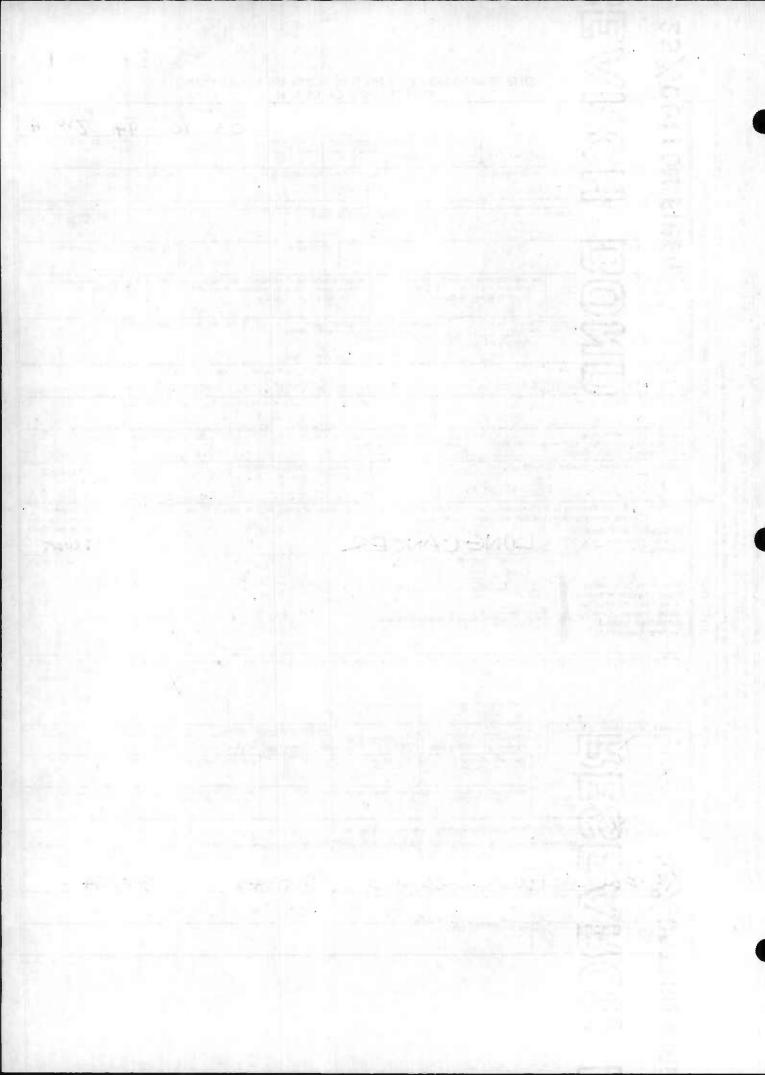
ge 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Ω	90		2
nay	a		*
9	ě		3
9	5		E
Se.	9		9
-	100		-
te	2		5
ô	£		2
Te.	€	Ma	1
70	á	Ē	100
Urs	_	2	-
8	8	0	E
	1	9	2
2	2	30	=
5	let	Б	1
*	du	5	2
ğ	8	'es	-
20	P	5	4
96	9	0	2
9	an	4	3
60	Sici	19	1
2	È	62	1
tif	Ca	en	ě
93	量	2	C
5	50	王	9
ea	ate	E	>
D a	9	Me	3
£	2	P	5
Tal	P	a	2
2	9	至	ě
5	· S	ea	8
5	C	-	č
9	99	0	6
A.	S	ept	6
60	ha	Ö	-
F	ate	ate	6
ż	Sign of	S	=
S	50	the	è
So.	0	5	7
天	iğ.	*	8
9	63	5	ě
Z.	4.0	Jea	E
2	òċ	36	
E	2	aft	00
A	E	60	-
8	SIR	3	9
4	-	5	=
ē	老	1	-
SEPTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nours after death, Page 6 may b	MERAL. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	a marked or item 23 shows any injury or other traumatic event the medical examiner must be

STATE OF		DEPARTMENT				MENTAL	HYGIEN	E
	CE	ERTIFICATE	O	- DEAT	H		REG. NO.	

1	1. DECEDENT'S NAME (First, Middle, La	ist)								OF DEATH	4		3. TIME OF DEAT	н
	Charles Frederic	k Diehl							MONT	3	LO	Q L	850	A
	4. SOCIAL SECURITY NUMBER 217-09-6498	5. SEX 1 🔀 M 2 🗌 F	6. AGE (in yrs. ia: 74	st birthday) YRS.	IF UNDE MONTHS	R 1 YEAR DAYS	IF UNDER	24 HRS, MIN.	(Mont	OF BIRTH		Countr	PLACE (State or Fo	reign
	9a. FACILITY NAME (If not institution, gi	,			9b. CIT	Y, TOWN	OR LOCATION	ON OF DI		1.5.0		NTY OF D		
	Stella Maris Hos	~			Tow	son					Balt	imor	re	
	RESIDENCE OF DECEDENT  10a. STATE 10b. COU			10c. CI	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY	
	Maryland	Baltimore					re Co	+ :	.,				LIMITS?	NO
- 15	10e. STREET AND NUMBER	Daitimore			Dal		. ZIP CODI		у		10g. CITI	ZEN OF W	THAT COUNTRY?	NO
	3608 Patterson	Avenue					212	207				U.S	.A.	
	11. MARITAL STATUS		NT EVER IN U.S. AF		13.	WAS DEC	ENDENT C	F HISPAI	VIC ORIGIN	f? (Specify	Yea or No-		— American India, White, etc.	ın,
	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE	WAR OR DATES	NO	31		ecify Cuba			Rican, etc.		Speck	fy:	
1	15. DECEDENT'S E	1 11		ECEDENT'S	1101111						1	_	White	
	(Specify only highest gr Elementary/Secondary (0-12)	rade completed)	(G		work done	durina mo	ost of working	g	166	. KIND OF	BUSINESS/IND	USTRY		
	10 Years	College (1-4 or 5		areh	01166	Sun	ervis	or	-10	Low	r Brot	hora		
	17. FATHER'S NAME (First, Middle, Last)			arcin	ouse	bupe	_		ME (First, I		den Surname)	ners		-
	Charles Henry	Dieh1						Frie	eda	Ma	roueri	ta	Feller	
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRES	S (Street a	and Number				Town, State, Zip		Terrer	
	Mrs. Noinette H	ihn		8414	Nun	ley I	Drive	A	ot. (	Pa	rkvill	e. M	D 2123	4
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 R	amoval from State	20b. PLACE cemetery, cre	ANDDATE	OF DISPO	SITION (Na			DAT		LOCATION -			_
Į	4 Donation 5 Other (Specify)		- Carro	11 C1	remai	tion	Serv	ices	3 3/1	1 H	lampste	ad.	Marylan	land
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	17		22	NAME AL	O ADDRES	SS OF FA	CHITY					
		100/1	// .							-01 D	dwaata		T	
	23. PART I. Enfer the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition	re. Liet only one ce	use on each ilne	e.	Lo 87	oring 728 I	g Bye Liber	rs l	Funer Road	Ran	irecto	own.	MD 211:	A 3 3 ants staweer Death
	anock, or heart fellul immEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. Due to	et caused the deuse on each line CO (OR AS A CONSE	OUENCE O	Lo 87 not enter	oring 728 I	g Bye Liber	rs l	Funer Road	Ran	dallst	own.	MD 211:	its
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. LUNDUE TO  DUE TO  DUE TO  d.	O (OR AS A CONSE	OUENCE O	L(87) not ente	oring 728 I	g Bye	ers l	Funer Road has care	Ran flac or re	dallst	OWN,	MD 211:	De De
	shock, or heart fellul immediate cause. Enter UNDERLYING cause. Enter UNDERLYING cause. Enter UNDERLYING that initiated events resulting in death) LAST	a. LUNDUE TO  DUE TO  DUE TO  d.	O (OR AS A CONSE	OUENCE O	L(87) not ente	oring 728 I	g Bye	ers l	Funer Road has care	Ran fisc or re	dallst espiratory arr	OWN,	MD 211:  Approximinterval Bionset and I year Autopsy Financial Bionset and I year Amiliable Prior Completion of Coff Death?	nts De De
	shock, or heart fellul immediate cause. Enter UNDERLYING cause. Enter UNDERLYING cause. Enter UNDERLYING that initiated events resulting in death) LAST	a. LUNDUE TO  DUE TO  DUE TO  d.	O (OR AS A CONSE	OUENCE O	L(87) not ente	oring 728 I	g Bye	ers l	Funer Road has care	Ran fisc or re	AN AUTOPSY FORMEO?	OWN,	MD 211:  Approximinterval Bionset and I year Autopsy Financian Autopsy Financian Autopsy Financian Autopsy Financian Completion of Completion	nts De De
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions and the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Liet only one ce  a. LUN  DUE TO  C. DUE TO  d	O (OR AS A CONSE	OUENCE O	L(87) not enter	oring 728 I r the mo	g Bye	ers l	Fune i Road h ss csm	Randlec or re	AN AUTOPSY FORMEO?	OWN,	MD 211:  Approximinterval Bionset and I year Autopsy Financial Bionset and I year Amiliable Prior Completion of Coff Death?	nts De De
	anock, or heart fellul anock, or heart fellul indisease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algorificent conditions.	b. DUE TO  C. DUE TO  d. HOSPITAL:	O (OR AS A CONSE	COUENCE O	L(87) not enter	oring 728 I r the mo	ByeLiber	ers lety I	Part I.	Ranglec or re	AN AUTOPSY FORMEO? S 2 NO	OWN,	MD 211:  Approximinterval Bionset and I year Autopsy Financial Bionset and I year Amiliable Prior Completion of Coff Death?	nts De De
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions and the cause cause. Examiners 1 yes 2 No 27. Manner of Death	b. DUE TO  d. HOSPITAL: 1   Inpatient 2   20e. DATE Of	O (OR AS A CONSE	COUENCE O	L(87) not enter PF):  OF):  OTHE  A \( \text{Nu} \)  OTHE  A \( \text{Nu} \)  ME OF	oring 728 I r the mo  anderlying 26. PL R: reling Hom 28c. INJ	g couse of	ers lety I	Part I.	Ran slac or re  24a. WAS PER 1 UYES	AN AUTOPSY FORMEO?	OWN,	MD 211:  Approximinterval Bionset and I year Autopsy Financial Bionset and I year Amiliable Prior Completion of Coff Death?	nts De De
	anock, or heart fellul anock, or heart fellul disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent conditions are successful to the conditions of	b. DUE TO  d. HOSPITAL: 1   Inpatient 2   28a. DATE Of (Month, I	O (OR AS A CONSE	COUENCE O	L(87) not enter PF: OF): OF):	nderlying  26. PL  R: rsing Hom  28c. INJ	g ceuse q	ers lety I ing, suc	Part I.	Ran slac or re  24a. WAS PER 1 UYES	AN AUTOPSY FORMEO? S 2 NO	OWN,	MD 211:  Approximinterval Bionset and I year Autopsy Financial Bionset and I year Amiliable Prior Completion of Coff Death?	nts De De
	anock, or heart fellul anock, or heart fellul in the second sease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions are sease. Examiners 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending	b. DUE TO  c. DUE TO  d. HOSPITAL: 1 Inpatient 2 (Month, ion ba Building	O (OR AS A CONSE	OUENCE O	DF):  OF):  OF):  OTHE  4 Number of JURY M	nderlying  26. PL  R: reling Hom  28c. INJ  28c. INJ  1 1 1	g couse (	ers lety I ing, suc	Part I.  Part I.  B Control of the section of the s	Randlec or residence or residen	AN AUTOPSY FORMEO? S 2 NO  HOSP OW INJURY OCC	OWN,	MD 211:  Approximinterval Boonset and I Grant Boonset and I Grant Boonset and I Grant Boonset and I Grant Boonset and I Grant Boonset and I Grant Boonset Boon	nts De De Noin TO AUS
	anock, or heart fellul anock, or heart fellul and the condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions are successful and the conditions	b. DUE TO  c. DUE TO  d. HOSPITAL: 1 Inpatient 2 28e. PLACE of building to  28e. PLACE of building to  17SICIAN: To the best of	O (OR AS A CONSE	COUENCE OF COUNCE OF COUN	DF):  OF):  OF):  OTHE 4 Number of JURY M  street, fac	nderlying  26. PL  R: rsing Hom  28c. INJ  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g ceuse (	ty I ing, suc	Part I.  Part I.  Eck only or  S Cylothe  28d. OES  28I. LOC  Chy	Ran slice or re  24a. WAS PER 1   YES  ATION (Str. Town, St.	AN AUTOPSY FORMEO? S 2 NO  HOSP OW INJURY OCCUPATION	24b.	MD 211:  Approximinterval Bionset and I year Autopsy Fi Amilable Prior Completion of Coff Death?  1 Yes 2   1	NOIN TO AUSI
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions in the conditions of the cause in the cause of the cause in the cause i	b. DUE TO  c. DUE TO  d	O (OR AS A CONSE	COUENCE OF COUNCE OF COUN	DF):  OF):  OF):  OTHE 4 Number of JURY M  street, fac	nderlying  26. PL  R: rsing Hom  28c. INJ  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g couse of cours	ers lety I ty I mg, successful ty I mg, succes	Part I.  Part I.  eck only or  8 Xothe  284. LOC  City  to the cau	Ran slice or re  24a. WAS PER 1   YES  ATION (Str. Town, St.	AN AUTOPSY FORMEO?  S 2 NO  HOSP OW INJURY OCCUPATION OF THE PORT	24b.  24b.  ice curso or Rural R	MD 211: Approximinterval Boonset and Use Autopsy Fi AMAILABLE PRIOR COMPLETION OF CO OF DEATH?  1 YES 2 I	NOIN TO AUSI
	anock, or heart fellul anock, or heart fellul and the condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions are successful and the conditions	b. DUE TO  c. DUE TO  d	O (OR AS A CONSE	COUENCE OF COUNCE OF COUN	DF):  OF):  OF):  OTHE 4 Number of JURY M  street, fac	nderlying  26. PL  R: rsing Hom  28c. INJ  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g ceuse (	ers lety I ty I mg, successful ty I mg, succes	Part I.  Part I.  eck only or  8 Xothe  284. LOC  City  to the cau	Ran slice or re  24a. WAS PER 1   YES  ATION (Str. Town, St.	AN AUTOPSY FORMEO?  S 2 NO  HOSP OW INJURY OCCUPATION OF THE PORT	24b.  24b.  ice curso or Rural R	MD 211:  Approximinterval Bionset and I year Autopsy Fi Amilable Prior Completion of Coff Death?  1 Yes 2   1	NOIN TO AUSI
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions in the conditions of the cause in the cause of the cause in the cause i	DUE TO  a. DUE TO  b. DUE TO  c. DUE TO  d	D (OR AS A CONSE	COUENCE O	IL (87) not enter (87) not enter (87):  OF):  OF):  OTHE  A   Num  ME OF  JURY  M  street, fac	nderlying  26. PL  R: rsing Hom  28c. INJ  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g couse of cours	ers lety I ty I mg, successful ty I mg, succes	Part I.  Part I.  eck only or  8 Xothe  284. LOC  City  to the cau	Ran slice or re  24a. WAS PER 1   YES  ATION (Str. Town, St.	AN AUTOPSY FORMEO?  S 2 NO  HOSP OW INJURY OCCUPATION OF THE PORT	24b.  24b.  ice curso or Rural R	MD 211: Approximinterval Boonset and Use Autopsy Fi AMAILABLE PRIOR COMPLETION OF CO OF DEATH?  1 YES 2 I	NOIN TO AUS



8. BIRTHPLACE (State or Foreign

YEAR

94

Phila

USA

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

White

Approximate

WEEKS

24b. WERE AUTOPSY FINDINGS **AMILABLE PRIOR TO** 

1 TYES 2 NO

COMPLETION OF CAUSE

Interval Between

Onset and Death

1 YES 2 NO

1系

REG. NO.

2. DATE OF DEATN

_	ı
0	
0020	
0	
0	
21215-	1
47	
4	
CA	
-	
N	
LAND	
Z	
V	
3	١
Œ	ľ
4	,
-	١
2	
-	
ш	
00	
TIMORE, MARYL	
5	
_	1
-	

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MATTINEN

141994

	7
_	-
9	٠
ထ	
œ	
ဖ	
V	
2	
O	
IVISION OF VITAL RECORDS, P.O. BOX 68760,	
	1
0	
0	
-	1
15	
97	
	,
Œ	•
0	:
Ö	
ĭ	٠
~	
4	
⋖	
$\vdash$	ı
-	
>	3
Pa.	1
-	-1
0	-
-	-
	-
0	1
$\simeq$	1
S	į
=	١
>	Ì
-	- !

Ruth Funch 3 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 1 M 2 WF 223-36-7425 84 YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not inetitution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHETONSVILLE DIRECTOR Charlestown Center 715 Maiden Choice LA. Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10¢ CITY, TOWN OR LOCATION MD Baltimore Catonsville permit. FUNERAL 10a, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 715 Maiden Choice have use as the burial-transit 21228 hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 TES 2 NG Specify 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give Aind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY P Elementary/Secondary (0-12) ege (1-4 or 5+) TEACHER ELEMENTARY EDUCATION detached once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S HAME (First, Middle, Malden Sumame) retained by the WERNER VICTOR STELLA G. (UNKNOWN) 8 F BE notified funeral director, page 5 should The INFORMANT'S NAME (Type/Frint) 2 ALLAN JOHN FUNCH be 29s. METHOD OF DISPOSITION
1 □ Burlel 2A□ Cremetion 2 □ R 205. PLACE AND DATE OF DISPOSITION / Name of 24 nours after death. Page 6 may must ery, crematory or other placeMETRO CREMA-4 Donation 5 C Other (Specify) 21. SIGNATURE OF FUNERAL REPORTE LICENSEE the medical examiner HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE BALTIMORE, MD 21229 attending physician and completely filled in by the cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition MULTIPLE CEREBRAL INFAMETS event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): prior to burial, HYPERTENSION traumatic Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): CERTIFICAT HYPERCHOLESTERGLEM, A cause. Enter UNDERLYING CAUSE (Disease or Injury other Mental Hygiene that initiated events resulting in death) LAST 6 Injury, signed by the a Health and Men PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? any 1 TES 2 NO shows a been to has be PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) ltem. State certificate HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 | YES 2 100 ne 5 🗆 Residence 6 🗀 Other (Specify) 4 Wanting 5 the state 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, with this 1 Printural 5 Pending investigation 1 YES 2 NO BY death 2 Accident PITAL OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 99 6 Could not be determined COMPLETED DIRECTOR: hours after 28 4 🔲 Homicide be filed within 72 hours a IMPORTANT. If Item 2 29e. CERTIFIER (Check only | 120 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated BE ( 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER W / N D44748 O M.0 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PRRETT

32 REGISTRAR'S SIGNATURE

711

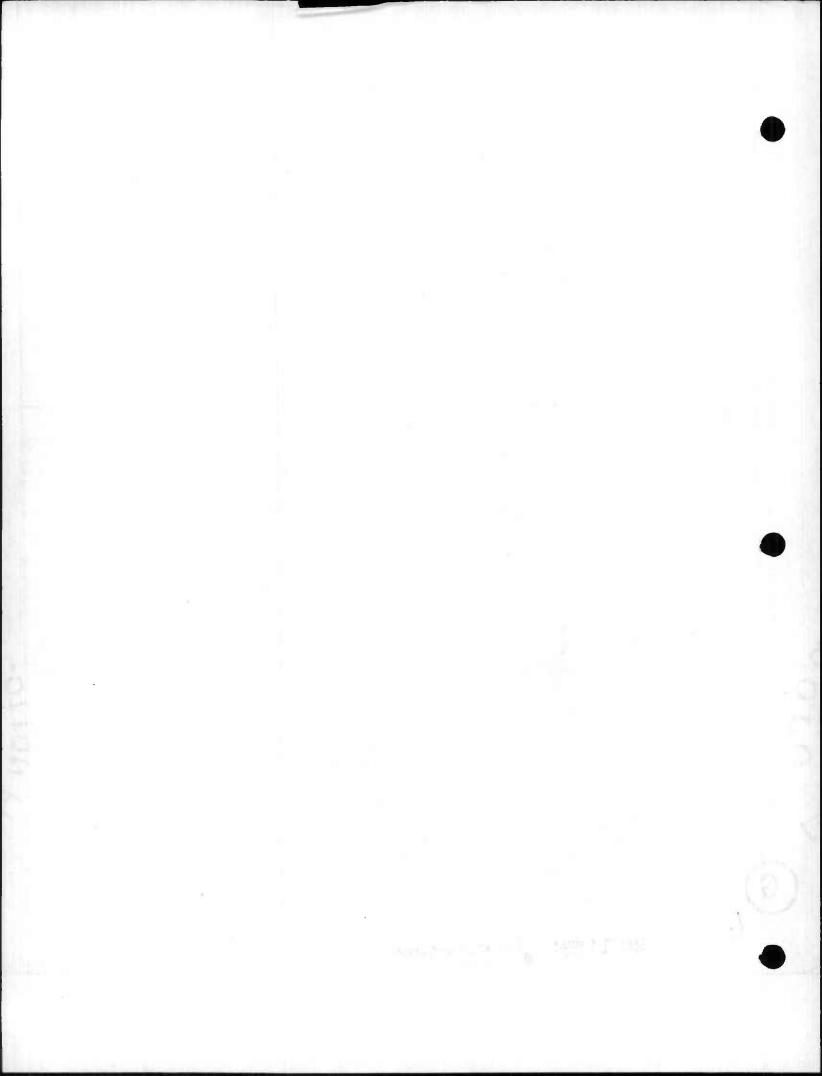
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

4

9

MAIDEN CHOICE LANE CATONSVILLE, NO



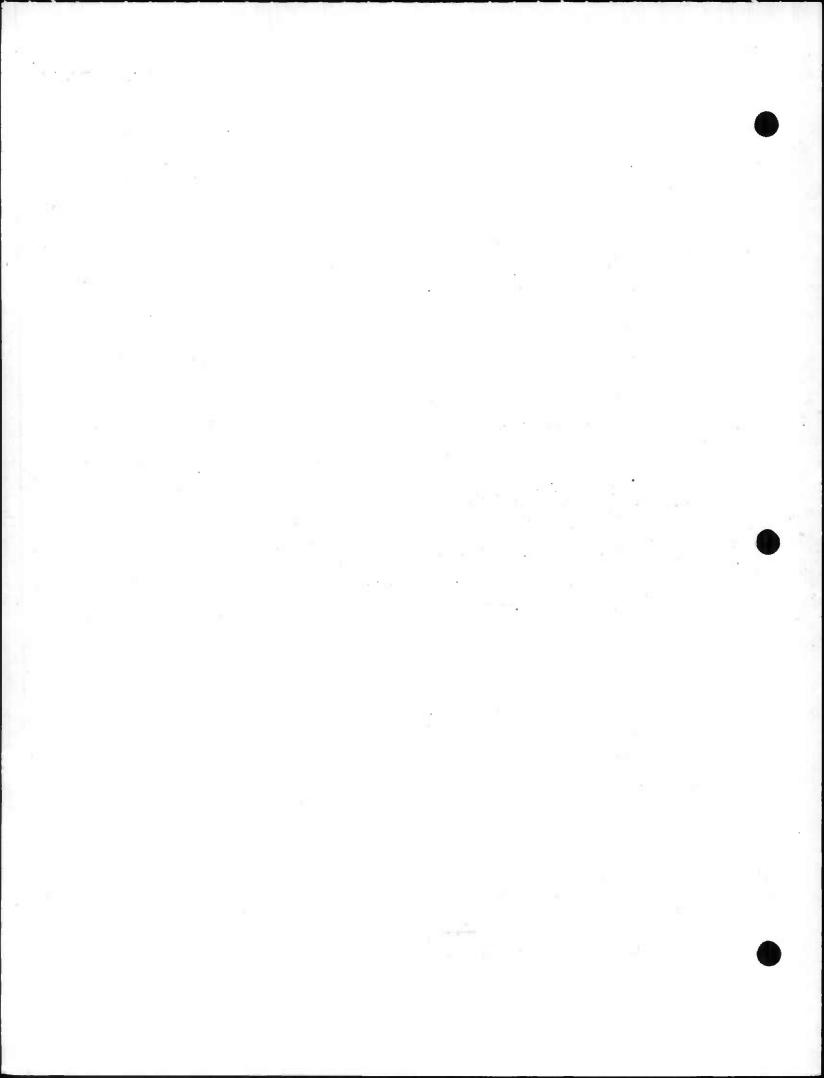
	-	
	after	illed in by the
	10	B
	5	5
-	Ö	D
		certificate has been signed by the attending physician and completely fille
		100
-	£	2
	3	ā
	P	E
	8	2
	5	P
	8	3
	9	-
	2	-22
	0	Sic
	22	2
	ĕ	a
	픈	2
	8	16
	5	6
	al	Ē
	ŏ	(13)
	9	Ĕ
	law requires that the death certificate be executed within	>
	E	D
	=	2
	SS	5
	-	.92
	5	5
	9	8
	3	0
	43	SS
	gy.	-
	$\vdash$	8
	2	2
	X	1
	2	g)
	S	-
	I	Ë
	G.	-
	9	te
	5	A
	Z	ir
	H	Ö
	1	5
	ar.	3
	0	吉
	IL OR ATTENDING PHYSICIAN: The la	L. DIRECTOR: After this ce
-	-	- 32

٠	
	(
	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
	THE HISSAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.
3	ID THE TOWN After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
)	MERCHANIC Milliam 00 to modeled on bloom 90 about many on when became the model at model and the second sec

FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR Certif	RTMENT OF	F HEALTH	I AND	MENTAL HYGIE		07412
1. DECEDENT'S NAME (First, Middle, Lest) Augustine	Fergu	son				2. DATE OF DEATH MONTH	DAY YEAR 1 94	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER 216-28-6967	5. SEX 1 M 2 XF	6. AGE (In yrs. lest birthday) 85 yrs.	MONTHS DA	-	MPH.	7. DATE OF BIRTN (Month, Day, Year) 8 13 0	6. BIRT Coun	**
9a. FACILITY NAME (If not institution give a	treet and number)		Oh CITY TO	MI OR LOCA	TION OF D	CATAL		

	Augustine	Fergus	on					MONTH DA		YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. les	si birtnday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		BIRTHPL	ACE (State or Foreign	-
	216-28-6967	1 🗌 M 2 💢 F	85	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 8 13 08	3   <sub>N</sub>	Country)	York	
	9e. FACILITY NAME (If not Institution, give s						LOCATION OF DE	ATH	9c. COUNT	Y OF DEAT		$\neg$
5	1824 W. Fayet	te Street	5		Ba.	lti	more		N	I/A		
EC	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	,		10c. CITY	, TOWN OR	LOCATIO	ON			10	d. INSIDE CITY	=
FUNERAL DIRECTOR	Maryland N/	A			ltim						LIMITS?	
AL	10e. STREET AND NUMBER					10f. 2	ZIP CODE		10g. CITIZE		T COUNTRY?	$\dashv$
Ë	1845 W. Fayet	te Street	<u> </u>				21223		USA			
E	11. MARITAL STATUS  1 Never Merried 2 XMarried	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AR	RMED NO	13. W	S DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No-	RACE -	American Indian,	7
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 [	YES 2	NO Specify			Specify:	Black	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCC	UPATION		16b. KIND OF BUS	INESS/INDUS	STRY		-
	Elementary/Secondary (0-12)	College (1-4 or 5+)	iile.	Do NOT use	ork done dur e retired.)	nng most	of working					
COMPLETED		/A	Ho	ouse	wife			N/A				
	17. FATHER'S NAME (First, Middle, Last) Thomas Rivers							ME (First, Middle, Maiden :	Surname)			
BE	198. INFORMANT'S NAME (Type/Print)	- <u></u> .	1 00					H. Hawks				
2	Roland Fergus	on	191	1845	W.	Fay	ette S	Route Number, City or Town treet Bal	ltimo	re,	Maryla:	3d
	20a. METNOD OF DISPOSITION		20b. PLACE	AND DATE O	F DISPOSITI			DATE 20c. LOC	ATION — CIT	v or Town.	State	
	1 Euriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	11	Meado	OWri	dge	Cem	etery	3/19/94 EIk	ridge	, Ma	ryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE					ADDRESS OF FA	CILITY	1701	MCC	ulloh S	
	Geraj	Herr	4		Ch	atm	an-Har	ris F/H	Balti	mor	e,Md 21	217
	23. PART i. Enter the diseeses, proshock, pr heart failure.	complications that co	uasd the de	sth. Do n	ot enter th	ne mode	s of dying, auc	h as cardiec or respir	atory arrea	it,	Approximate	
	IMMEDIATE CAUSE (Finsi disease or condition	0 1	0		0	\		0			Onsst and Dsa	
	resulting in death)	s. theterio	AS & CONSE	TIC	Car	gro	NDSCU	lor Du	seas	0	year	5
_		# 12	AS A CONSE	IN CO	): ~~(\)						4	
100	Sequentially list conditions, if any, leading to immediate	101 of 300	AS A CONSEC	QUENCE OF	( V V V	1						
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	с			_							
쁘	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	DUENCE OF	):							
CERTIFICATION		d										-
	PART li. Other significant condition	s contributing to de	oth but not r	ssuiting in	theunde	riying	csuss given in	Part I. 24a. WAS AN / PERFOR			ERE AUTOPSY FINDING	S
MEDICAL	monec O	bstructi	VE-1	un	2	7/5	SESS E	1 U YES 2	DAO	CC	OMPLETION OF CAUSE DEATH?	
										1	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 DI A	CE OF DEATH (Chi	not only and				-
SIC	EXAMINER?	HOSPITAL:	t/Outpatlant 3		OTHER:			6 Other (Specify)				$\dashv$
チ	27. MANNER OF DEATH	26a. DATE OF INJ (Month, Day, 1	URY	26b. TIME	OF 26	Bc. INJUR	RY AT	28d. DESCRIBE HOW IN	JURY OCCU	RED		$\dashv$
ВУ	Netural 5 Pending Investigation	(WOM, Day,		INSC		WOR	S 2 NO					
	3 Suicide 6 Could not be 4 Homicide datarminad	28e. PLACE OF IN building, atc.	JURY — At ho (Specify)	me, tarm, st	reet, factory	, office		26t. LOCATION (Street at City or Town, State)	nd Number or	Rurel Rout	Number,	
COMPLETED	Man ASSESSION -											_
MP								to the cause(s) and mani				
8	2 MEDICAL EXAMINE		nation and/or i	investigation	ı, in my opir	nion, dea	th occured at the	time, data and place, and	due to the o	euse(s) ar	nd menner as atated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER			MT	\	1	29c. LICENSE NUM	IBER	29d. DATE S	IGNED (M	ohth, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE C	OF DEATH (THE	M 27) (Type.	Print)		YJA	ررات		117	1-1-1	
}	C LAMPINO	7 20	001	D	Bo	2/4	more	- 219	223			
	MAR 14 1994	32 REGISTRAR'S	SIGNATURE	tul.								

	1. DECEDENT'S NAME (First, Middle, Last)	CE	LDON			F DEATH	A 1 1 1	ΑY	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs, les	t birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign	
	050-01-3308	1 □ M 2/XF	80	YRS.	ONTHS DAY	78 HOURS MIN.	Mar. 17,	1913	New York	
œ	9a. FACILITY NAME (If not institution, give	and the second second		13		VN OR LOCATION OF D	EATH		TY OF DEATN	
CTOR	Suburban Hospita				Bethe	esaa		Mon	tgomery	
DIRE	Maryland Mon	tgomery			TOWN OR LO				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	cyonery		ROCI	VATTTE	101. ZIP CODE		10g. CITIZ	1 YES 2XXNO	
FUNERAL	10101 Grosvenor	Place #3	804			20852		Unit	ed States	
	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDEN FORCES? 1	YES 2XX	MEO NO	13. WAS I	DECENDENT OF NISPA , specify Cuban, Maxica YES 2XXNO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, alc.)	n or No-	14. RACE — American Indien, Black, Whita, atc.	
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE W	AH OH DATES		<u> </u>	YES 2 NO Specif	y:		Specify: White	
COMPLETED	15. OECEDENT'S EOU (Specify only highest grade	completed)	(G		SUAL OCCUP	ATION most of working	16b. KIND OF BU	SINESS/INDU	STRY	
1PLE	Elementary/Secondary (0-12) -12-	College (1-4 or 5 +	.)		trator	•	Libra	rv		
CO	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)		
B	Louis Rubin  190. INFORMANT'S NAME (Typo/Print)		100		DDD500 (0)	Anna G				
2	Leonora Rubin Sci	hreiber					Rockville			
	26a. METHOD OF DISPOSITION 1 ☐ Burlal 2 [XCremation 3 ☐ Ram		20b. PLACE	AND DATE OF	DISPOSITION	Name of	DATE 20c. LC	CATION — C	Ity or Town, Slata	
1	4 Donation 8 Other (Specify)	Other (Specify) Metropolitan Cremator							ia, Virginia	
	22. NAME AND ADDRESS OF FACILITY IVES—PEARSON FU 472 N. Washington St. F								N FUNERAL HON	
_	23. PART I. Enter the diseeses, or	complications the	csused the de	eth. Do no	t enter the	mode of dying, auc	h sa cerdiec or reap	Iratory arre	Virginia et, Approximete	
	shock, or heart failure.  IMMEDIATE CAUSE (Finel	List only one ceu	se on each line	).				,	intervei Betwee	
	disease or condition resulting in death)	. Vent	TI CUL	W 1	UND.	ture			30 MI	
7		ACUIT	OR AS A CONSEC	CASO	tral	in Face to	cin		3 day	
ATIO	Sequentieity list conditions, If any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  THE POWO IS A CONSEQUENCE OF):  THE POWO IS A CONSEQUENCE OF):									
RTIFIC/	CAUSE (Disease or injury thet initiated events  CAUSE (OR AS A CONSEQUENCE OF):									
ERTI	resulting in death) LAST	d								
0	PART II. Other significent condition	ns contributing to	deeth but not r	esulting in	the underly	ying ceuse given in			24b. WERE AUTOPSY FINDIN	
EDICA							PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?	
Σ									1 TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	<u> </u>			28	I. PLACE OF DEATN (Ch	eck onty one)			
SICI	1 YES 2 NO	HOSPITAL:	ER/Oulpatiant 3		OTHER:	Iome 5   Realdence				
PHY	27. MANNER OF DEATN	28a. DATE OF (Month, De		28b. TIME	OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCL	JRED	
ВУ	1 (2) Natural 5   Pending M 1   YES 2   NO						28f. LOCATION (Street and Number or Rural Route Number			
TED	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, term, atreet, fectory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, term, atreet, fectory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
IPLE							to the cause(a) and ma			
COM			camination and/or i	investigation,	in my opinio	n, death occured at the	time, data and place, er	nd dua to the	cause(e) end menner as stated	
BE	LOALCON()					29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)	
	1500			M 27) / Time P	Print)			, 3	11/77	
2										
	MARTLN S. KAN 31. DATE FILED (Month, Day, Year) MAR 1 4 1994	O)COMPLETED CAUS	5401 1	les te	on Av	e NW	Washing 10	n DC	20015	



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

9 HUST

MPORTANT

ifter death. Page 6 may be retained by the hospital or attending physician.	/ the funeral director, page 5 should be detached for use as the burial-tran	loval.	and accomplished her analytical ad management
ours a	d in b	ог геп	madie
J	ily fille	ation,	490
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, crem	TABLY M Item 29 to married or item 22 chains and inline as other two married the married to married to married at another
HOSPITAL	FUNERAL	within 72	TAMT. M

Item7, Film709, 3/24/94, 1t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 07414 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR Dorothy Gooden
4. SOCIAL SECURITY NUMBER 5. SE 994 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fore Md. (Month, Day, Year) DAYS HOURS 1 M 2 F YRS. 62 24 3225 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION
Baltimore 10d. INSIDE CITY Md. 1 X YES 2 NO FUNERAL toe. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1814 N. Fulton Avenue 21217 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES tt. MARITAL STATUS t3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, afc. 1 Never Married 2 Married ВҮ 1 YES 2 KNO Specify Black 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elamentary/Secondary (0-12) College (1-4 or 5+) Food Service Balto. City 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James E. Johnson Carlie Μ. Robinson BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Patricia Prince 4234 Frederick Ave. Balto., Md. OATE 20c. LOCATION — City or Town, State 3/17 Balto 20a METHOD OF DISPOSITION
t & Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Woodlawn Cem. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE James A. Morton & Sons 1701 Laurens St., Balto., Md. 21217 mes 23. PART Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallura. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition SPIRATURY resulting in death) how PS one weel CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING RIAL CA STAGE IV CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE PHYSICIAN: MEDICAL CONFUIION 1 YES 2 NO OF DEATH? ULL OPENIA AND THRULBOE 1 - YES 2 0 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 NO t 🕽 inpatient 2 🗆 ER/Outpatient 3 🗆 DOA 4 ☐ Nursing Home 5 ☐ Rasidence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED (Month, Day, Year) 1 X Natural Pending M 1 YES 2 X NO BY 2 Accident 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, atreef, factory, office building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the beaf of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) end manner as stated. HIBA MUHTIVIS AD DEPT UBGYN 20c. LICENSE NUMBER
3rd YEAR RESTOENT, UNIN MELORTAL HUPAT 2438946(21) 29d. DATE SIGNED (Month, Day, Year) BE 2

32. PEGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAME MAR 1 4 1994

Police by L. 18

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

В

COMPLETED

BE notified

2

F

pe

must

examiner

medical

the

traumatic event.

other t

10 the atten Mental H any injury, CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

MAR 1 4 1994

0 the

marked, with

69

28

0

and com o burial,

Hygiene prior to attending physician

has been signed by the Dept. of Health and

DIRECTOR: After this certificate

death

after

Pours

FUNERAL within 72 P IMPORTANT: IL

里是

28

8	M.
( 687(	he law requires that the death certificate be executed w
6	2
8	cate
o.	certif
D,	death
Ö	the
OR	that
RECO	requires
_	S.
TA	De
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760	DSPITAL DR ATTENDING PHYSICIAN: The I
$\leq$	DR.
u	<b>OSPITAL</b>

FOR STATE REGISTRAR 94 07415 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 Raymond GRATE 6;35 March 4. SOCIAL SECURITY NUMBER s SEY 6. AGE (In yrs last hirthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 1 M 2 | F YRS 161-18-0199 PANIA Sa. FACILITY NAME (If not institution, give street and number) oc. COUNTY OF DEATH Baltimore 9b. CITY, TOWN OR LOCATION OF DEATH SOUARE SEAALS RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALLIMORE PARYLAND ARKI. ILIS 1 YES 2 1 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3219 A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—II yes, specify Cuban, Mexican, Puerto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION
(Glue kind of work done during most of working 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) YRS 12YRS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surne ALFRED SA 19a. INFORMANT'S NAME (Type/Print) DOA 20s, METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION (Name of 394 20c. LOCATION - City or Town, State 4 Donation 8 Other (Specify) 1 CORIAL GAR ARYL 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS CHAPLL OF 00 8800 HARFO 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory Approximate shock, or heart failure. List only one gauss on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Myocardin Acute lufaretin reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29e. CERTIFIER
(Check only one)

Approach = Value | Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner ea stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(a) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

10 6 3929 30. NAME AND ADDRESS OF PERSON WHO SOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. RIGISTRANS SIGNATURE

٠.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

4	Alfred	rst, Middle, Last)			+	Howa	rd S	SR.		2. DATI	OF DEATH	7719	94 <sup>AR</sup>	3. TIME OF DEATH 4:15
	4. SOCIAL SECURITY NUI	MBER 303	5. SEX	6. AGE (In yrs. le	rst birthday) YRS.	IF UNDE	DAYS	IF UNDER	MIN.		OF BIRTH	111	8. BIRTHP Country)	SOUR,
OR	99. FACILITY NAME (If not Saint J	institution, give				9b. CIT		OR LOCATI			and	9c. COU	NTY OF DE	ATH L <b>itmore</b>
DIRECTOR	RESIDENCE OF DE	10b, COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
100	100. STREET AND NUMBE	HA	RFORD		1	TIHE		1. ZIP COD	E			10g. CITI		YES 2 N
FUNERAL	4433 [	DORR	SVIJI.	ROAD				-	161			U	.5.8	7
BY	11. MARITAL STATUS 1 Never Merried 2	Merried Ivorced	FORCES?	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES		13.	If yes, sp	cendent of the control of the contro	ın, Mexica	en, Puerto	N? (Specify Ye Rican, etc.)	a or No—		American India White, etc.
LETED		ECEDENT'S EDU only highest grade (0-12)			Give kind of b. Do NOT u	work done se retired.)	during mo	ost of worki	ing	16	b. KIND OF BU			
COMPLET	17. FATHER'S NAME (First,		4 4693	OWARE	AQA	15 21	الماز (		HER'S NA	AME (First,	Middle, Melder		ORPO	RATION
TO BE	19e. INFORMANT'S NAME	(Type/Print)			_	ADDRES	S (Street	and Numbe	r or Rural	0.	nber, City or Tov	vn, State, Zip	Code)	311
	20a, METHOD OF DISPOS	tion 3 🗆 Ren		cemetery, cr	AND DATE	ther_place;	SITION	eme of	O of	13-	TE 20c. LC	OCATION -	City or Tow	1 01
	4 Donation 5 Oth		CENSEE	- Die	VISU	1	NAME A	ND ADDRE	SS OF FA	CILITY ,	HABI-	-BEL	Rik,	P.A.
	23. PART i. Enter the	diseases, or		at caused the d	leath. Do i	not enter	( St	ode of dy	ring, suc	RIVE th as car	Fork	oiratory arr	AL.	Approxim
	resulting in death)	•	a. ACUI	e Myocar	rdial In	farcti	no			-				21
ERTIFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	nediate LYING njury	b. DUE TO	O (OR AS A CONSE	EOUENCE O	F):	on							21
MEDICAL CERTIFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	nediate LYING njury	b. DUE TO	O (OR AS A CONSE	EQUENCE O	F):		g cause	given in	Part I.	24e. WAS AI PERFO	RMED?		WERE AUTOPSY FI WAILABLE PRIOR COMPLETION OF C
MEDICAL	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED	nedlate LYING njury AST	b. DUE TO	O (OR AS A CONSE	EQUENCE O	F):	ndariyin	g cause			PERFO	RMED?		WERE AUTOPSY FI WAILABLE PRIOR COMPLETION OF C
MEDICAL	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignifications of the cause of the caus	eant condition	b. DUE TO c. OUE TO d	O (OR AS A CONSE	equence o	F):  In the u	26. Pi R: sling Hom	LACE OF C	DEATH (C)	heck only o	PERFO  1 YES  ne)  or (Specify)	RMED?	1	WERE AUTOPSY FI WAILABLE PRIOR DOMPLETION OF C DF DEATH?
PHYSICIAN: MEDICAL	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignifications of the cause of the caus	eant condition	b. DUE TO c. OUE TO d	O (OR AS A CONSE	resulting	F):  In the u	26. Pi Ri: aling Hom 28c. NV	LACE OF (	DEATH (C)	heck only o	PERFO 1 YES	RMED?	1	WERE AUTOPSY FINANCABLE PRIOR COMPLETION OF C
D BY PHYSICIAN: MEDICAL	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignifications are considered as a conside	AST Cant condition	d. OUE TO d. HOSPITAL: 1   Inglient 2   280. DATE O (Month, I)	O (OR AS A CONSE  O deeth but not  ER/Outpetient	FOUENCE O  resulting  3 □ DOA  28b, TiN	OTHE 4 Nu	26. Pl R: rsing Hom 28c, th, wo	LACE OF C	DEATH (C)	6 Oth	PERFO  1 YES  ne)  or (Specify)	NAMED?  2 NO	CURED	I  YES 2 N
PLETED BY PHYSICIAN: MEDICAL	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignification of the conditi	Pending trivestigation Could not be determined	d. OUE TO d. HOSPITAL: 1   Inglient 2   280. DATE O (Month, I)	O (OR AS A CONSE  O (OR AS A CONSE  O deeth but not  ER/Outpetient  F INJURY  Day, Yeer)  OF INJURY — At h, etc. (Specify)	resulting  3 □ DOA  28b. TiM Norme, farm,	OTHE 4 Number of at the	26. Pl R: raing Hom 28c. th, WC 1 tory, office	LACE OF C	DEATH (C) ealdence NO	6 Oth	PERFO 1 VES 1 YES 1 YES 1 YES 1 OF (Specify) 1 SCRIBE HOW 1 OF ROWN, State 1 OF ROWN, STATE	INJURY OCC	CURED  or Rural Ro	WERE AUTOPSY FI MAILABLE PRIOR COMPLETION OF C OF DEATH? I YES 2 N
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignification of the conditi	Pending Investigation  Could not be determined  Period Examin  Could not be determined  Could not be determined	b. DUE TO c. OUE TO d	O (OR AS A CONSE  O (OR AS A CONSE  O deeth but not  ER/Outpetient  F INJURY Day, Year)  OF INJURY — At h , etc. (Specify)	Teaulting  3 DOA  28b. Timestigation	OTHE 4 Number of at the on, in my	26. Pl R: raing Hom 28c. th, WC 1 tory, office	LACE OF C	DEATH (C) ealdence NO	6 Oth 28d. DE 28t. LO Ch  1 to the ca time, det	PERFO 1 VES 1 YES 1 YES 1 YES 1 OF (Specify) 1 SCRIBE HOW 1 OF ROWN, State 1 OF ROWN, STATE	INJURY OCC  and Number  anner es state and due to the	CURED  or or Rural Rotted.	WERE AUTOPSY FIRMARLAGLE PRIOR COMPLETION OF
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations of the condition of the condit	Pending treestigation  Could not be determined by Fernand Difference Condition  Could not be determined by Fernand Difference Could not be determined by Fernand	b. DUE TO c. OUE TO d	O (OR AS A CONSE  O (OR AS A CONSE  O deeth but not  D deeth but not  FINJURY  OF INJURY — At h  of etc. (Specify)  If my knowledge, department of the consense of the consens	Teaulting  3 DOA  28b. Till Investigation	OTHE 4 Nutte OF JURY M street, technique, In my	26. PIR: saling Hom 28c. tN, WC 1 1 tory, office	LACE OF to the state of the sta	DEATH (C) ealdence NO n, and due red at the	6 Oth 28d. DE 28t. LO Ch  1 to the ca time, det	PERFO 1 VES 1 YES 1 YES 1 YES 1 OF (Specify) 1 SCRIBE HOW 1 OF ROWN, State 1 OF ROWN, STATE	INJURY OCC  and Number  anner es state and due to the	CURED  or Rural Roo  ted.  te ceuse(s) 11  E SIONED (s)	WERE AUTOPSY FIRMARLAGLE PRIOR COMPLETION OF

PARTY WAY THE

Sam Joseph Hospital

Townon, Maryland Baltimore

Acute Myocard a Interagon

D 30263

	E HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: Jours after death. Page 6 may be retained by the hospital or attending physician.	4. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ed Within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	DETANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine must be notified at once.
1	10 10	무	pa	APOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

S

0.700.0.41.01.0.0.0	,		-
G 709 3-14-94 N.A. Per Funeral Home			
TATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.	94	07417	
CERTIFICATE OF DEATH REGINO			

	FOR 1 - STATE REGISTRAR	STATE OF MAI					EALTH AND	MENT/	AL HYGIEN	E 9	4	07417
	1. DECEOENT'S NAME (First, Middle, Last)	-							E OF OEATH			3. TIME OF OEATH
	FRANK EDWARD	HOFFMAN						MON		79	YEAR	11.40 PM
	4. SOCIAL SECURITY NUMBER		AGE (In yrs.	// -	IF UNDER		IF UNDER 24 HRS.		OF BIRTH		6. BIRTHS	LACE (State or Foreign
	220-052116	1 🔀 M 2 🗆 F	80	YRS.	MONTHS	DAYS	HOURS MIN.	Sep	th, Day, Year)	13	Mar	yland
	9s. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY	, TOWN O	R LOCATION OF DI			9c. COUNT	TY OF OE	ATH
S S	Perrypoint V.A. H	ospital			P	erry	ville				Harf	ord
5	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										_	
	Maryland Harfr	od Harford	4	100		ville	3011					10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER	nari urt	1	1	-119		ZIP CODE			40- 017171		1 YES 2 NO
₹	Perrypoint V.A.	Hospital				101.	2190	2		_	.S.A	
ž	11. MARITAL STATUS	12. WAS DECEDENT EV	/FRINUS /	IBMED	13	WAS DEC	ENDENT OF HISPAI		M2 (Specific Vec			— American Indian.
	1 Never Married 2 Married	FORCES? 1 X	YES 2				city Cuban, Mexica	n, Puerto		U NO-	Bleck,	White, etc.
R	3 Wildowed 4 Divorced	WW				1   169	2   NO Specii	γ.		1	Specify Wh	ite
3	15. DECEDENT'S EDUCA (Specify only highest grade of			DECEDENT'S				16	b. KIND OF BUS	INESS/INDU	STRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		lie. Do NOT us	e retired.)		o working					
COMPLEI	6			Sal	Lesm	an				Food		
3	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA					
H R	Frank Edwar	d Hoffma						lie	Schaf			
2	19a. INFORMANT'S NAME (Type/Print)	1 4		196. MAILING 52,1,3 2 = 4	ADDRES	S (Street a	Number or Rural				,	1.
	Mrs. Kimberly Gre	enwalt		OEIS I	TCHIL	ocie			ville,		2178	
	1 Duriet 2 Cremetton 3 Remo	val from State		end Cern Ce			ne of	3/1		cation - c		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	west	ern ce	1 22	NAME AN	D ADDRESS OF FA	CHITY		timor		7,
	0.1 1/	000			L	orin	g Byers	Fune				
	John K	Ayluf	_									MD 21133
NO	23. PART I Enter the diseases, or conshock, or heart feiture. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	Alzhe	i men	ne.	sea :							Approximate Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			EOUENCE OF								
PHISICIAN: MEDICAL	PART II. Other significent conditions Colon_Carcing		sth but no	t resulting in	n the u	nderlying	cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 _ YES 2 _ NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 01	ACE OF DEATH (Ch	ank out	1			
3	EXAMINER?	HOSPITAL:	Outestlast	2 🗆 DOA	OTHE	R:	22					
Ě	27. MANNER OF DEATH	28a. DATE OF INJ		28b. TIME	E OF	28c, INJ	5 Realdenca		er (Specify) ESCRIBE HOW to	VJURY OCCI	IBED	
	1 Natural 5 Pending	(Month, Day, Y	bar)	INJ	URY M	WO						
0	2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE OF IN	JURY — At	home, term, s	treet, fac			28f. LO	CATION (Street a	nd Number o	or Rural Ro	oute Number,
	4 Homicide 8 Could not be	building, etc.	(Specify)					Cit	y or Town, State)			
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the bast of my										and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER		_				29c. LICENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)
	Jany Vitts						MD D40	298	}	3	-11	-94
-	30. NAME AND ADDRESS OF PERSON WHO											
	JANET VITTON	E.M.D.	VAM	C PER	RRY	POI	NT, MD	2.	1902			
ŀ	MAR 1 4 1994	P. STOIS BARD	Manyage	~			· ·					

align or 10 mag ... on Product in 1000 Science ... At ... a ... with

detached for use as the burial-transit permit. Pages 1, 2, 3 should

d be	PS		Pe
retain	5 shou		ottff
y be	age.		be
6 ma	ctor, i		nust
Page	direc		10 T
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riours after death. Page 6 may be retained by	and the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should to		MPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a
after	y the	HOVA	cal
SUDO	d in b	or rer	Dem
5	filled	lion,	the
within	npietely	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
cuted	d cor	urial,	tic e
9 600	an an	r to t	пша
sate b	hysici	prio	or tra
ertifi	fing p	удівн	otho
eath	attend	Ital H	y, or
the d	the	Mer	nfar
that	ed by	h and	any
uires	Sign	Healt	SWC
v req	peen	f. of	sho
he la	has has	e Dep	m 23
W. T	ificate	Stat	r ite
SICI	cert	th the	0,0
F	r this	th wit	arke
ADINO	Afte	deat	ES
E	SIGN	afte	28
OR	DIRE	hours	ftem
PITAL	RAL	27	11 11
HOS	FUNE	Withi	TAN
五	H	Si di	POR
7	12	A	Ξ

BY

COMPLETED

BE

2

2 Accident

3 Suicide

4 Homicide

THom

6 Could not be determined

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MLLETL

29b. SIGNATURE AND TITLE OF CERTIFIER

mille

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH TOHNSON UVENIA MAR 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Morth, Day, Year) 11-30-22 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 17-26-709 1 | M 2 | F YRS. 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Balto BY FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 222 nrose 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Pu 1 YES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use relied.)

Way nd(255) 15. OECEDENT'S EOUCATION (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) Ross LIZE Haze H 19a\_INEORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stepet and Number or Rural Route Number, City or Town, State, Zip Code) 2 ohnson hie 2 nis nrose Ave 20a. METHOO OF DISPOSITION

1 | Burlal 2 | Cremation 3 | Removal from Stata
4 | Donation 5 | Other (Specify) | Total ban Call 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Arbutu 3/16 -us 21. SIGNATURE OF FUNERAL SERVICE LICENSEE James A. Morton & Sons a. 23. PARTY Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): ORONARY DISEASE CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not reautiting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL DIABETES MELLITUS HYPERTENSION CONGEST AILURE 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 1 NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA me 5 🗆 Rasidence 6 🗆 Other (Specify) 4 Nursi 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Netural

М

BON

PHYSICIAN

16b. KIND OF BUSINESS/INDUSTRY aundry 18. MOTHER'S NAME (First, Middle, Malden Surname) 1701 Laurens St., Balto., Md.21217 Interval Between Onset and Daath 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 THE OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, offica building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner ea stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1124 Sccouns HOSPITA OHMH-16 Ray 1/89

07418

20

 BIRTHPLACE (State or Foreign Country) S

10d, INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Blac

Are-state Afficial Al

## ITEM: 23 PART I, PER MEO FILM G-734 4/25/96 t.t

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-709 3/28/94 t.t.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ROGER **JOHNSON** MAR JR 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday IF UNDER I YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH HOURS 2-7-51 43 X 🔯 M 2 🗆 F YRS. <u>215 80 5464</u> permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 2021 PENNSYLVANIA AVE BALTIMORE CITY 10b. COUNTY Baltimore Md. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1925 Division St. 21217 use as the burial-transit after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO II, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 Il yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: I Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 18e, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe 9 Elementary/Secondary (0-12) attending physician and completely filled in by the funeral director, page 5 should be detached mital Hygiene prior to burial, cremation, or removal. Fast Food Server Restuarant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) F BE Roger Johnson, Shirley Cook 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1925 Division St. Balto., Md. 21217 Isabelle Johnson pe 20e. METHOD OF DISPOSITION

To Burlel 2 Cremetion 3 Removal from State
4 Denetion 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemeter). Elematory duals (Date) OATE 20c. LOCATION - City or Town, State must 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner James A. Morton & Sons mes a. 1701 Laurens St., Balto., Md. 21217 medicai 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final NARCOTIC the disease or condition -MORPHINE INTOXICATION resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequantially list conditions, QUE TO (OR AS A CONSEQUENCE OF): If sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 the attent any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the Health and I I YES 2 | NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) r this certificate h h with the State [ item HOSPITAL OTHER: YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 | Nursing Home 5 | Residence 8 | Wither (Specify) AT SCENE 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 🗌 Natural 5 Pending Investigation UNKNOWN M FOUND 3-12-94 1 YES 2 XX NO After t BY UNKNOWN 2 Accident 28e. PLACE OF INJURY — Al home, lerm, street, factory, office building, etc. (Specify) 3 Suicide 99 ETED 8 XXCould not be

Balto., Md. Approximata interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number City or fown, State) 2021 PENNSYLVANIA AVE.

94 07419

3:10

s. BIRTHPLACE (State or Foreign

YEAR

94

9c. COUNTY OF DEATH

Mď.

10g. CITIZEN OF WHAT COUNTRY?

Black

USA

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

XX YES 2 NO

DIRECTOR: / 28 Item OR PITAL RAL 2 \*\* MPORTANT

4 Homicide

29b. SIGNATURE AND TITLE OF CERTIFIER

29e. CERTIFIER

COMPL

B

0

MEDDORE 111 Penn Street, Baltimore, Maryland 21201 37. EGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, MAR 14 1994

FOUND IN HOUSE

PLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated.

2 🗑 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) and manner as stated.

29c. LICENSE NUMBER

O.C.M.E.

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

MAR 12,1994

JONES, NAYLAND DUANE

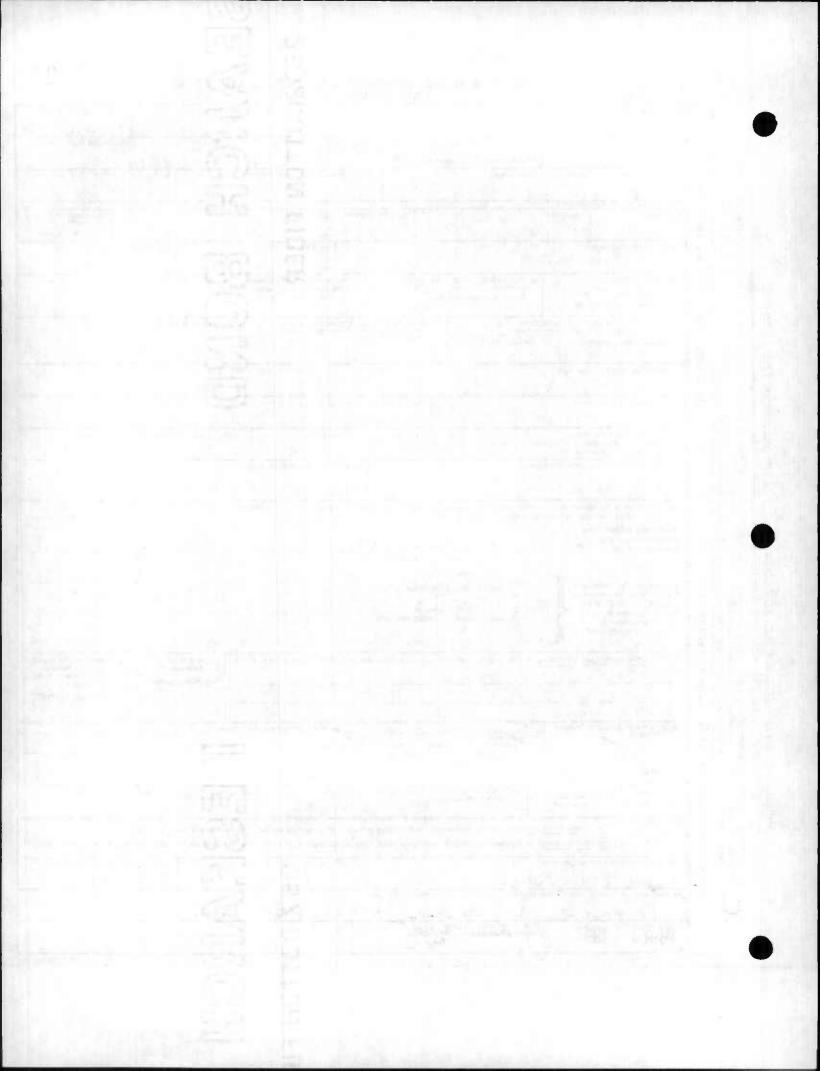
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7420 CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARCH AYLAND JIPP 3005 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 21830 AUGUST 933 MARY permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH SC COUNTY OF DEATH ST- JOSSAH DIRECTOR BALTIMORS JOURSON 10b. COUNTY INC. CITY, TOWN OR LOCATION PRYLAND ARNEY 1 - YES 2 NO FUNERAL 10g, CITIZEN OF WHAT COUNTRY? use as the burial-transit 3209 21234 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married It yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify: В 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EQUICATION 16b. KIND OF BUSINESS/INDUSTRY detached for College (1-4 or 5+) 12YRS 2xolanz 17 FATHER'S NAME (First, Middle, Last) BEAUFORD 9 2000 BE page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 after death. Page 6 may be must be 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 💢 Cremetion 3 ☐ 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town State funeral director, 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY SVANS WHAPLOFF 8800 HARFORD Remo (ROAD filled in by the 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line. the medical Approximate intarvai Batwaen cremation, or Oneat and Death IMMEDIATE CAUSE (Final MYDCARDIAL INFARCTION
OUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) H64RS completely other traumatic event, P.O. BOX 68760 ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE YEARS to burial. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING Mental Hygiene prior CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST SION OF VITAL RECORDS, signed by the a PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. which Prosicials. The law requires that the 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PULMONAR 4 shows any COMPLETION OF CAUSE 1 XYES 2 | NO YES 2 NO PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Le-tificate h HOSPITAL:
1 V Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO ng Homa 5 🗆 Rasidenca 8 🗆 Other (Specify) 10 27. MANNER OF DEATH 28e. OATE OF INJURY still s 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO If item 28-is marked, 1 Natural
2 Accident 5 Pending investigation 1 YES 2 NO 各 death Ather 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my kno 2 MEDICAL EXAMINER: On the TO THE TO 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 13140 9 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOSEPH HOSPITAL GOMEZ, MD. 4 1994

e de la compansión de l

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO

	1. DECEDENT'S NAME (First, Middle, Last  Trank Jan	Nes						2. DATE	DEATH D	8 8	19 3.7	O. (Y)
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (in yrs. last birthde		R 1 YEAR	IF UNDER		7. DATE C		8.	BIRTHPLAC	CE (State or F
	220-76-8252	1 🔀 M 2 🗆 F	33 YRS	MONTHS	DAYS	HOURS	MIN.		2-60		Country) MI	0
~	Se. FACILITY NAME (If not institution, give					OR LOCATI	ON OF DE	ATH	-		Y OF DEATH	
DIRECTOR	LIBERTY MEDICAL	CENTER		BA	ALTI	MORE		5		N	/A	
2	10a. STATE 10b. COUN	ITY	10c. C	HTY, TOWN	OR LOCAT	TION			7		10d.	INSIDE CIT
- 10	MD	N/A	В	ALTIM	ORE	-					M.	YES 2
FUNERAL	3825 NORFOLK AV	ENUE			101	212		176	4		S.A.	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO	13.	WAS DEC	CENDENT Concept Cube	of HISPAN n, Maxica Specify	IIC ORIGINA n, Puerio R	(Specify Yelcan, etc.)	s or No- 14	Black, Wh	
0	15. DECEDENT'S ED (Specify only highest gra-	DUCATION de corroleterii	16a. DECEDENT	"S USUAL O				16b.	KIND OF BU	SINESS/INDUS		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NO1	use retired.)	)		ng .	4				
MP	11TH	N/A	MEDICA	L TEC	HNIC	_				OPKINS	S HOSE	PITAL
	17. FATHER'S NAME (First, Middle, Last) CHARLIE JONES								iddle, Meiden	Sumame)		
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NO ADDRES	S (Street a			WILL]		vn, State, Zip Co	nela)	
2	ELSIE CALLAHAN	CHING								1D 2120		
	20a. METHOD OF DISPOSITION 1 [X] Burial 2 Gremation 3 Gre	mount from Pants	20b. PLACE AND DAT	E OF DISPO	SITION (No	ame of	,	OATE	_	CATION - CIT		State
	4 Donation 5 Other (Specify)		BALTIMOR	e CEM	ETER	Y			BAI	TIMORE	E, MD	
	21. SIGNATURE OF FUNERAL SERVICE	3/MI	1 200 01	/		ND ADDRE			01 F	NORTH	1 7/1EV	AT TE
	IMMEDIATE CAUSE (Final disease or condition	e. List only one cause of	on each line.	not enter	r the mo							Approxi
TIFICATION	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. EN DUE TO (OR DUE TO (OR C. Se	as a consequence	AI Q OF):	r the mo							Approxim
CERTIFICATION	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. ENT DUE TO (OR DUE TO (OR) C. DUE TO (OR) DUE TO (OR)	AS A CONSEQUENCE	AIQ OF):	or the mo	ode of dy	ing, suci	h aa card				Approxim
EDICAL	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. ENT DUE TO (OR DUE TO (OR) C. DUE TO (OR) DUE TO (OR)	AS A CONSEQUENCE	AIQ OF):	or the mo	ode of dy	ing, suci	Part I.		AAUTOPSY	24b. WER	Approximination of the control of th
MEDICAL	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. ENT DUE TO (OR DUE TO (OR) C. DUE TO (OR) DUE TO (OR)	AS A CONSEQUENCE	AIQ OF):	or the mo	ode of dy	ing, suci	Part I.	ac or reap	AAUTOPSY	24b. WER	Approxin Interval I Onset an  III Onset an  III AUTOPSY LABLE PRIOR
MEDICAL	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. ENT DUE TO (OR DUE TO (OR d. One contributing to dear	AS A CONSEQUENCE	AIQOP): OF):	or the mo	g ceuse :	ing, suci	Part I.	ac or reap 24a. WAS AN PERFOI 1 YES :	AAUTOPSY	24b. WER	Approxin Interval I Onset ar  NE AUTOPSY LABLE PRIOR P
SICIAN: MEDICAL	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 PNO	a. DUE TO (OR DUE TO (	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  This but not resulting  ACOUNTY TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE T	OF):  OTHE	or the mo	g ceuse :	given in	Part I.	24a. WAS AN PERFOI 1 YES :	A AUTOPSY RMED?	24b. WER AMAI COM OF E	Approximination of the control of th
PHYSICIAN: MEDICAL	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 PNO  27. MANNER OF DEATH	a. EN OUE TO (OR DUE T	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE	AIQ OF):	28. PI	g ceuse	given in	Part I.	24a. WAS AN PERFOI 1 YES :	AAUTOPSY	24b. WER AMA COM OF E	Approxin Interval I Onset ar  NE AUTOPSY LABLE PRIOR P
BY PHYSICIAN: MEDICAL	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Actural 5 Pending Investigation 2 Accident Investigation	a. DUE TO (OR DUE TO (	AS A CONSEQUENCE  AS A CONSEQU	OF):  OF):  OF):  OTHE  OTHE  A   Q  OF):	28. PI  28. INJ  28. INJ  28. INJ  28. INJ  28. INJ	g ceuse	given in	Part I.	24a. WAS AN PERFOI 1 YES ;	A AUTOPSY RMED?	24b. WER AMAR COME 1 1 T	Approxitinterval Onset as  NE AUTOPSY LABLE PRIOR PRICETION OF DEATH?  YES 2
D BY PHYSICIAN: MEDICAL	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Tetural 5 Pending	a. DUE TO (OR DUE TO (	AS A CONSEQUENCE  AS A CONSEQU	OF):  OF):  OF):  OTHE  OTHE  A   Q  OF):	28. PI  28. INJ  28. INJ  28. INJ  28. INJ  28. INJ	g ceuse	given in	Part I.  Part I.  Bock only one  6 Other  28d. DES	24a. WAS AN PERFOI 1 YES ;	I AUTOPSY RMED? 2 NO INJURY OCCUI	24b. WER AMAR COME 1 1 T	Approxir Interval Onset ar Onset ar  NE AUTOPSY LABLE PRIOR PRICETION OF DEATH?  YES 2
D BY PHYSICIAN: MEDICAL	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immedieta cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not b determined  29e. CERTIFIER (Check only 1 CERTIFYING PHY	a. DUE TO (OR DUE TO (	AS A CONSEQUENCE  AS A CONSEQU	OF):  OF):	28. Pti- InderlyIn- 28. Pti- Insign Horn 28c. INJ 1 Ctory, office	g ceuse :  LACE OF 0  TO RE 5 RI  JURY AT J	given in	Part I.  Deck only one  6 Other  28d. LOCA City of	24a. WAS AN PERFO!  1 YES :  (Specify)  TION (Street Town, State)	A AUTOPSY RMED? 2 NO INJURY OCCUI	24b. WERAMAN COM OF T	Approximination of the control of th
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immedieta cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not b determined  29e. CERTIFIER (Check only 1 CERTIFYING PHY	a. DUE TO (OR. b. DUE TO (OR. c. DUE TO (OR. d. DUE	AS A CONSEQUENCE  AS A CONSEQU	OF):  OF):	28. Pti- InderlyIn- 28. Pti- Insign Horn 28c. INJ 1 Ctory, office	g couse :  LACE OF D  TO S   R  JURY AT  JURY AT  JURY 2 2 [  To a end place  death occu	given in	Part I.  Part I.  Sck only one  6 Other  28d. DESc.  City of  to the caustime, data	24a. WAS AN PERFO!  1 YES :  (Specify)  TION (Street Town, State)	INJURY OCCUI	24b. WER AMA COMO OF I	Approximination of the control of th
D BY PHYSICIAN: MEDICAL	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Tetural 5 Pending Investigation 3 Suicide 8 Could not b determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	a. DUE TO (OR. b. DUE TO (OR. c. DUE TO (OR. d. DUE	AS A CONSEQUENCE  AS A CONSEQU	OF):  OF):	28. Pti- InderlyIn- 28. Pti- Insign Horn 28c. INJ 1 Ctory, office	g couse :  LACE OF D  TO S   R  JURY AT  JURY AT  JURY 2 2 [  To a end place  death occu	given in EATH (Che peldence NO	Part I.  Part I.  Sck only one  6 Other  28d. DESc.  City of  to the caustime, data	24a. WAS AN PERFO!  1 YES :  (Specify)  TION (Street Town, State)	INJURY OCCUI	24b. WERAMAN COM OF T	Approximination of the control of th



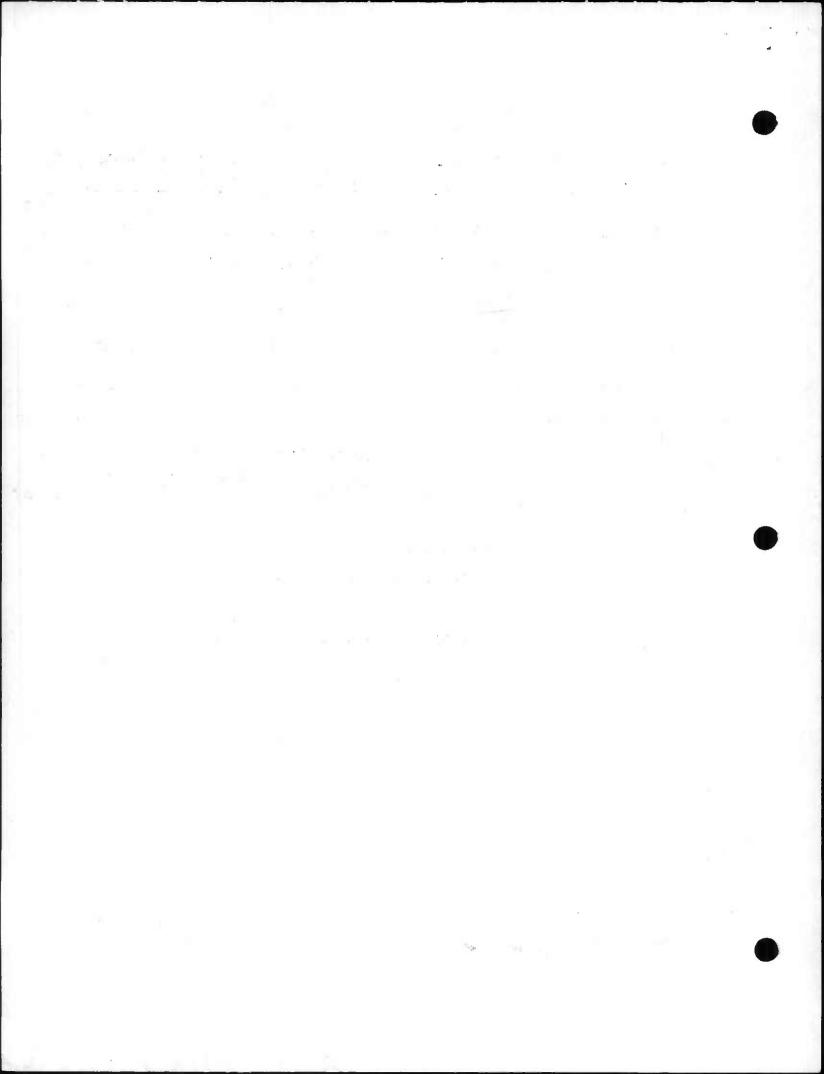
TO BE COMPLETED BY FUNERAL DIRECTOR

6, P.O. BOX 68	and the same of the stand of the stands and the same of
×	-
$\circ$	4
n	1
-	4
ب	-
7	4
11	dan
	40
r	9
	4
5	-
HAL RECORDS	,
I,	
4	1
∢	
=	1
>	CIABL. T
-	9
0	3
z	ê
0	1
7	3
0	ŧ
>	å

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		once.
rificate be executed within yours after death. Page 6 may be retained by the hospital or attending physical	g physician and completely filled in by the funeral director, page 5 should be	burial, cremation, or removal.	ther traumatic event, the medical examiner must be notified at
ATTENDING PRESCIAN: The law requires that the death certificate be executed wi	TITLE AFE THE SETTIFICATE has been signed by the attending physician and completely filled in by the funeral director,	It after death with the State Dept. of Health and Mental Hygiene prior to	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m

FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTM			IENTAL HYGIEI		4 07422
I. DECEDENT'S NAME (First, Middle, Last)  LA URA	E. KOONS				2. DATE OF DEATH	8 94	
8. SOCIAL SECURITY NUMBER  3. SOCIAL SECURITY NUMBER  5. SI  1 □  1. PACILITY NAME (If not institution, give street en	M 2 VF 73	YRS. MOR	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 13,	920	HRTHPLACE (State or Foreign Country)  MARYLAND
FRANCIS SCOTT	KEY MES	× 1		TIMORE	-#	9c. COUNTY	OF DEATH
0e. STATE 10b. COUNTY	IMORE CE	10c. CITY, TO	OWN OR LOCAT	mole	CO,		10d. INSIDE CITY LIMITS? 1 YES 2 NO
6903 YALE	ROAD			ZIP CODE 2/220	-1050	10g. CITIZEN	OF WHAT COUNTRY?
Never Merried 2 Merried	WAS DECEDENT EVER IN U.S ORCES? 1 TYES 2 YES, GIVE WAR OR DATES	<b>™</b> no	If yes, spe	ENDENT OF NISPANI city Culvin, Mexicen, 2 NO Specify:	C ORIGIN? (Specify Yo Puerlo Rican, atc.)	14. 1	RACE And Diller Black, White, etc. Specify:
15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) Coll	9ted) 186 ege (1-4 or 5 +)	(Give kind of work life. Do NOT use rel	done during mos	N et of working	and the second second	SINESS/INDUSTI	ROEBUCKS
17. FATHER'S NAME (First, Middle, Last)  SHO	DEMAKE	R		16. MOTHER'S NAM	E (First, Middle, Melde)	ROME	BERG
196. INFORMANT'S NAME (Type/Print) CHRISTINE BELF	-RAGE	196. MAILING ADD	DRESS (Street as	Number or Rural Ro	oute Number City or To	wn, State, Zip Cod	R, MD, 2101
Burlel 2 Cremetion 3 Removal tr Donation 5 Other (Specify)	om State 20b. PL/	CE AND DATE OF DE	ISPOSITION (Na	EY MEM	3-1/ CO	OCATION - CITY	VILLE, MD
21. SIGNATURE OF FUNERAL SERVICE LICENSES	gair mod	#	22. NAME AN	NS CH	ASET O	S ME	MORIES PRIVILEM
23. PART I. Uniter the diseases, or complete, or heart failure. List a simmer than the complete condition the condition at th	entiona that ceused the	line.		PERFOX		piratory arrest,	Approximate Interval Between Onset and Dest
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events reaulting in death) LAST	DUE TO (OR AS A CO	Stappo NSEQUENCE OF):					
Sy Aoxn	tributing to death but r			cause given in P	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	SPITAL:		THER:	ACE OF OEATN (Chec			
Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	M 1 Y	PRY AT RK?	28d. OESCRIBE HOW		
4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	at nome, term, stree	it, fectory, office		28t. LOCATION (Street City or Town, State		ural Route Number,
99. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 01 MEDICAL EXAMINER: On	To the best of my knowledge the beele of examination en						use(e) and manner se stated.
196. SIGNATURE AND TITLE OF CERTIFIER	111.11			29c. LICENSE NUME		29d. DATE SIG	GNED (Month, Day, Year)



BE COMPLETED BY FUNERAL DIRECTOR

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE

2

TO THE HOSPITH OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE HARMAL DESCRIPTION AND THE THIS SETTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	be find with the Caste Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT II Iem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--	--	---	--

FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR ERTIFI						HYGIEN	E 5	<b>!</b> ;	071	23
1. DECEDENT'S NAME (First, Middle, Leet) ELEANOR		LAWSON					-	2. DATE OF MONTH MARCH			YEAR	3. TIME OF	DEATH
4. SOCIAL SECURITY NUMBER 216-20-9796	5. SEX 1  M 2 F	6. AGE (in yrs. is		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF				LACE (State	o or Foreign
90. FACILITY NAME (If not institution, give st MARYLAND GENERA RESIDENCE OF DECEDENT	Treet and number) L HOSPIT	AL				RE C		EATH			TIMO		TY
10a. STATE 10b. COUNTY  Md .	,			town o								10d. INSIDI	3?
100. STREET AND NUMBER  2406 McEldery St.  101. ZIP COOE  21213  USA													
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO If YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, apacity Cuban, Maxican, Puarto Rican, etc.)  14. RACE — Ameri Black, White, a Specify Cuban, Maxican, Puarto Rican, etc.)  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, apacity Cuban, Maxican, Puarto Rican, etc.)  16. RACE — Ameri Black, White, a Specify: B1								White, atc.					
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12 th													
17. FATHER'S NAME (First, Middle, Last)  12 th Welto:	n Lee					El	la .	Me (First, Midd Mae B	rowr	1			
19a. INFORMANT'S NAME (Type/Print) Brenda Christi		11	2406	MC I	Street a Elde	nd Number	or Rural I St.	Balt	City or Towi	Md .	21	213	
28e. METHOD OF OISPOSITION 1A\( \) Buriel 2 \( \) Cremation 3 \( \) Remote A \( \) Donation 5 \( \) Other (Specify)		cometery, cr	and date of the da	her place) .	_		k	OATE			City or Tow Wn,		land
21. SIGNATURE OF FUNERAL SERVICE LIC	(c)	1		46	511		k H	De eight	s Av	7e.	Balt		F.H. Md.l
23. PART I. Enter the diseases, or cahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	ARRH	caused the days on each line YTMIA DU	E TO	CORC						ratory sr	rest,	inter	oximate vsi Betwee ot and Dest
Sequentielly liat conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b												
PART II. Other significent condition	s contributing to	deeth but not	recuiting in	the un	derlying	ceuse g	given in	1	PERFOR	MEO?		AWAILABLE I	PSY FINDINGS PRIOR TO N OF CAUSE

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA EXMINER? OTHER: 4 Nursing Home 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 TES 2 NO 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 4 Homicide

29a. CERTIFIER (Check only one) 1 ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated

MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated

29b. SIGNATURE AND JUYLE OF CERTIFIEF 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month. Day, Year) Rong Santosa.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3-10-94.

DR. SANTOSA c/o MARYLAND GENERAL HOSPITAL

MAR 1 41994



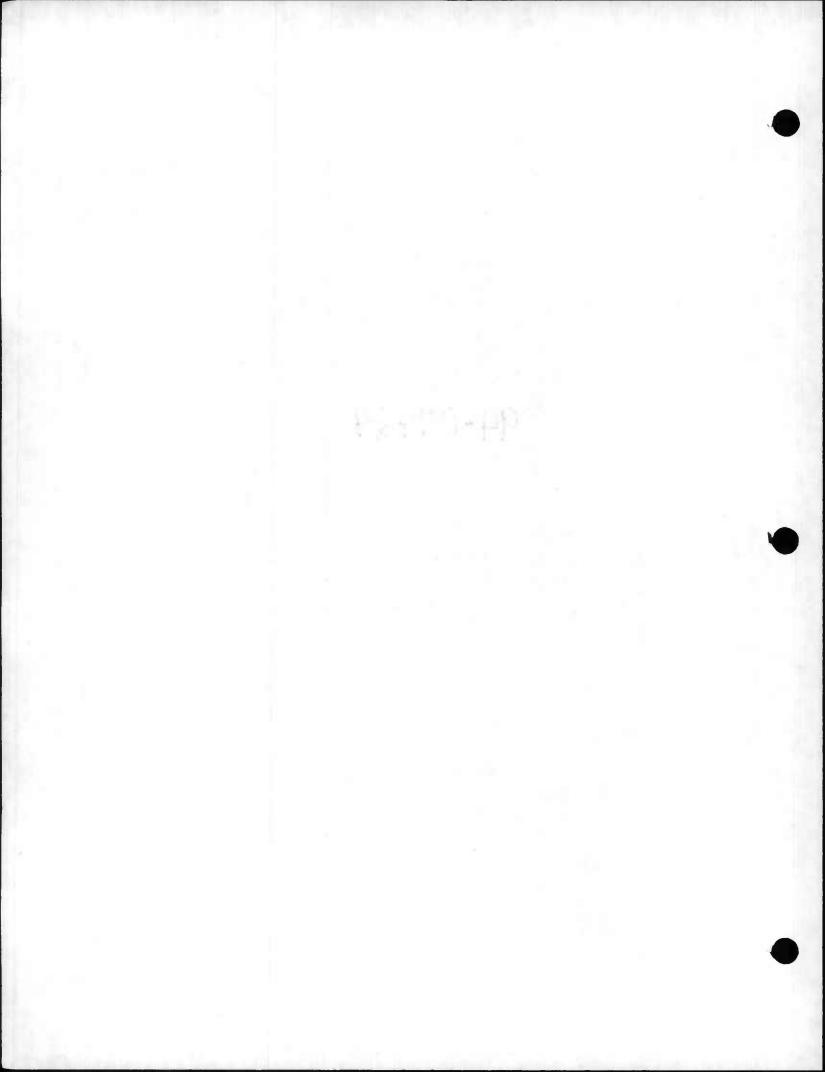
Md.15

Approximate intervsi Between Onset and Desth

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

v Marin di ama di s VOID
CERTIFICATE # 94-07424
SEE
CERTIFICATE #

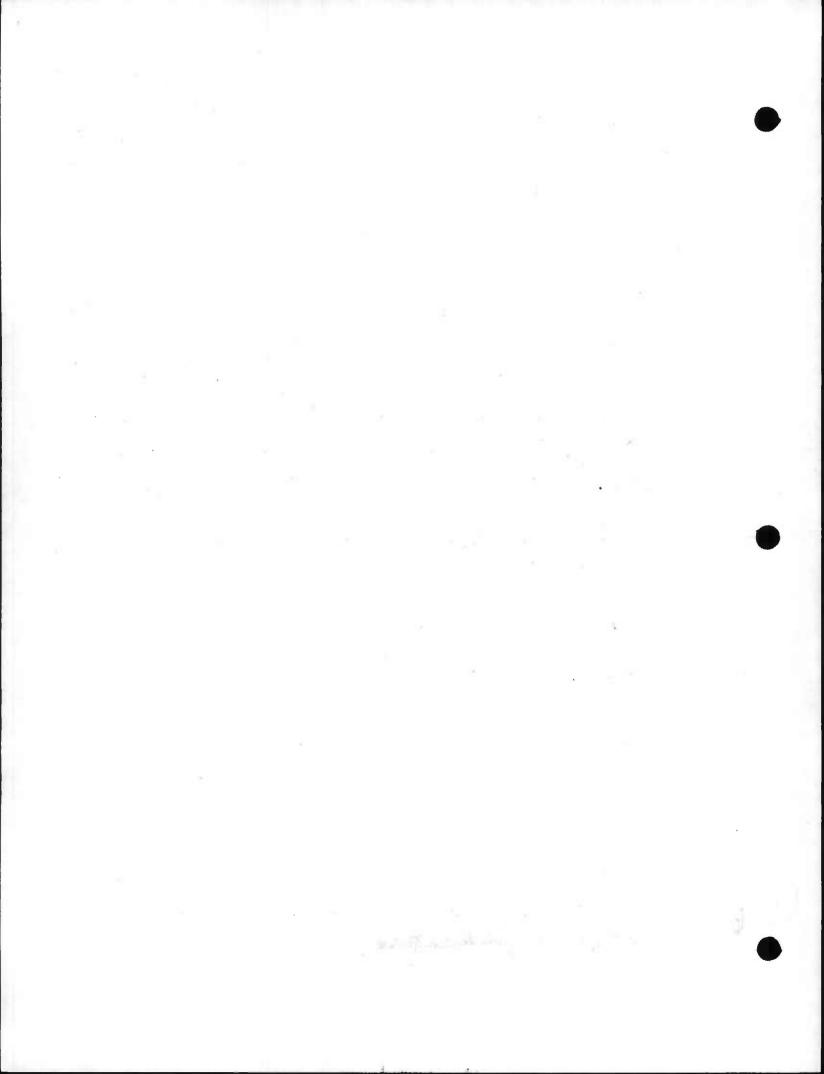


VOID 94-07424 See

permit. Pages 1, 2, 3 should

	Sit		
an.	tra		
Sic	E		
£	Ď		
9	the state		
ē	SE T		
atte	92		
0	Š		
2	9		
Sp	hed		
2	tac		
E E	g		
Š	ಶ		4
9	뒁		7
all a	왕		41.42
95	5		
2	30e		3
Tag.	ď		4
٥	cto		1
96	ire		1
2	al c		-
Ĕ.	Je J		Į
ě	1		-
Te.	€	DV3	7
S	3	E.	41.0
3	5	10	i
	ille	ď	-
Α.	Y	atio	40
5	lete	EH	
8	dE.	5	-
<u> </u>	8	ial	-
9	pur	3	990
8	E.	9	-
5	Sicie	100	1
Call	E.	9	1
5	0	ie.	4
25	din	E S	
Me	rte	TE	
8	60	len.	1
Ē	43 /	P	j
nat	D P	an	ì
55	Je I	alth	•
Š	Si	He.	-
9	eer	of	4
THE HUSPITAL UH ALL'ENDING PHYSICIAN. THE JAW REQUIRES THAT THE GEATH CETTINGARE DE EXECUTED WITHIN THE HUSPITAL UH ALL'ENDING PHYSICIAN.	IS b	lied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the second of th
9	P.	e D	1
	cate	Stat	26.00
A	Tiff	30	1
2	93	11	4
Ť	this	WIT	A.a.
5	er i	ti.	-
2	Aft	de	1
L.	SH:	ter	-
A	E	a	è
Y	뿚	NUC	1
١	0	P.	1.24
A	B	77	7. 84
3	볼	thic	204
Ĭ	F	×	-
분	불	Pel	3

	FOR 1 STATE	STATE OF MARYL	AND / DEPAI	RTMENT OF	HEALTH AND	MENTAL HY	GIENE 9	4 0	7425	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	RALPH	CERTIF	LEE	F DEATH	2. DATE OF DE	G. NO.  EATH DAY  10,1994	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER  379–18–1917  9a. FACILITY NAME (If not institution, give str	1√XM 2 □ F 93	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR	8 HOURS MIN.	7. DATE OF BIF (Month, Day, AUG. 4,	1900	8. BIRTHPL Country)	ACE (State or Foreign	
DIRECTOR	9966 OAKLEA CIRCL	E		ELLIC	OTT CITY	EATH		IOWARD	TH	
	MARYLAND HOWA  100. STREET AND NUMBER		10c. Ci	COLUME			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 💥 📉 10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	5400 THUNDER HILL  11. MARITAL STATUS  1 Never Married 2 Married	ROAD  12. WAS DECEDENT EVER II FORCES? 1 YES					cify Yea or No-	J.S.A.	American Indian,	
ED BY	35 Wildowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade of	IRA. DECEDENT'S	1 🗆	TES 2 XXNO Specification	y:	OF BUSINESS/IN	Specify:	WHITE		
COMPLET	Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	TAX CON		1	OWN COMPANY  16. MOTHER'S NAME (First, Middle, Maiden Surname)				
BE	JAMES LEE  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Stre	LOVELI et and Number or Rural	A CRAW	FORD			
10	SUSAN LEE-BECHTOL  20a. METHOD OF DISPOSITION  1  Burlal 2 Cremelion 3  Remo	oval from State 20th	p. PLACE AND DATE	OF DISPOSITION		DATE	20c. LOCATION -	- City or Town,	Stata	
	21. SIGNATURE OF SUMERAL SERVICE LICENSEE    A Donallon 5 Other (Specify)								RAL HOMES	
	ahock, Dr heart fallura. List only one cause on each line.  IMMEDIATE CAUSE (Final  Onset and 0								Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C									ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?  YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER:									
XSI	1 TYES 2 PNO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 92040 Home								me	
ВУ РН	1 Natural 5 Pending   (Month, Day, Year)   INJURY   WORK?   WORK?   Live and the property of t									
ETED.	4 Homicide datarminad building, atc. (Specify)  City or Town, State)								e Number,	
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated.									
TO BE (	29b. SIGNATURE AND TITLE OF CENTIFIER	29b. SIGNATURE AND TITLE OF CERTIFIER						S-16		
	JERRY I. LEVINE M	.D. 11055 LI	TTLE PAT	e, Print) TUXENT	SUITE PARKWAY,O	104 OLUMBIA	, MD. 2	1044		
	MAR 1 4 1994 MAR 1 4 1994	32. REGISTRARE SIGN	bon-Ande	M.						

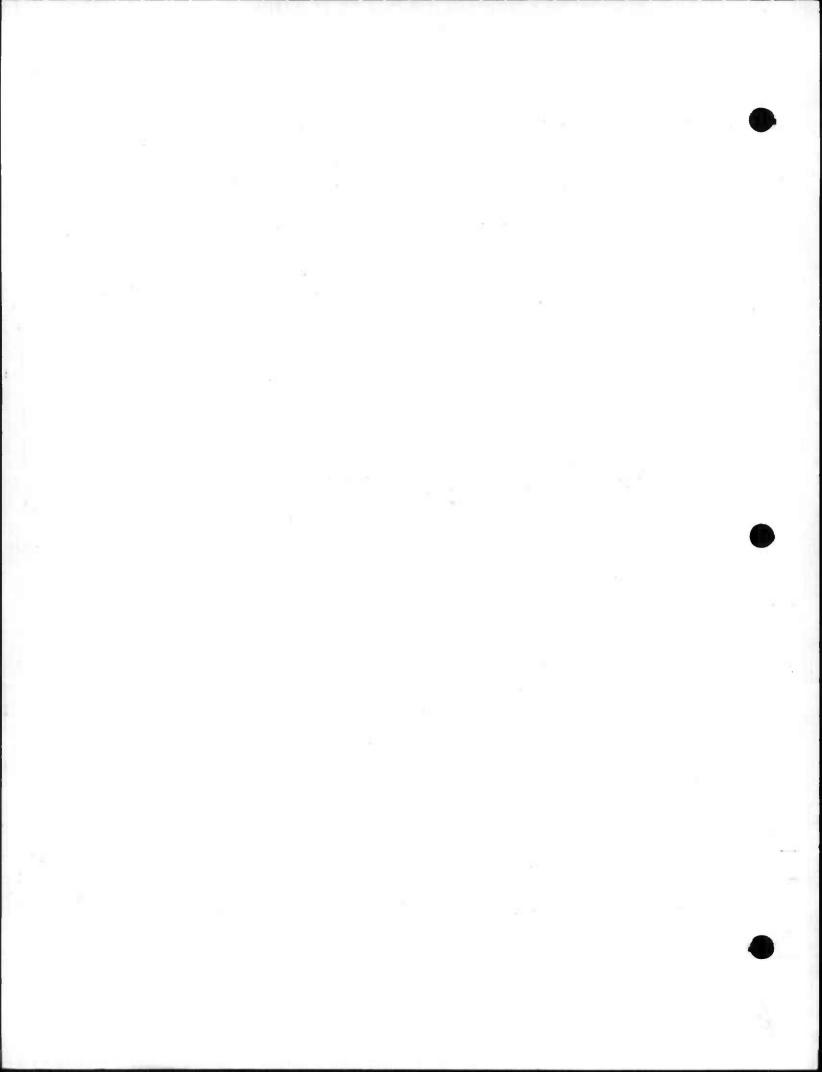


0020	ab airing
21215-0	attending
0.21	nital ac
LAN	the bon
MARYL	and have
, MA	ha cate
ORE	S may
TIMO	Dana
AL.	death

DIVISION OF VITAL RECORDS P.O. BOX 68760

FOR STATE REGISTRAR	STATE	OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	94	0
DECEDENT'S NAME (First, Mi	iddle, Last)		2. DATE OF DEATH		3. TIN
Catherine	Linke		MONTH 3/11/94	YEAR	-

## SOCAL SECURITY NUMBER    2007   18 - 7941	A SOCIAL SICURITY NAME (If one nominutor) give about and named  No. CITY TOWN ON LOCATION OF DEATH  No. TITLET AND MARKET (IF one nominutor) give about and named  No. CITY TOWN ON LOCATION OF DEATH  No. TITLET AND MARKET OF DEATH OF THE NAME OF T	1	1. DECEDENT'S NAME (First, Middle, Last Catherine Li	nke			·	2. DATE OF DEATH MONTH 3/11	MY/94 YE	3. TIME OF OEATH 1:10am		
Se. COUNTY OF BASH  ANNE ARUNDEL  MILLER STREET  SOLUTION  BALTIMORE CITY  WILLER STREET  SOLUTION  BALTIMORE CITY  WILLER STREET  SOLUTION  SOLUT	## ACULTY MAKE (IN ON INTERIOR, On INTERIOR OF BUSINESS INTERIOR OF BUSI			20.000				7 DATE OF BURTH	10.0	BIRTHPLACE (State or Foreig		
18th STREET AND NAMEER   13.2 MATERIAL STREET   10.7 APPACE OF THE AND CONTROL   15.5 MARCH AN	THE DITTOR OF COUNTY    The COUNTY   The County   The Cou	OR	Knollwood Nursing	The state of the s				EATH	9c. COUNTY	OF DEATH		
The ASPECT AND MARKER  105. ZP CODE  12230  10 ASPECT AND MARKER  105. ZP CODE  1230  10 ASPECT AND MARKER  10 ASPECT AND MARKER  10 ASPECT AND MARKER  10 ASPECT AND MARKER  10 ASPECT AND MARKER  11 ASPECT AND MARKER  11 ASPECT AND	THE BUTTON OF CONTROLLED TO CO	DIRECT	10a. STATE 10b. COUN	тү						LIMITS?		
Type   The continue   Type	THE SECRETARY SINCE WAR OR DATES  IF YES, GIVE WAR OR DATES  IF YES, GIVE WAR OR DATES  IF YES, GIVE WAR OR DATES  IF YES, GIVE WAR OR DATES  IF YES, GIVE WAR OR DATES  IS, DECEDENT'S USUAL OCCUPATION, COUNTY OF BUSINESSINOUSTRY  (Check line of of one does during most of ensing)  IN HOME MAKER  IS, MOTHET'S NAME (First, Micros, Medican Euramon)  ISO, DATE IS, MOTHET'S N	A		es Street		101		0	1	OF WHAT COUNTRY?		
15. DECEMBERT SELUCATION (SCHOOL) or highest grobe completed)  15. DECEMBERT SELUCATION (SCHOOL) or highest grobe completed)  15. DECEMBERT SHAME (First, Mickide, Later)  15. MAILENG ADDRESS (Street and Number or Rural Route Number, Carry or Swan, State, School)  15. MAILENG ADDRESS (Street and Number or Rural Route Number, Carry or Swan, State, School)  15. MAILENG ADDRESS (Street and Number or Rural Route Number, Carry or Swan, State, School)  15. MAILENG ADDRESS (Street and Number or Rural Route Number, Carry or Swan, State, School)  15. MAILENG ADDRESS (Street and Number or Rural Route Number, Carry or Swan, State, School)  15. MAILENG ADDRESS (Street and Number or Rural Route Number, Carry or Swan, State, School)  15. MAILENG ADDRESS (Street and Number or Rural Route Number, Carry or Swan, State, School)  15. MAILENG ADDRESS (Street and Number or Rural Route Number, Carry or Swan, State, Street, Street, S	18. DECEMPTS INJURION   18. DECEMPTS INJURION (DECEMPTOR)   18. DECEMPTS INJURION (DECEMPTOR)   18. DECEMPTS INJURION (DECEMPTOR)   18. DECEMPTOR INJURION (DECEMPTOR)   18. DECEMPTOR INJURIOR (DECEMPTOR INJURIOR INJURIOR (DECEMPTOR INJURIOR INJURIOR INJURIOR INJURIOR (DECEMPTOR INJURIOR I		1 Never Married 2 Married	FORCES? 1 YES	2 X (0	If yea, sp	ecify Cuban, Maxica	PANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Ican, Puerto Rican, atc.)				
SUSANNA THOMAS  195. MALING ADDRESS (Street and Number or Rural Routin Number. City or Som. State 2,0 Code)  196. MALING ADDRESS (Street and Number or Rural Routin Number. City or Som. State 2,0 Code)  197. RANKER OF DISPOSITION  198. MALING ADDRESS (Street and Number or Rural Routin Number. City or Som. State 2,0 Code)  198. MALING ADDRESS (Street and Number or Rural Routin Number. City or Som. State 2,0 Code)  198. MALING ADDRESS (Street and Number or Rural Routin Number. City or Som. State 2,0 Code)  198. MALING ADDRESS (Street and Number or Rural Routin Number. City or Som. State 2,0 Code)  198. MALING ADDRESS (Street and Number or Rural Routin Number. City or Som. State 2,0 Code)  198. MALING ADDRESS (Street and Number or Rural Routin Number. City or Som. State 2,0 Code)  198. MALING ADDRESS (Street and Number or Rural Routin Number. City or Som. State 2,0 Code)  208. METHOD OF DISPOSITION (Number of Tural Routin Number or Rural Routin Number. City or Som. State 2,0 Code)  209. MALING ADDRESS (Street and Number or Rural Routin Number. City or Som. State 2,0 Code of Town State 2,0 Code of Tural Routin Number or Rural Routin Number. City or Som. State 2,0 Code of Town State 2,0 Code of Tural Routin Number or Rural Routin Number. City or Town, State 2,0 Code of Tural Routin Number or Rural Routin Number. City or Town, State 2,0 Code of Town State 2,0 Code of Town State 2,0 Code of Tural Routin Number or Rural Routin Number. City or Town, State 2,0 Code of Town State 2,0 Code of Tural Routin Number. City or Town, State 2,0 Code of Town State 2,0 Code of Tural Routin Number. City or Town State 2,0 Code of Tural Routin Number. City or Town, State 2,0 Code of Tural Routin Number. City or Town State 2,0 Code of Tural Routin Number. City or Town State 2,0 Code of Tural Routin Number. City or Town, State 2,0 Code of Tural Routin Number. City or Town, State 2,0 Code of Tural Routin Number. City or Town, State 2,0 Code of Tural Routin Number. City or Town, State 2,0 Code of Tural Routin Number. City or Tural Routin Nu	SUSANNA THOMAS  199. MAILING ADDRESS (Stored and Number or Round Read Number or City or Swin, Slating 20 Cooling and Number or Round Read Number or Round Re	ETED	(Specify only highest grad	le completed)	(Give kind of life. Do NOT u	of work done during most of working 17 use refired.)						
198. NRFORMANTS NAME (**Prefirint**)  199. MAILING ADDRESS (Street and Number of Rural Route Number. City or Town, State, 20 Code)  14 08 TOWS ON STREET, BALTIMORE, MD 21230  14 08 TOWS ON STREET, BALTIMORE, MD 21230  209. METHOD OF DISPOSITION  120. LICATION — City or Town, State  209. LICATION — City or	198. MALBING ADDRESS (Siting and Number or Rural Route Number, City or Rural, State, Xip Code)  SUSANNA THOMAS  1408 TOWSON STREET, BALTIMORE, MD 21230  1408 TOWSON STREET, BALTIMORE, MD 21230  1408 TOWSON STREET, BALTIMORE, MD 21230  200. PLACE AND DATE of DISPOSITION (Immediate Control or Town, State)  201. PLACE AND DATE of DISPOSITION (Immediate Course)  121. SIGNATURE, OF PURAL SERVICE LEARNING  222. PLACE AND DATE of DISPOSITION (Immediate Course)  123. SIGNATIRE, OF PURAL SERVICE LEARNING  224. PLACE AND DATE OF DISPOSITION (Immediate Course)  125. STATE CAUSE (Final diseases, or complications that claused the deeth, Do not enter the mode of dying, such as cerdiec or respiratory errest, Interval Barbar and Course and Do not evaluate on each line.  125. PLACE OF DEATH (Prock only one)  126. WAS CASE PIET BRIDED TO MEDICAL EVALUATION (Street and Number or Rural Route Number or Rural R	-	17. FATHER'S NAME (First, Middle, Last)	RT, SR.	<u>H</u>	OMEMAKE	18. MOTHER'S NAME (First, Middle, Meiden Surneme)					
209. METHOD OF DISPOSITION   Removal from State   200. PLACE AND DATE OF DISPOSITION   Removal from State   200. PLACE OF INDIPOSITION   Removal from State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. LOCATION - City or Town, State   200. Location   200.	20. METHOD OF DISPOSITION    20. METHOD OF DISPOSITION   200. PLACE AND DATE OF DISPOSITION   200. PLACE AND DATE OF DISPOSITION   200. PLACE AND DATE OF DISPOSITION   200. PLACE AND DATE OF DISPOSITION   200. PLACE AND DATE OF DISPOSITION   200. PLACE AND DATE OF DISPOSITION   200. PLACE AND DATE OF DISPOSITION   200. PLACE AND DATE OF DISPOSITION   200. PLACE AND DATE OF DATE   200. LOCATION — City or Town, Susta   200. PLACE AND DATE OF DISPOSITION   200. PLACE AND DATE OF DATE   200. LOCATION — City or Town, Susta   200. PLACE AND DATE OF DATE   200. LOCATION — City or Town, Susta   200. PLACE AND DATE OF DATE   200. LOCATION — City or Town, Susta   200. PLACE AND DATE OF DATE   200. LOCATION — City or Town, Susta   200. PLACE AND DATE OF DATE   200. LOCATION — City or Town, Susta   200. PLACE AND DATE OF DATE   200. PLACE AND DATE OF DATE   200. PLACE AND DATE OF DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND DATE   200. PLACE AND P		19a. INFORMANT'S NAME (Type/Print)		19b. MAILING 1408	ADDRESS (Street a	nd Number or Rural	Route Number City or Toy	vn. State. Zin Code	el (		
22. NAME AND ADDRESS OF FACILITY Charles L. Stevens Funeral Home, Inc. 1501 E. Fort Ave. Baltimore, Maryland 2123  23. PART I. Enter the diseases, or complications that claused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory errest, ehock, or heart feliure. Lief only one ceuse on each line.  IMMEDIATE CALSE (Final disease or condition resulting in deeth)  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF	22. SIGNATURE OF FUNERAL SERVICE  22. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, or complications that closed the deeth. Do not enter the mode of dying, such as cerdisc or respiratory errest,  Approximate service, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition, resulting in deeth)  DUE TO (OR AS A CONSCOURNCE OF):  B. DUE TO (OR AS A CONSCOURNCE OF):  C. DUE TO (OR AS A CONSCOURNCE O	8	1X1Xeuriel 2 - Cremation 3 - Red		. PLACE AND DATE	OF DISPOSITION (Na	rme of	DATE 20c. LC	CATION — City	or Town, Stata		
23. PART I. Enter the diseases, or complications that clused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory errest, interval Betw Ones and Due to (OR AS A CONSCOUENCE OF):  Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUE	29. PART I. Enter the diseases, or complications that clused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, interval Betw onset and Do UE TO (in As A CONSEQUENCE OF):  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSE	examiner	21. SIGNATURE OF FUNERAL SERVICE		7	22. NAME AN Charle	D ADDRESS OF FA	vens Funer	al Home	, Inc.		
DEPUTE OF DEATH    AMAINER OF DEATH   Check only one   Control	DART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.    PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   PART II. Other eignificant conditions contributions conditions conditions conditions conditions conditions co	e e	enock, or heart feilure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PERFORMED?  1 YES 2 NO    NAMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH   V CC ext Cord   PARTHY   1 YES 2 NO    YES 2 NO    NAMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH   V CC ext Cord   PARTHY   1 YES 2 NO    YES 2 NO	The second contains the se	traumatic CATION	Sequentielly list conditions, if sny, lesding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	b DUE TO (OR AS A	CONSEQUENCE O	F):				465 m		
EXAMINER?  1   YES 2   NO   NO   NO   NO   NO   NO   NO	EXAMINER?  1 YES 2 NO  1 Inpatient 2 EX/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 ND  28b. CERTIFIER  28b. DATE OF INJURY AT WORK?  1 YES 2 ND  28c. INJURY AT WORK?  1 YES 2 ND  28c. INJURY AT WORK?  1 YES 2 ND  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE	L CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initisted eventa resulting in deeth) LAST	b. DUE TO (OR AS A d.	A CONSEQUENCE O	F):	3 Ceuee given in	Part I. 24e. WAS AN	AUTOPSY			
O. 1) Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 28s. PLACE OF INJURY — At home, ferm, street, factory, office 28s. LOCATION (Street and Number of Bural Brute Number)	1   1   1   1   1   2   2   3   3   3   3   3   3   4   4   4   4	shows any injury, or other traumatic: MEDICAL CERTIFICATION	Sequentielly list conditione, if sny, lesding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	b. DUE TO (OR AS A d. DUE TO the contributing to deeth b	A CONSEQUENCE O	F):  In the underlying		PERFO	RMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
	4 Homicide determined building, stc. (Specify)  City or Town, State)  29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) end manner as etated.	Item 23 shows any injury, or other traumatic SICIAN: MEDICAL CERTIFICATION	Sequentielly list conditione, if sny, lesding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the ceuse of th	DUE TO (OR AS A  d.  DUE TO (O	CONSEQUENCE OF A CONSEQ	In the underlying Pi's  28. PL  OWNER: 4 Nursing Hom	ACE OF DEATH (Ch	PERFOI  1 VES 2  eck only one)  8 Other (Specify)	RMED? 2 NO	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(a) end manner ea stated  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)		COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditione, if sny, lesding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST  PART II. Other eignificent condition.  Charana Cause Reference to Medical Examiner?  1	b. DUE TO (OR AS A c. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A	Dut not resulting believe 3 DOA 28b. Time.	28. PL  28. PL  WHER: 4 Nursing Hom BLE OF 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 4 Attack, factory, office	ACE OF DEATH (Ch	PERFOI  To yes :	INJURY OCCURE  and Number or Ri  nner sa eteted, and due to the ceu	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO  D  urai Route Number,		



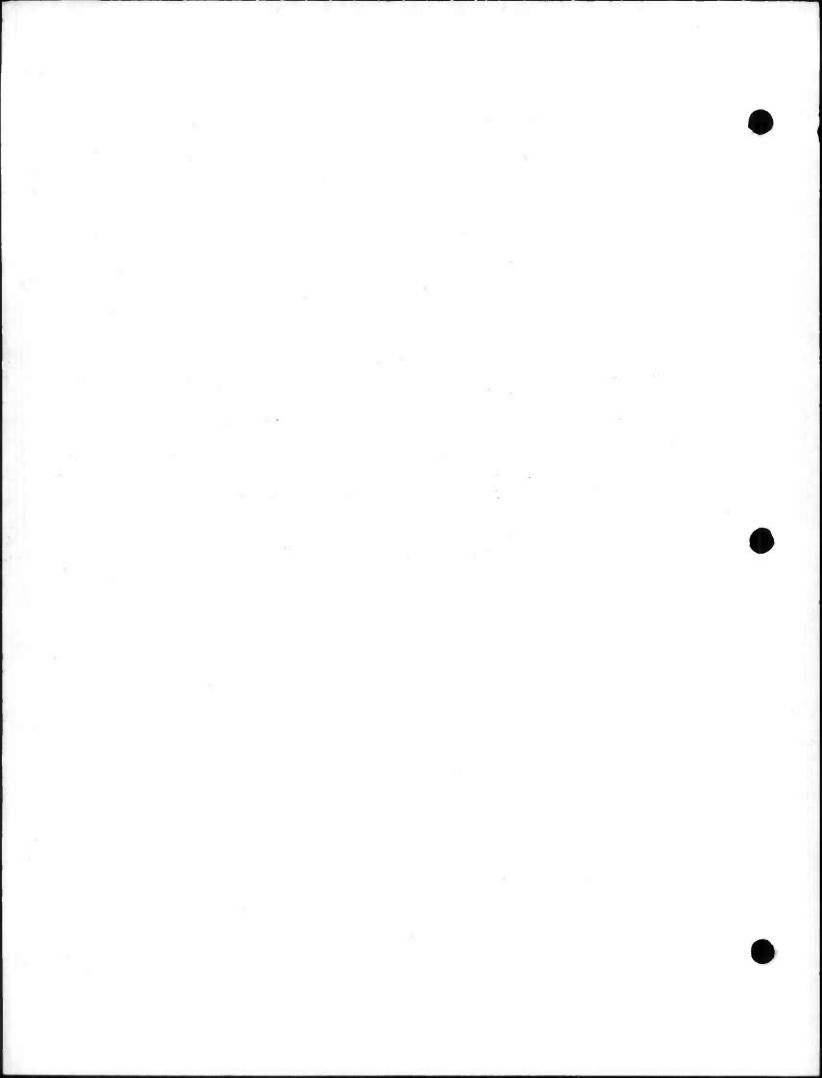
DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE COST OF LOFATTENDING PHYSICIAN TO THE CONTINUES After this certific be filed within 72 hours after death with the S IMPORTANT: If Item 28 is marked, or i

should		
2,3		
5.1		
Page		
permit		
Iransit		
Jrial-		
d e		
th S		
Se		
0,0		
pa pa		
detache		9000
2		*
pino		Bad
S Sh		7100
page (		64
30,		9110
direc		2
uneral		them 22 shows any initial or other traumotic avent the medical aversions must be matified at seven
the ch	2	-
6	emo	dia
u p	00	9
fille	OU,	9
tely	, cremati	
nple	Cre	200
8	Tal.	9
and	20	Sec.
cian	0.0	2010
JySi.	Du S	4
o Br	Diene	the
ig	Ŧ	40
aff	ental	3
the	M	-
d d	A SU	MA
igne	ealth	1
en s	$\mathbf{x}$	hau
s be	ept. of	20
e ha	e D	-
ficate	State D	180

TOC	0-510										
	FOR					- 46	0.1	07107			
	1 - STATE REGISTRAR	) STATE OF MARYLAND Ce	DEPARTME! ERTIFICAT			D MENTAL HYGIEN REG. NO	-	07427			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	AY YEAR	3. TIME OF DEATH			
	ELPHENIOUS Mo	CCLAIN				MAR O		2244 P M			
		SEX 6. AGE (In yrs. las	YRS. IF UND	DER 1 YEAR	IF UNDER 24 HR	19 do not the state of	a. Birt	THPLACE (State or Foreign			
OR	99. FACILITY NAME (If not institution, give street 2018 N. FULTON AT				R LOCATION OF		9c. COUNTY OF	DEATH			
5	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY		10c. CITY, TOWN	LOBLOCAT	1001		<u> </u>	Tara mana ama			
DIRECTOR	MARYLAND		DI	tim	3.45			10d. INSIDE CITY LIMITS?  1 X YES 2 NO			
FUNERAL	10e. STREET-AND NUMBER	n		101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
Ы	1913 Clift	ON HUENO			2/2	./7	14.5	· H.			
BY FUI	11. MARITAL STATUS  1. M Never Merried 2	. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	10 1:	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 NO Specify:  14. RACE — American to Black, White, etc.  Specify:							
8	15. DECEDENT'S EDUCATI (Specify only highest grade con		CEDENT'S USUAL			16b. KIND OF BU	SINESS/INDUSTRY	1111			
COMPLETED			tre kind of work don Do NOT use retired	RC							
BE CON	17. FATHER'S NAME (First, Middle, Last) Elonenious McClain (Atherine A. Summerville)										
TO B	19a. INFORMANT'S NAME (TyperPrint) CATHERINES	ummerville	1915 C	SS (Street at	ONAV	TE BALLI	m. State, Zip Code)	MARYLAND			
	20s. METHOD OF DISPOSITION 1.2 Burlsi 2 □ Cremation 3 □ Removal 4 □ Donation 5 □ Other (Specify)	from Statu 206 PLACE commission	AND DATE OF DISP	OSITION INM	PUler	DATE 20c. LO	en Burni	01			
	21. SIGNATURE OF UNERAL SERVICE LICENS	ies /	2	2. NAME AN	O XDORESS OF	FACILITY		,			
	· Darben A	Sin		1206	West	- North F	tuenue	21217			
	23. PART i. Enter the diseases, or com ahock, or heart fellure. Lial	pilications that caused the de t only one ceuse on each line	eath. Do not ent o.	er the mod	de of dying, a	such as cardlec or resp	iratory arrest,	Approximate interval Between			
	iMMEDIATE CAUSE (Finel disease or condition	MILLADIE	GINDA		Onset and Death						
	disease or condition a. MULTIPLE GUNSHOT WOWNS  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	OUENCE OF):								
TIFIC	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE OF):								
E	d							i			
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO										
N: M	10										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH	(Check only one)					
YSI		☐ Inpatient 2 ☐ ER/Outpatient 3	DOA 4 N	ER: lursing Home	5 🗆 Residen	ce 6 X Other (Specify)	N STREET	r			
	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	286. DATE OF INJURY (Month, Day, Year) 03-07-1994	286. TIME OF INJURY 2238 M	28c. INJI WOI 1 Y	RK?	SUBJECT V					
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify) ON STREET	me, term, atreet, fo	actory, office		281. LOCATION (Street City or Town, State) 2018 N. E	end Number or Rura	100000000000000000000000000000000000000			
	290, CERTIFIER 1 CERTIFYING PHYSICIAL		orth accurred at the	a filma was	and alone in t			v			
COMPLETED	anal	N: To the best of my knowledge, de On the beste of examination end/or						e(s) end menner ee stated.			
	290 SIGNATURE AND TITLE OF CERTIFIER	000		T	29c. LICENSE	NUMBER	29d. DATE SIGNE	ED (Month, Day, Year)			
O BE	Jamus 9	elle A w			O.C.N	4.E.	MAR (	08,1994			

_	Annual Contraction of the Contra			
7	SIGNATURE AND TITLE OF CERTIFIER	0	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year
	aunit yel	le 1	W O.C.M.E.	► MAR 08,1994

MARIO + GOLIE JR MY 111 Penn Street, Baltimore, Maryland 21201 MARIO = GO 31. DATE FILED/MONTH, DRY TANA MAR I 4 1994

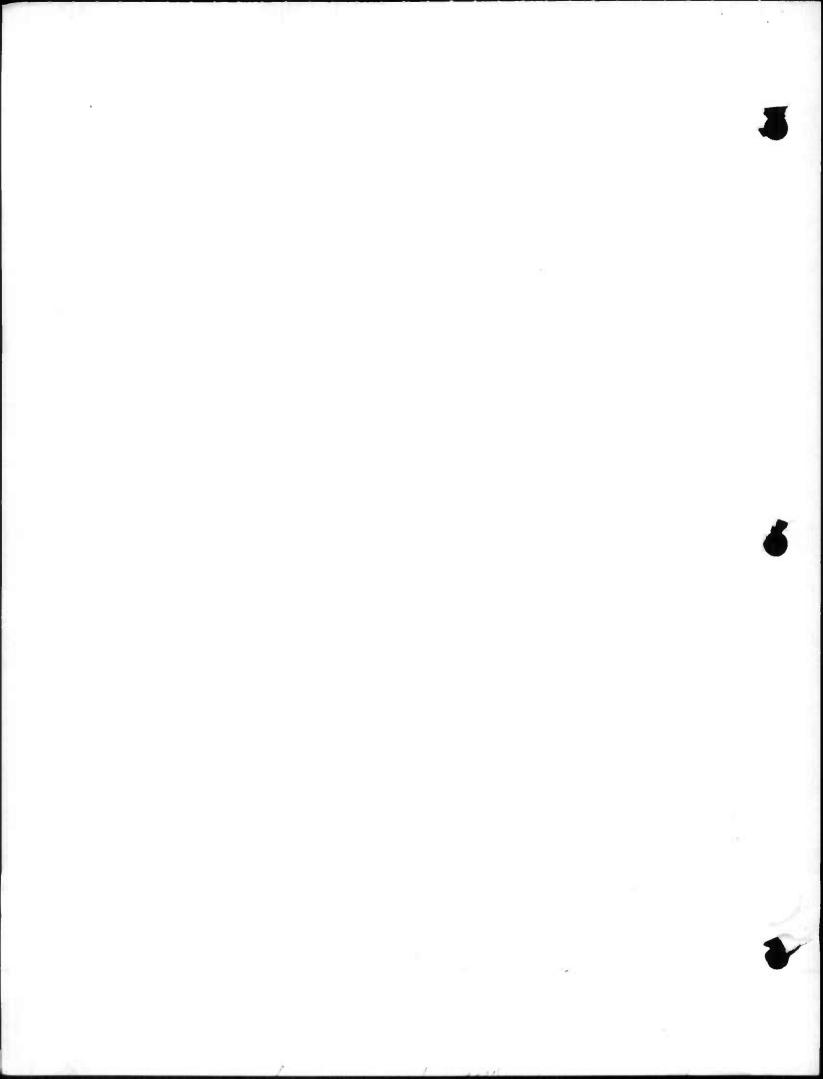


. Page 6 may be retained by the hospital or attending physician.	or, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 short
0	9
g.	=
te	100
è	SS
0	6
ţ	D
Sp	Je .
ž	tac
the	9
3	2
8	3
ij	2
9	S
9	80
À	90
Ē	7
9	£
100	al director
90	100

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BALTIMORE, MARYLAND	urs after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detached removal.	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE CONTINUE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hosp	THE RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached writen 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	-		- 1	

	1 - STATE REGISTRAR	OTAL OF I	CI	ERTIF	ICATE	OF C	DEATH	INIC	REG. NO.	C		
	1. OECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH			3. TIME OF OEATH
	DAYA MCNEIL								MONTH DA	4	YEAR 94	12:55 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 Y	_	IF UNDER 24 HRS	_	DATE OF BIRTH (Month, Day, Year)		8. BIRTHE	LACE (State or Foreign
	N/A	1 M 2 XF		YRS.	MONTHS C	7 H	HOURS MIN.	1	2/25/94		Country	arvland
	9a. FACILITY NAME (If not institution, give s	treat and number)			96. CITY, TO	OWN OR	LOCATION OF	DEATH		9c. COUNTY OF CEATH		
6	St. Agnes Hospital Baltimore Balt. Ci									City		
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	1		10c. CITY, TOWN OR LOCATION								
8											1	16d. INSIGE CITY LIMITS?
7	Maryland N/ 100. STREET AND NUMBER	A			Balti	_	IP CODE			40- 01		TXYES 2 NO
8	1713 Bolton St	root					217			USA		
FUNERAL	11. MARITAL STATUS	12. WAS OECEOEN	T EVER IN U.S. AR	MEO	13. WA			PANIC O	PRIGIN? (Specify Yea			American Indian
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	MAR OR OATES	NO	I1 y	es, specii	fy Cuben, Mex	Ican, Pu	Jerto Rican, etc.)	01110—	Black, Specify	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	80 ESC.390.113	300 200 200		_   '	,,,,,	X 110 do	cary.				ack
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade	CATION completed)	(G	ive kind of	USUAL OCCU	JPATION	of working		16b. KINO OF BUS	INESS/IN		
7	Elementary/Secondary (0-12)	Coffege (1-4 or 5	+)	Do NOT u	se retired.)				/-			
ž	N/A  17. FATHER'S NAME (First, Middle, Last)			N/A					N/A			
	Carlos Blackb	11 25 20				1			First, Middle, Maiden	,		
BE	19a. INFORMANT'S NAME (Type/Print)	ulli	101	- MAIL INC	ADDDECC (0				McNeil  Number, City or Town			
2	Thomas McNeil		1	712	Do 1 +	treet and	C+ xo	mi Route ¬ ∔	Baltimo	n, State, Z	(ip Code)	21217
	20a. METHOO OF DISPOSITION		20h BLACE 4	ND DATE	OF OISPOSITION	OII	SCIE	= 0	DATE 20c. LO	TE,	- City or Tow	yrand
	1 N Buriel 2 Cremetion 3 Remo	oval from State	cemetery, cre.	matory or o	ther place)			3/	12/94	ATION -	- City or low	Manager 1 and
The artifice the balling									McC	ulloh St.		
	> Leway	Harri	j		Cha	+ m >	n Hai	cri				e,Md21217
												C/HQZ1Z17
	23. PART I. Enter the diseesea, or c shock, or heart failure.	List only one ceu	se on each line	etn. Do i	not enter th	e mode	of dying, a	uch aa	cerdiac or reapl	ratory a	rreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	ACIIT	E DIII MON	T A TO 37	EDEMA							Onset and Death
	disease or condition ACUTE PULMONARY EDEMA  oue to (or as a consequence of):									1HR		
2	DECOLUTIVE WAY TO THE TOTAL OF											
5	Sequentielly list conditions, if any, leading to immediate  OUE TO (OR AS A CONSCOUENCE OF):									7 days		
2	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury	h										 
	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSEC	DUENCE O	F):							
CERTIFICATION	resoluting in death) LAST	f,										
١١	PART II. Other algolificant condition	a contributing to	deeth but not n	esulting	In the unde	rlying c	eusé given	In Part	I. 24a. WAS AN	AUTOPSY	24b. 1	VERE AUTOPSY FINDINGS
5	Patent Ductus						14		PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
밀	Patent Foramen								1XXYES 2	∐ NO		OF OEATH?
≥	1 TAKES 2 NO											
Ž.	25. WAS CASE REFERRED TO MEDICAL					26. PLAC	E OF OEATH	Check o	nly one)			
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:  DOInpstient 2 ER/Outpatient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)										
동	27. MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)  28b. TIME OF (MONTH, Day, Year)  28c. INJURY AT WORK?  28d. 0E\$CRIBE HOW INJURY OCCURED										
BY	1 Natural 5 Pending 2 Accident Investigation					2 NO						
	3 Suicide 6 Could not be building, etc. (Specify)				straet, factory,	offica		261,	LOCATION (Street a City or Town, State)	nd Numbe	or Or Aural Ro	ute Number,
	4   Homicide determined											
COMPLETED	29e. CERTIFIER (Check only 1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
S	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.											
BE 0	29b. SIGNATURE AND TITLE OF CERTIFIER	,				25	9c. LICENSE N	UMBER		29d. DA	TE SIGNEO	Month, Day, Year)
	Beit J. M.	orton	miD				D08	940			3/5/9	
٤	30. NAME AND ADDRESS OF PERSON WHO										3/3/9	4
	Bert F. Morton,	M.D 900	Caton A	Aveni	ie Ba	ltin	nore 1	MD '	21220			
	ST. DATE FILED (MOINT, Day, 1881)	JZ HEGISTRA	D SIGNAL UME				,					
	MAR 1 4 1994	de sur de	inter for	hel								



\*

notified

2

must

examiner

medical

the state

event,

traumatic

10

Item 23 shows any injury,

0

28 is marked,

MPORTANT: If Item

BE

296. SIGNATURE AND TITLE OF CERTIFIER

MAR 1 4 1994

SHELDON

permit.

Ų	4
3	See al
à	repo
٥	and a
6	2
n	- app
j	cartif
DIVISION OF VITAL RECORDS, P.O. BOX 68/60.	AT OR ATTENDING DANCE LAN Commisse that the death certificate he energied with
מ	the d
¥	that
3	200
H	ranti
_	AIC
4	The
>	AN.
_	SICI
)	3
ξ	MC
$\frac{1}{2}$	END
Š	TA
5	ac
	3.1

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached no use as the burial-transl	
Page 6 n	al director	
hours after death.	illed in by the funera	n, or removal.
executed within:	and completely f	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal
eath certificate be	ittending physiciar	ital Hygiene prior
quires that the d	n signed by the	I Health and Mer
I: The law re	cate has bee	State Dept. o
G PHYSICIAN	er this certifi	th with the
IR ATTENDIN	IRECTOR: Aft	ours after dea
HOSPITAL 0	FUNERAL D	within 72 ha
F	TO THE	be filed

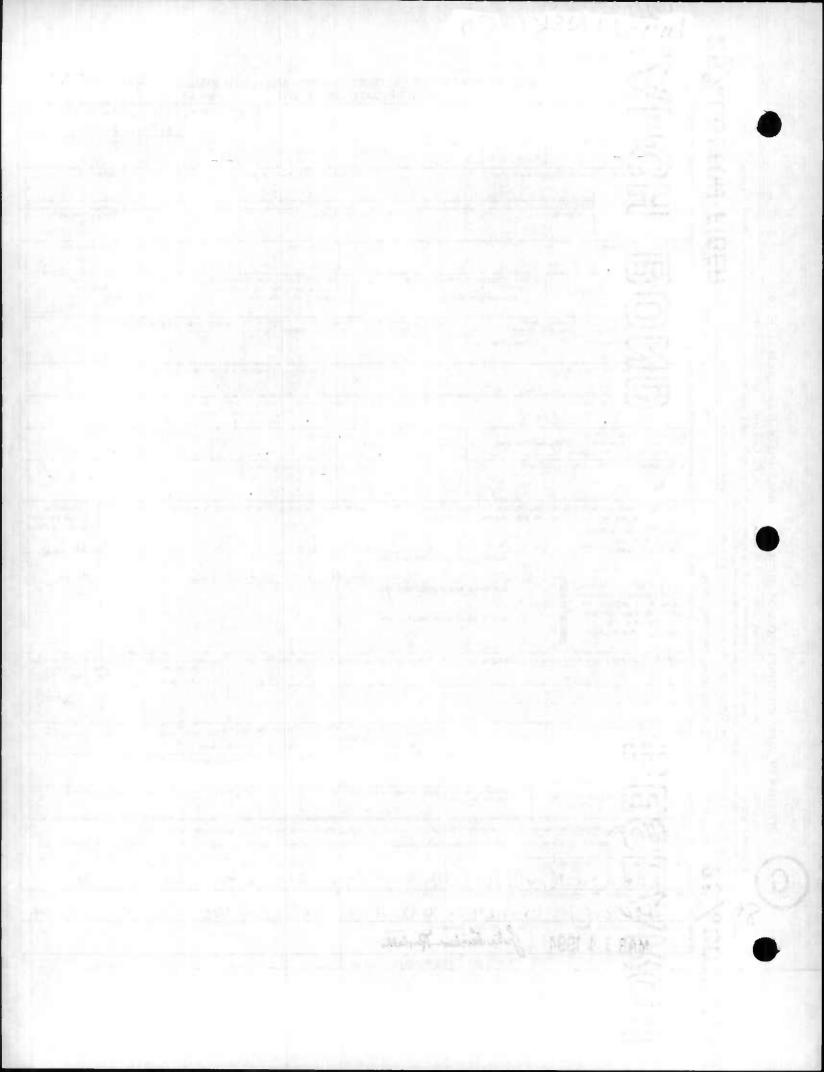
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 07429 **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Edward Frank Myslinski 9:36 A 10-9 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) | F UNDER 1 YEAR | F UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 5. SEX 7. DATE OF BIRTH (Month, Day, Year 65 DAYS HOURS 220-12-6738 1 X M 2 - F 7-5-1928 Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Medical Center Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore. Dundalk 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7842 St. Claire Lane 21222 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerte Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 17 YES 2 NO 1 Never Merried 2 N Merried BY Specify: \_ 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) Catlege (1-4 or 5+) Federal Government 8th Grade Work Leader 16. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Edward Joseph Myslinski Anna Rysieska 19a. tNFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward J. Myslinski 6 Hedricks Ct. Parkton, Maryland 21120 209. METHOD OF DISPOSITION DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 14 Burlat 2 Cremetton 3 Removal from State
4 Donation 6 Other (Specify) co Sacred HX. Place place Jesus Cem. 3/14/94 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Duda → Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk. MD 21222 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Bety IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) ande ac DUE TO (OR AS A CONSEQUENCE OF): aM CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE O If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? MEDICAL 1 TES 2 NO 1 YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO ing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

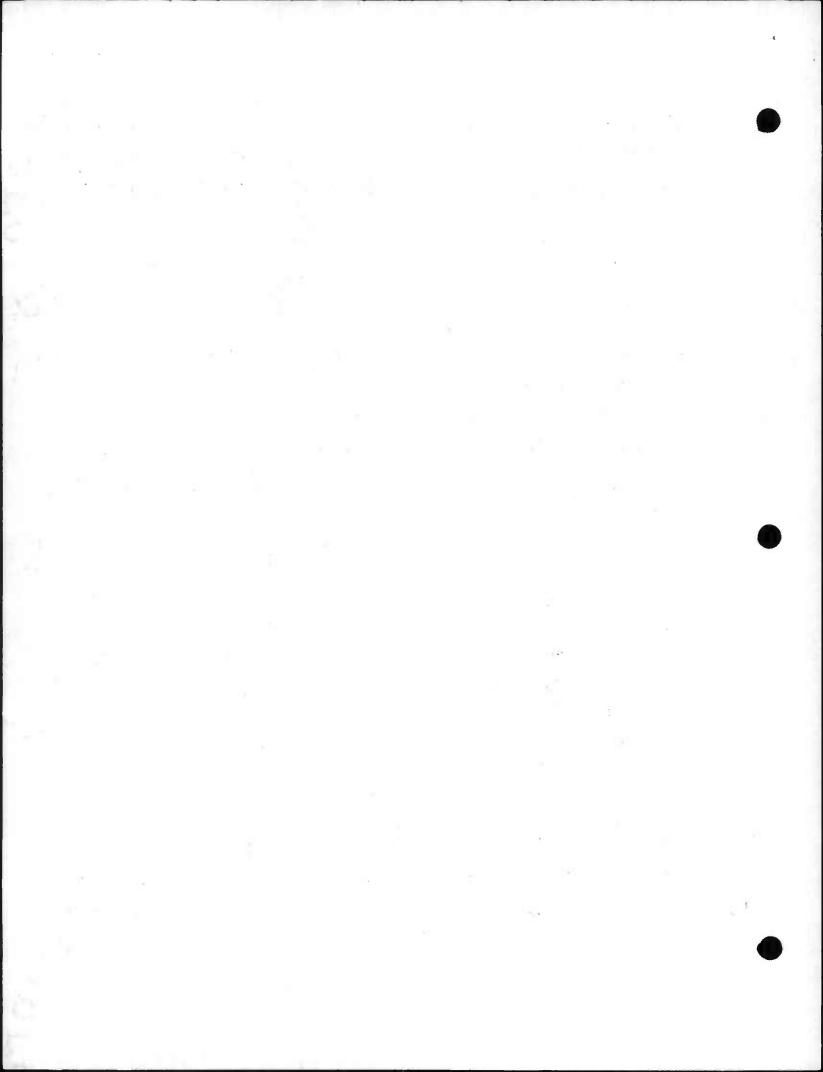
(Chank and)

(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated. 2 MEDICAL EXAMINER: On the basis

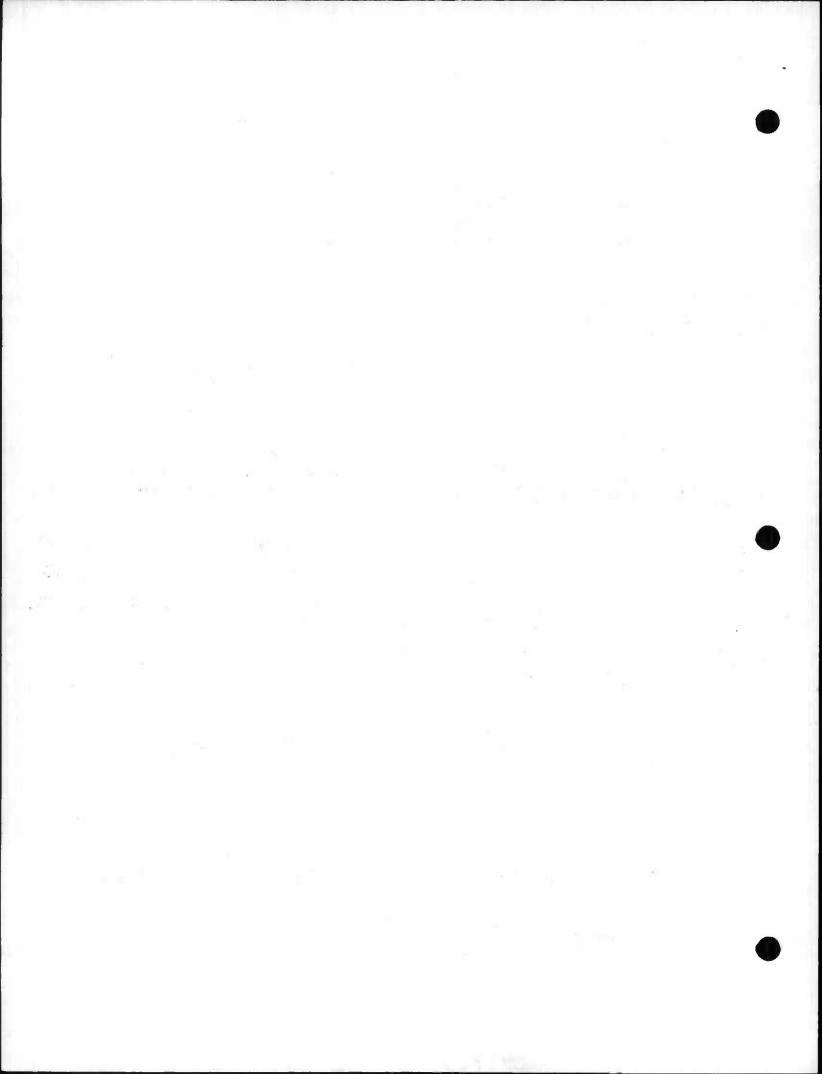
rvestigation, in my opinion, death occured at the time, date end place, and due to the ceuse(s) end menner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Cardiolou 36 3/11/9 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4940 GASTERN AVE



		1 - STATE OF MARYLAND / DEPARTMENT OF HEAD CERTIFICATE OF DE	LTH AND MENTAL HYGIENE 94 07430		
		1. DECEDENT'S NAME (First, Middle, Lest) VICTOR MOTIVAK	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH 10:15 A M		
Pin		217-01-5443 100M 2 0 F 79 VRS. MONTHS DAYS HOL	UNDER 24 HRS. URB MIN. (Month, Day, Year)  1. DATE OF BIRTY (Month, Day, Year)  1. DATE OF BIRTY (Month, Day, Year)  1. DATE OF BIRTY (Country)  1. DATE OF BIRTY (Country)		
1, 2, 3 should	TOR	98. FACILITY NAME (If not institution, give street and number)  ST AGNES HOSPITAL AVE. BOLLTY.  RESIDENCE OF DECEDENT	more City Balto, City		
permit. Pages	DIRECTOR	Maryland Baltimore Co. Randallstown	10d. INSIDE CITY LIMITS? t □ YES 2 ▼ NO		
	VERAL	3801 Schnaper Dr. Apt 110	21133 USA		
al or attending physician.	BY FUNE	1 Never Married 2 2 Married FORCES? 1 XYES 2 NO If yes, specify	ENT OF NISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, White, etc.)  I NO Specify: White		
in death. Page 6 may be retained by the hospital or attending physical the funeral director, page 5 should be detached for use as the buriah real.	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of ville. Do NOT use retired.)	16b, KIND OF BUSINESS/INDUSTRY		
the hospital detached fo	COMPL	8th Grade Lab Technician  17. FATHER'S NAME (First, Middle, Lost)  16.	Westinghouse MOTNER'S NAME (First, Middle, Maiden Surname)		
id be d	BEC	John J. Matlak	Barbara Lang		
retained to 5 should notified	2		umber or Rural Route Number, City or Town, State, Zip Code)		
ALLIMORE, leath. Page 6 may be funeral director, page xaminer must be a		20a. METHOD OF DISPOSITION  CAPurisi 2 Cremation 3 Removal from State  cemetery, crematory or other place)	Dr. Apt 110 Randallstown, MD 21133		
Sign 6 ma director, p		4 Donation 5 Other (Specify) Lorraine Park Cemete	ery 3-15 Woodlawn, MD		
bac Inverse the death. Page the funeral directory.		Loring 1	Byers Funeral Directors, Inc. berty Rd. Randallstown, MD 21133		
executed within 24 hours after and completely filled in by the o burial, cremation, or removal matic event, the medical		23. PART I. Énter the diseeses, or complications that caused the death. Do not enter the mode of ahock, or haart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Between Onset and Daath		
n certificate be execu- anding physician and Hygiene prior to burn or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Due to (OR AS A CONSEQUENCE OF):  c. Due to (OR AS A CONSEQUENCE OF):			
t the de ny the and Ment	EDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cau	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE		
w requires to been sign pt. of Healt 3 shows	Σ		0 OF DEATH?		
E 99 E	SICIAN:	EXAMINER? OTHER:	OF DEATN (Check only one)		
PHYSICIA this certif	ВУ РНУ	1   YES 2   NO   1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Nome 5    27. MANNER OF DEATN   28a. DATE OF INJURY   28b. TIME OF INJURY   WORK?   1   YES    28a. DATE OF INJURY   28b. TIME OF INJURY   WORK?   1   YES			
TTENDI TOR: A after d	ETED B	3 Suicide 6 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
= = = = =	Check only  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.				
TO THE HOSPITA TO THE FUNERA De filed within 72 IMPORTANT: II	TO BE C	Chimanue NSAHAND INTERNIST [	LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  12075  3/12/94		
10		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  FMMANUEL NSALL ST. AGNES HOSP  31. DATE FILED (Month), Dry Mary  32. REGISTRAR'S SENATURE	ITAC BAL. MAPYLAND		
		MAR I 4 1994			



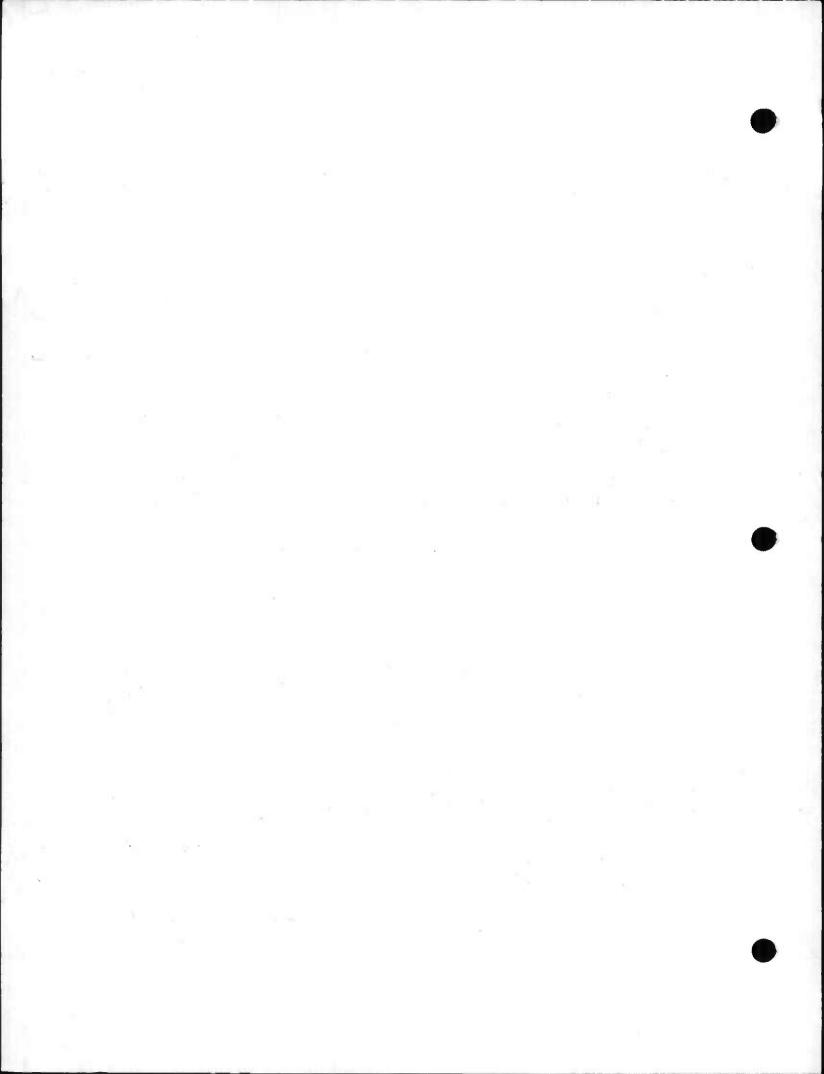
Muriel C. Morgan    Associal Security Number   S. SEX   S. AGE (in yr. Met birtholy)   Funcion 1 years		1 - FOR STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATE OF	DEATH	MENIAL RIGIER	1 5.5	0743
### MILTELS  *** SOCIAL SECURITY NUMBERS  *** SECURITY NUMBERS  *** SECURITY NUMBERS  *** SECURITY NUMBERS  *** SECURITY NUMBERS  *** SECURITY NUMBERS  *** PACKET THE MET OF MICHAEL PROBLEM PROBLEM SECURITY NUMBERS  *** PACKET NUMBERS  **** PACKET NUMBERS  **** PACKET NUMBERS  **** PACKET NUMBERS  **** PACKET NUMBERS  **** PACKET NUMBERS  **** PACKET NUMBERS  **** PACKET NUMBERS  **** PACKET NUMBERS  **** PACKET NUMBERS  **** PACKET NUMBERS  **** PACKET NUMBERS  **** PACKET NUMBERS  **** PACKET NUMBERS  ***** PACKET NUMBERS  ***** PACKET NUMBERS  ***** PACKET NUMBERS  ***** PACKET NUMBERS  ***** PACKET NUMBERS  ***** P		t. DECEDENT'S NAME (First, Middle, Last)						MV VEAS	3. TIME OF DEAT
214-24-7896							March 10	1994	9:00
SALENT MANE FOR SUBMENCE OF SECRETS  SALENT MAN PART HARDOR RA. 21122   SR. CORN'T OF BEATH AND PASSADENA, S. DECEMBER  SALENT MAN PASSADENA, S. DECEMBER  SALENT MAN PASSADENA, S. DECEMBER S. DECEMB				1		1		B. Bit Cod	RTHPLACE (Stete or Fountry)
334 Bar Harbor Rd. 21122 PASADENA, Anne Arunde Succession Pasadena				O THS.	OF CITY TOWN				
Maryland   Anne Arundel   Pasadena	TOR	334 Bar Harbor I		2			EAIH		
STREET AND NUMBER   334 Bar Harbor Rd.,   10.000   10.0	ш		Y	10c. CI	TY, TOWN OR LOCAT	TION			10d. INSIDE CITY
TYES 2   Short   Sho		Maryland An	ne Arundel	P	asadena	a .			t TYES 3
TYES 2 GMO Speechy   Speechy   Speechy   Speechy   Speechy   Speechy   White   Speechy   Speec	3AL				10				F WHAT COUNTRY?
TYES 2   Specify   Speci	NE								
Sequentially list conditions and services of part of the sequentially list conditions and sequentially list conditions and sequentially list conditions are sequentially list conditions and sequentially list conditions are sequentially list conditions and sequentially list conditions are sequentially list conditions.  **Sequentially list conditions**  DUE TO (On as a Coblecuence or):  DUE TO (On as a Coblecuence			FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuben, Mexica			ACE — Americen India lack, White, atc.
Sequentially list conditions, and supposed completions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, linked in death). As A CONSCOURCE OF:  22. PART II. Other alignificant conditions, and arry linked from cause on each and the conditions, and arry linked from caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, linked from conditions, and arry linked from the linked are conditions.  23. PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24. Manager of Death Conditions and linked from the linked search of the linked search of the linked search of the linked search of the linked search of the linked search of the linked search of the linked search of the linked search of the linked search of linked search of linked linked search of linked linked search of linked linked linked search of linked linke		3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 3 NO Specifi	у.	Sp	
Total grade	ED	15. DECEDENT'S EDU	CATION completed)	16a. DECEDENT'S	S USUAL OCCUPATIO	ON pet of working	16b. KIND OF BL	SINESS/INDUSTRY	
W1111am Henry Chapman Wilder  The MAINTS NAME (TypePrint)  The MAINTS ALME (TypePrint)  The MAINTS ALME (TypePrint)  The MAINTS ALME (TypePrint)  The MAINTS ALME (TypePrint)  The MAINTS ALME (TypePrint)  The MAINTS ALME (TypePrint)  The MAINTS ALME (TypePrint)  The MAINTS ALME (TypePrint)  The MAINTS ALME (TypePrint)  The MAINTS ALME (TypePrint)  The MAINTS ALME (TypePrint)  The Maints and Control of plants (TypePrint)  The Maints and Control of plants (TypePrint)  The Maints and Control of the Control of the (TypePrint)  The Maints and Control of the Control of the Control of the (TypePrint)  The Maints and Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contr	E	Elementary/Secondary (0-12)		life. Do NOT u	use retired.)	ist or working			
W1111am Henry Chapman Wilder  The Mannie S. Pearsall	MP			Homem	aker				Mother
The Normant's Name (ppuriting)  The Normant's Name (ppuriting)			v Ohanman I	7111000		1			
Mr. Clarence M. Morgan  334 Bar Harbor Rd., Pasadena, Md. 21127.  306. METRIO OF DISPOSITION.  DEBINOST PROBED TO MEDICAL EXAMINER?  21. Indicate the death of the Composition of the pasadena and the control of the control of	BE		y Chapman v	T					
206. METHOD OF DISPOSITION  206. METHOD OF DISPOSITION  207. DOISPOSITION  208. PLACE AND DATE OF DISPOSITION (Name of compression)  208. PLACE OF DEATH (Check only one)  21. SIGNATURE 68 PLACE AND DATE OF CONTROL OF THE OF CALLS.  22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval interval inches or complications.  22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval inches or condition.  22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval inches or condition.  22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval inches the cause. Enter INDERLYING CAUSE (Disease or injury that initiated avents resulting in death). LAST  23. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. MAS AN AUTOPSY PERFORMED TO MEDICAL EXAMINER?  24. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. MAS AN AUTOPSY PERFORMED TO MEDICAL EXAMINER?  25. MAS CASE REFERRED TO MEDICAL EXAMINER?  26. DATE OF INJURY A DOOR, Door, New 2 DATE OF INJURY AND AUTOPSY PERFORMED TO MEDICAL EXAMINER?  27. MANE AND ADDRESS OF FACILITY AND AUTOPSY PERFORMED TO MEDICAL EXAMINER?  28. PLACE OF DEATH (Check only only only only only only only only	임		M. Morgan						
Note   Comparison   Compariso									
22. NAME AND ADDRESS OF FACILITY  MCCULITY FUNDERAL Home of Pasadena 3204 Mountain Rd., Pasadena, MD 21.  23. PART I. Enter that diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, interval diseases or condition.  IMMEDIATE CAUSE (Final diseases or condition)  a. DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions. If any, isacring to immediate cause. Enter INDERIVING CAUSE (Disease or Injury that initiated avents resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Injury that initiated avents resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Injury that initiated avents resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Injury that initiated avents resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Injury that initiated avents resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Injury that initiated avents resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Injury that initiated avents resulting in the undaritying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the undaritying cause given in Part I.  EXAMPLE AND ALTER AND			novet from State Cen	netery, cramatory or o	othar place)		1		
Approximation   Approximatio		21. SIGNATURE OF FUNERAL SERVICE L	CENSEE STEPHEN	V D.	22. NAME AI	ND ADDRESS OF FA	CILITY	tell Bul	nie, Ma
23. PART I. Enter/tha diseases, or complications that cause on seel line.    Approximation		1 5 4 8)	/ // /						
Infarence   Control   Co		23. PART I. Enter the diseases, or	complications that cause	d the deeth. Do	not enter the mo	ode of dyland, suc	nin Rd., Pa	isadena,	
Carciad Ma   Carciad Ma   Carciad Ma   Carciad Ma   Carciad Ma   Due to (or as a consequence of):		ahock, or haart fallura.	List only ona causa on a	ach ilna.		,,		matory arreas,	Interval Be
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  \$\frac{\text{DUE TO (OR AS A CONSEQUENCE OF):}{\text{DUE TO (OR AS A CONSEQUENCE OF):}}{\text{DUE	disease or condition	Renal	(011	Car	Chan	4.4.0		Inva.	
H any, leading to immediate course. Enter UNDERIVING CAUSE (Disease or Injury that initiated avents resulting in death) LAST  DUE (OR AS A CONSCOUENCE OF):		resulting in daath)		A CONSEQUENCE C	OF):				1 UNIGH
H any, leading to immediate cause, enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death LAST  DUE (OR AS A CONSCOUENCE OF):  JUE (OR AS A CONSCOUENCE OF):	Z	Sequentially ilst conditions	· Mult	iple &	Boney	mel	istase	2	ymond
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    YES 2 NO	ATI	if any, laading to immediata	DUE TO (OR AS A	A COMPREDUENCE O	)F); /				1,
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    YES 2 NO	임	CAUSE (Disease or Injury	a JUIN	19 (0	2 0 / C	m(1)1959	1000 Due	70 #2	
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    YES 2 NO	1000		DUE TO OR AS A	CONSEQUENCE C	OFI:	1)			90401
AMAILER PRIOR    YES 2   NO	F		DUE TO (OR AS A	A CONSEQUENCE O	DF):	U			- 4Mon
28. PLACE OF DEATH (Check only one)  1 YES 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  28. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF INJURY AT WORK? 1 YES 2 NO  28c. PLACE OF INJURY AT WORK? 1 YES 2 NO  28c. PLACE OF INJURY AT WORK? 1 YES 2 NO  28c. PLACE OF INJURY AT WORK? 1 YES 2 NO  28c. PLACE OF INJURY AT WORK? 1 YES 2 NO  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF INJURY 1 YES 2 NO  28c. PLACE OF INJURY 1 YES 2 NO  28c. PLACE OF INJURY 1 YES 2 NO  28c. PLACE OF INJURY 1 YES 2 NO  28c. PLACE OF INJURY 1 YES 2 NO  28c. PLACE OF INJURY 1 YES 2 NO  28c. PLACE OF INJURY 1 YES 2 NO  28c. PLACE OF DEATH (Check only		resulting in death) LAST	d	CONSEQUENCE					
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	A	PART II. Other algorificant condition	d.	CONSEQUENCE			Part I. 24s. WAS AF	AUTOPSY 2	24b. WERE AUTOPSY FI
27. MANNER OF DEATH    Natural   5   Pending   Investigation   28e. DATE OF INJURY   28b. TIME OF   INJURY   28d. DESCRIBE HOW INJURY OCCURED	A	PART II. Other algorificant condition	d.	CONSEQUENCE			Part I. 24a. WAS AF	AUTOPSY 2	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C
27. MANNER OF DEATH    Natural   5   Pending   Investigation   2   Accident   3   Sulcide   4   Homicide   2   Accident   2   Accident   3   Sulcide   4   Homicide   2   Accident   2   Accident   3   Sulcide   4   Homicide   2   Accident   4   Accident   4   Accident   5   Pending   Investigation   2   Accident   5   Pending   Investigation   2   Accident   5   Pending   Investigation   5   Pending   Investigation   6   Accident   6   Accident   6   Accident   6   Accident   6   Accident   6   Accident   6   Accident   7   Ac	MEDICAL	PART II. Other algorificant condition	d.	CONSEQUENCE			Part I. 24a. WAS AF	AUTOPSY 2	24b. WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION DF C
27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  28. PLACE OF INJURY At home, ferm, street, fectory, office  28. PLACE OF INJURY — At home, ferm, street, fectory, office  28. PLACE OF INJURY — At home, ferm, street, fectory, office  28. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29. CERTIFIER 1 Check only one)  29. SIGNATURE AND TITLE OF CERTIFIER  29. SIGNATURE AND TITLE OF CERTIFIER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER	MEDICAL	PART II. Other algoriticant condition  Hyperfeas  25. WAS CASE REFERRED TO MEDICAL	d.	CONSEQUENCE	in tha undarlyin	g cause given in	Part I. 24a. WAS AF PERFO	AUTOPSY 2	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION DF COF DEATH?
Accident   Investigation   M   1   YES 2   NO     No.   No	SICIAN: MEDICAL	PART II. Other algnificant condition  Hyperflows  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	da contributing to death b	out not resulting	In the underlying	g cause given in	Part I. 24s. WAS AF PERFO 1 YES	AUTOPSY 2	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION DF C OF DEATH?
3 Sulcide 4 Homicide 298. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)  298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end menner ea stated.  299. SIGNATURE AND TITLE OF CERTIFIER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Year, DOLY ST	HYSICIAN: MEDICAL	PART II. Other algnificant condition  Hyperfects  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	d	out not resulting	In the underlying  28. Pt  OTHER: 4 □ Nursing Hom  ME OF 28c. tNJ	g cause given in  LACE OF DEATH (Ch	Part I. 24a. WAS AF PERFO 1 YES eck only one)	A AUTOPSY 2 PMEO? 2 NO	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION DF C OF DEATH? 1 YES 2 N
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of exemination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner ea attact.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year, DOLY ST)  3/11/9/	PHYSICIAN: MEDICAL	PART II. Other algnificant condition  Hyperfects  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	d	out not resulting	28. PL OTHER: 4   Nursing Hom	g cause given in  LACE OF DEATH (Ch  10 5 @ Residence  JURY AT  JRK?	Part I. 24a. WAS AF PERFO 1 YES eck only one)	A AUTOPSY 2 PMEO? 2 NO	24b. WERE AUTOPSY FII AMALABLE PRIOR : COMPLETION DF C OF DEATH? 1 YES 2 h
299. CERTIFIER (Check only 2 — MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated.  296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  297. LICENSE NUMBER  298. LICENSE NUMBER  299. DATE SIGNED (Month, Day, Year, DOI 4 5 9	D BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition  ### PEF FEWS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d	put not resulting	28. PI  OTHER: 4 \( \text{Nursing Hom} \)  ME OF \( 2ac. \text{ tN} \)  JURY \( \text{M} \)	g cause given in  LACE OF DEATH (Ch ne 5 © Residence  URRY AT PKS 2 □ NO	Part I. 24s. WAS AI PERFO 1 YES eck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street	A AUTOPSY RMEO? 2 NO INJURY OCCURED	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION DF C OF DEATH? 1 YES 2   1
296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year,  29l. 11 9	ED BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition  Hyperfects  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation 3   Suicide a   Could not be determined	d	put not resulting	28. PI  OTHER: 4 \( \text{Nursing Hom} \)  ME OF \( 2ac. \text{ tN} \)  JURY \( \text{M} \)	g cause given in  LACE OF DEATH (Ch ne 5 © Residence  URRY AT PKS 2 □ NO	Part I. 24s. WAS AI PERFO 1 YES eck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street	A AUTOPSY RMEO? 2 NO INJURY OCCURED	24b, WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION DF C OF DEATH? t YES 2 F
Colvin (aston ) D01459 > 3/11/99	ETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition  ### PART III. Other algnificant condition  ### PART III. Other algnificant condition  ### PART III. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: t   Inpatient 2   ER/Outp (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Specialists)	patient 3 DOA  28b. Tis IN	28. PL OTHER: 4 \( \text{Nursing Hom} \) ME OF 28c. thu JURY M 1 \( \text{VC} \) street, fectory, office	g cause given in  LACE OF DEATH (Ch ne 5 @ Residence IURY AT PYES 2 NO	Part I. 24s. WAS AI PERFO 1 YES 1 YES eck only one) 8 Other (Specify) 28d. DESCRIBE HOW 2st, LOCATION (Street City or Town, State to the cause(s) end ms	A AUTOPSY RMEO?  2 NO  INJURY OCCURED  and Number or Run )	24b. WERE AUTOPSY FI AMBLABLE PRIOR COMPLETION DF COF DEATH? 1 YES 2 F
	COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition  ### PART III. Other algnificant condition  ### PART III. Other algnificant condition  ### PART III. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	d	patient 3 DOA  28b. Tis IN	28. PL OTHER: 4 \( \text{Nursing Hom} \) ME OF 28c. thu JURY M 1 \( \text{VC} \) street, fectory, office	g cause given in  LACE OF DEATH (Ch ne 5 - Residence UURY AT 79K? YES 2 NO ne end place, and due death occured at the	Part I. 24a. WAS AI PERFO 1 PERFO 1 YES eck only one)  8 Other (Specify)  28d. DESCRIBE HOW City or Town, State to the cause(e) end me time, date end place, e	INJURY OCCURED  and Number or Run  nner ee stated.  and due to the ceus	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION DF COF DEATH? 1 YES 2 N
	COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition  ### PEFFERS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide a Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIES	d	patient 3 DOA  28b. Tis IN	28. PL OTHER: 4 \( \text{Nursing Hom} \) ME OF 28c. thu JURY M 1 \( \text{VC} \) street, fectory, office	g cause given in  LACE OF DEATH (Ch ne 5 - Residence UURY AT 79K? YES 2 NO ne end place, and due death occured at the	Part I. 24a. WAS AI PERFO 1 PERFO 1 YES eck only one)  8 Other (Specify)  28d. DESCRIBE HOW City or Town, State to the cause(e) end me time, date end place, e	INJURY OCCURED  and Number or Run  nner ee stated.  and due to the ceus	AMPLABLE PRIOR COMPLETION OF C
	BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition  HY PER LESS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation 3   Suicide a   Could not be determined 4   Homicide   determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: t   Inpatient 2   ER/Outp  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	patient 3 DOA  28b. Till  7 — At home, ferm,  cily)	In the underlying  28. Pt  OTHER: 4   Nursing Hom  ME OF 28c. tNJ  JURY M 1    street, fectory, office  red at the time, date ton, in my opinion, d	g cause given in  LACE OF DEATH (Ch ne 5 - Residence UURY AT 79K? YES 2 NO ne end place, and due death occured at the	Part I. 24a. WAS AI PERFO 1 PERFO 1 YES eck only one)  8 Other (Specify)  28d. DESCRIBE HOW City or Town, State to the cause(e) end me time, date end place, e	INJURY OCCURED  and Number or Run  nner ee stated.  and due to the ceus	24b, WERE AUTOPSY FI AMALABLE PRIOR COMPLETION DF 0 OF DEATH?  1 YES 2   1  at Route Number,  se(s) and menner as si



1 -	STATE REGISTR	Α
1. D	ECEDENT'S	N

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First									2. DATE	OF DEATH	lv.	YEAR	3. TIME OF DEATN
	Frederick		lichols									0/94		9;30am *
	4. SOCIAL SECURITY NUME 213-34-78		5. SEX 1. 1 M 2 F	6. AGE (In yrs. les		IF UNDER	DAYS	HOURS	MIN.	7. DATE (Month	OF BIRTH		8. BIRTI Count	IPLACE (State or Foreign y)  M D
OR	90. FACILITY NAME (If not in 1438 COOK	sie S						timo				V	INTY OF D	
בו	RESIDENCE OF DEC	10b. COUNTY	v		40. 000	701181.0								and the state of t
DIRECTOR	MD					rown o ltir		e Ci	ty					10d. INSIDE CITY LIMITS?  NEXTYES 2 NO
AL	10e. STREET AND NUMBER						101	ZIP COD	E			10g. CIT	IZEN OF	VHAT COUNTRY?
띨	1438 Coo	ksie	Street							2123	80	U	.S. 1	٨.
BY FUNERAL	11. MARITAL STATUS 1		FORCES?	IT EVER IN U.S. AR I YES XXI	MED (O	11	yes, sp	ENDENT Cobe	n, Mexice	n, Puerto F	? (Specify Yee licen, etc.)	or No-	14. RACI Blac Spec	-American Indian, k, White, etc. White
O O	15. DEC	EDENT'S EDU	CATION	18e. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b.	KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (6		College (1-4 or 5	+) life.	ive kind of wi Do NOT use A I N T I	retired.)			ng	100				
8	17. FATHER'S NAME (First, M	fiddle, Last)					. 117		NER'S NA	ME (First, A	Middle, Maiden	Sumame)		
BEC	THEODORE	NICHO	LS					MA	RIE	LAN	G			
10 B	190. INFORMANT'S NAME (1			191	. MAILING	ADDRESS C.O.C	(Street o	ind Number	TRF	Route Numb	BALTI	n, State, Zij	p Code)	21230
	20a, METHOD OF DISPOSIT	ION		20b. PLACE					1111	DATI		CATION —		
	A Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval Irom State	cemetery, cre Ceda	matory or oth	her plecel			v	3/14		lary		
	21. SIGNATURE OF FUNERA	IL SERVICE LIC	DENSEE	)		22.1	NAME A	ND ADDRE	SS OF FA	CILITY		rine	ral	Home, Inc.
	VICA	1	100	att.		ITO	OI	E. 1	fort	AV	e. Ba	ltin	nore	, MD 21230
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	esrt fellure. nsi	List only one cel	use on each line		A		_	_			ratory ar	rest,	Approximate interval Between Onset and Death
N	Sequentially list condit		· Ath	erosc	la	0		5						
CATIC	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju	diate ING	DUE TO	(OR AS A CONSE	QUENCE OF	):								·
CERTIFICATION	thet initiated events resulting in death) LAS		d.	(OR AS A CONSE	SUENCE OF	):								
	PART II. Other significe	ent condition	a contributing to	death but not r	esultino li	n the un	dorlyln	a course	alven In	Dort I	24a, WAS AN	ALITTOREY		WERE AUTOPSY FINDINGS
₹	Congoni	L	Atric	0	- (	1 -	2	Couse	given in	Pairt I.	PERFOR	MED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL		400		co Cin	31-	-1 -4	10	320	4	-	1 TYES 2	NO		OF DEATH?
_	(0)(0)	000	> 0-1	0 (- 0-	7									1 TYES 2 THO
AN	25. WAS CASE REFERRED T	O MEDICAL			<u> </u>		28. PI	LACE OF D	EATN (Ch	eck only on	e)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3		OTHER	1:		~	6 Othe				
Y PHYSICIAN:		Pending	28e. DATE OF	F INJURY Day, Year)	26b. TIME	OF	28c. INJ WC				CRIBE HOW I	NJURY OC	CURED	
ED BY	2 Accident 3 Suicide 8 4 Homicide	Investigation  Could not be determined	28e. PLACE ( building	OF INJURY — At ho, atc. (Specify)	me, lerm, si	treet, lacto	ory, offic				ATION (Street or Town, State)		or or Rural	Route Number, *
9 1	290. CERTIFIER	VIEWING PAINS	0.41.											
COMPLETED			ICIAN: To the best of											e) end manner ee stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	11-	)	-			29c. LIC	ENSE NUI	MBER 18	/	29d. DA1	TE SIGNED	(Month, Day, Year) - 4-10-94
임	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CALL	ISE OF DEATH (ITE	M 27) (Type,	Print)	a	lfe	~0	44	Ma	(	21	276
	31. DATE FILED (Month, Day, MAR 1		32 ALEAISTR	MISSIGNATURE	ndelle	, -								



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HISPITAL OR TO THE HINERAL DIRECTOR OF THE WIND 72 HOUR IMPORTANT: If Item

BE

2

HEDDORE

	-		
	shoul		
	2, 3		
	es 1.		
	Pag	•	
	rmit.		
	sit pe		
Clan.	-tran		
iskud Buysi	bunia		
Bug	the		
atten	se as		
0	tached for use as the		
ospita	Shed		0
ne n	detai		OUC
6	d be		f at
taline	shoul		Hille
90	ed in by the funeral director, page 5 should		9 00
m ay	or, pa		a la
96	lirecti		E
E.	eral		mine
deal	e fun	-	exa
nours after	by th	remova	Cai
NOUT	<u>_</u> _ D	07 6	med
þ	111	ation,	the
MILI	pletely	crem	/ent.
Dalin	COL	inial.	ic en
exec	ysician and	to bi	ımat
ale De	ysicia	prior	trai
LINE	ng pr	giene	other
ain C	tendi	al Hy	10
an a	the a	Ment	Jun
חשו וו	d by	and a	II AU
Sall	signe	Health	N. S.
Ted I	peen	0 .	sho
e gw	has	Dep	1 23
N.	ficate has been signed by the atte	State	iten
SICIA	certif	the !	l or
H	this	DIM L	arked
DING	RECTOR: After this certificate has been a	death	im 28 is marked, or item 23 shows any injury, or other traumatic event, the med
H ALLENDING	JOR.	after	28
Y Y	REC	SUD	8

94-1152-510 07433 94 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 94 AR MAR HARVEY NORWOOD JR. 06 9:43  $P_{M}$ 7. DATE OF BIRTH (Month, Day, You 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign SEPT. 20 DAYS 1 M 2 - F 214-14-4705 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR 3115 DILLON STREET BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MD. SPLTIMORE t YES 2 NO FUNERAL 104. STREET AND NUMBER 101, ZIP COOE 10g, CITIZEN OF WHAT COUNTRY? 2 1224 0.5. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? t YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, atc.) t4. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried
3 Divorced If yes, specify Cube
1 ☐ YES 2 NO ΒY Specify WW COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work do life. Do NOT use retire Elementary/Secondary (0-12) College (1-4 or 5+) DRIVER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle BE 19b. MAILING ADDRESS (Street and Numb 2 20a, METHOD OF DISPOSITION
1 Disposition 3 Removat from State 20h PLACE AND DATE OF DISPOSITION (No DATE 20c. LOCATION — City or Town, State Other (Specify) LTO. 4 Donetton 21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE 2829 HUDSON Si 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart failure. List only one cause on each line Interval Between Onsat and Death IMMEDIATE CAUSE (Final disease or condition This och other resulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: YES 2 NO t 🗆 Inpetient 2 🗆 ER/Outpetient 3 🗆 DOA 4 - Nursing Home - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide determined

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 2 💢 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29b. SHGNAFURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

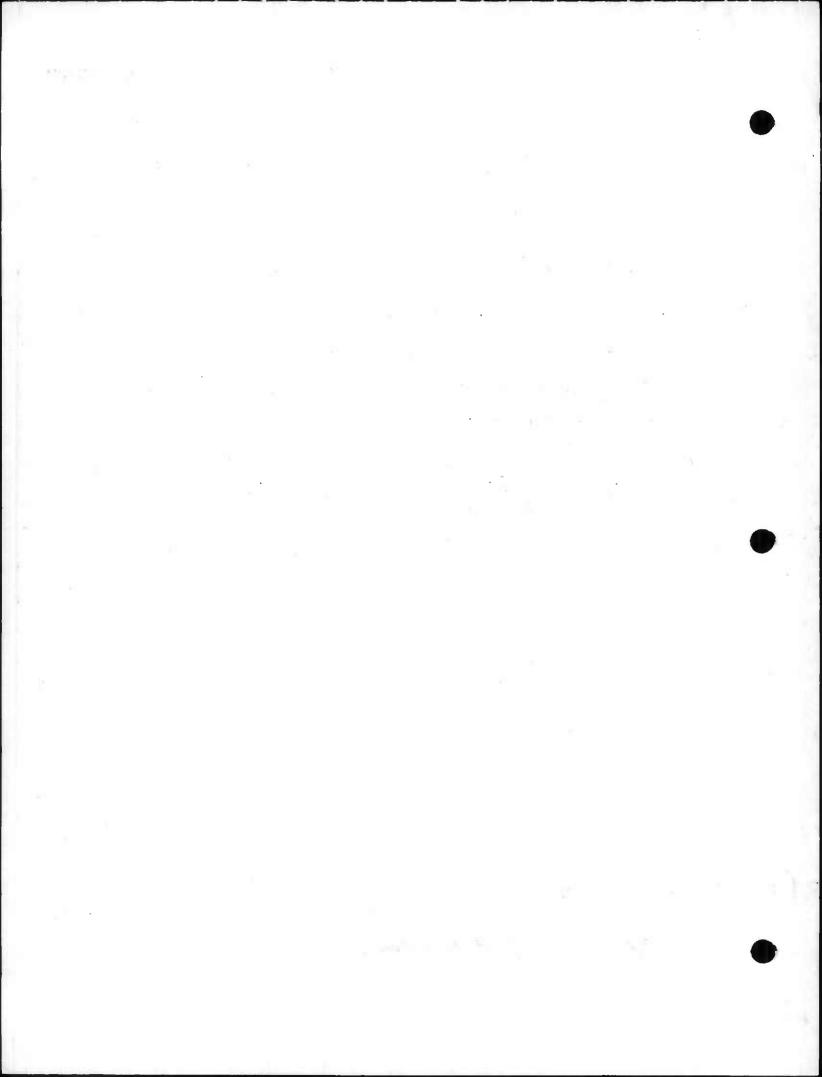
Z	Men	buz	Me	Kung	1, M.	0	1	
0/	NAME AND	ADDRESS	OF PERSON	WHO d	PLETED CAUS	E OF	DEATH (ITEM 27) (Type, F	Print)

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

32. DEGISTRAR'S SIGNATURE Julia Kevida

MAR 7,1994



	909	an an	to	E
	Pe	icla	rjou	Tage
	icate	phys	9	er i
	ertif	Du	gler	the state of
	th	pue	£	0
	dea	e at	lent	Z.
	the	do A	N P	Ē
	that	Di Di	h an	AUL
	res	igne	eart	10
	nba	en s	10 H	hoy
	W.	S	Ä.	63
	2	b ha	o o	E
	N: T	Cat	Stat	He
	CIA	in a	the	0
	¥	差	ģ.	ped
	B	ä	6	nar
	ğ	老	8	ä
	Ē	ě	휷	28
	H.	是	É	Ē
ø		Ξ	2	Č
	E	Æ	Š	7
į	皇	E	Æ	Sec.
١	w	里	B	ē
	TO WE HOSPITAL A ATTENDING PHYSICIAN; The law requires that the death certificate be exe	TO HE CONTINUE DESCRIPE After this certificate has been signed by the attending physician an	8	INPONTANT Withm 28 is marked, or item 23 shows any injury, or other trauma

	1 - REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO	D.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Mary Oyler	MARY P	2 20-1110	0.2 M/		march 5	1995	IB 1.0 - 10
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	171212				
		1   M 2   K F		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	RTHPLACE (State or Foreign puntry)
	313 36 1618		54 YRS.		1000	007.231	729 ME	MINANTERM
	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN C	OR LOCATION OF DE		9c. COUNTY C	
8	Union Memorial	Hospital		Balti	more Cit	v		
5	RESIDENCE OF DECEDENT					4	1	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	TON			10d. INSIDE CITY
ā	MARYLAND HAR	FORO	7	BIL AIR				1 TES 2 NO
A	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
1 111	315 FOUNTAIN	GRESA	2000		21015		US	Δ
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Ye	1 4 -	ACE - American Indian,
	1 Never Married 2 Married	FORCES? 1 Y		If yes, sp	ecify Cuban, Maxica	in, Puarto Rican, atc.)		Black, White, atc.
B	3 Wildowed 4 Divorced	IF TES, GIVE WAR O	HOATES	1 U YES	2 NO Specify	/:	l i <sup>s</sup>	pecify:
00	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON .	16h KIND OF BI	JSINESS/INDUSTR	201115
I E	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of w	ork done during mo	at of working			CENSES+BROITS
1 4	12785-	College (1-4 or 5 +)	0-12	L				
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		C121				oro Con	אחרא
					~	ME (First, Middle, Maide		
H	KOBY ALFRIC	2200L 1			IARY		1 1 1 1 1 1	2
٩	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural F	Route Number, City or Tox	wn, State, Zip Code	)
-	LARRY G. OYLIR		315 FC	MAINUE	1 GRESSA	1 ROAD 1	BSLATR	21015.00.
	20a. METHOD OF DISPOSITION  1  Burial 2 Cremation 3 Rame		20b. PLACE AND DATE O		me of		OCATION — City o	r Town, Slate
	4 Donation 5 Other (Specify)	Svar from Starta	Cemetery, crematory or other CAROSOS	ner place)	47	3-3 6	210013	MARYLADO
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					SCOTO	
	1 70 13	λ		1AV3	s Funer	WEH HADIT	-BILA	iR, T.H.
		Man		305	WPORT (	DRIVE FO	Y TUSAC	DEALS ON, LLI
	23. PART I. Enter the diseases, or o shock, or heart failure.	omplications that ceu	sed the death. Do n	ot enter the mo	de of dying, suci	h aa cerdiec or rear	piratory arrest,	Approximate
	IMMEDIATE CAUSE (Final	And day	/ 1					Interval Between Onset and Death
	disease or condition resulting in death)	. heart L	ailore					1 hours
	resorting in death)		S A CONSEQUENCE OF	):				10014
Z		1 7 1	ming sep					18 days
₫	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF	):				8 days
¥	cause. Enter UNDERLYING	OVERSON	n cance	1				Coulhe
Ĕ	CAUSE (Disease or injury that initiated events		S A CONSEQUENCE OF					16 MINA 13
E	resulting in death) LAST	multi-s	1 stem one	un hail	000			121. 6
CERTIFICATION			20100, 019	Darce Darce	0.0			1 cays
	PART II. Other significant condition	e contributing to deat	h but not resulting i	the underlying	cause given in			24b. WERE AUTOPSY FINDINGS
DICAL							RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
						1 □ YES	37 NO	OF DEATH?
. ME						***************************************		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN:	EXAMINER?	HØSPITAL:		26. PL OTHER:	ACE OF DEATH (Che	ack only one)		
YS	1 YES 2 NO	1/ Unpatient 2 - ER/C	Outpatient 3 DOA		s 5 Residence	6 Other (Specify)		
표	27. MANNER OF DEATH	26e. DATE OF INJUI (Month, Day, Yes			URY AT RK?	28d. DESCRIBE HOW	INJURY OCCURED	
B	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO	ı		
	3 Suicide 6 Could not be	26s. PLACE OF INJU- building, atc. (5	JRY — At home, farm, si	treet, factory, office	,	28f. LOCATION (Street	and Number or Ru	rei Route Number,
COMPLETED	4 Homicide determined		//			City or Town, State	7	
الإا	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kr	nowledge death see	d at the time d	and place and of			
M								se(s) and mennar as stated.
8			and/or investigation	, m my opinion, de	ratif occured at the	time, data and place, a	no due to the ceu	se(s) and mennar as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER		(011	/	29c. LICENSE NUM	IBER	29d. DATE SION	NED (Month, Day, Year)
	1- Saply 1 W	) Kenak	_ Jabba	MIMO			> Mux	h 5 1994
2	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF						
	Kowald SAb	SAM, ma	Chion	neme	rich H	soitel	Don't	1 Joseph
					v.		4767/17	7007
	31. DATE FILED (Mogth, Dpy, Year)	REGISTRAR'S S	CNATURE				0 /	
	MAR 1 4 1994	Pulia Runda	CNATURE				0	

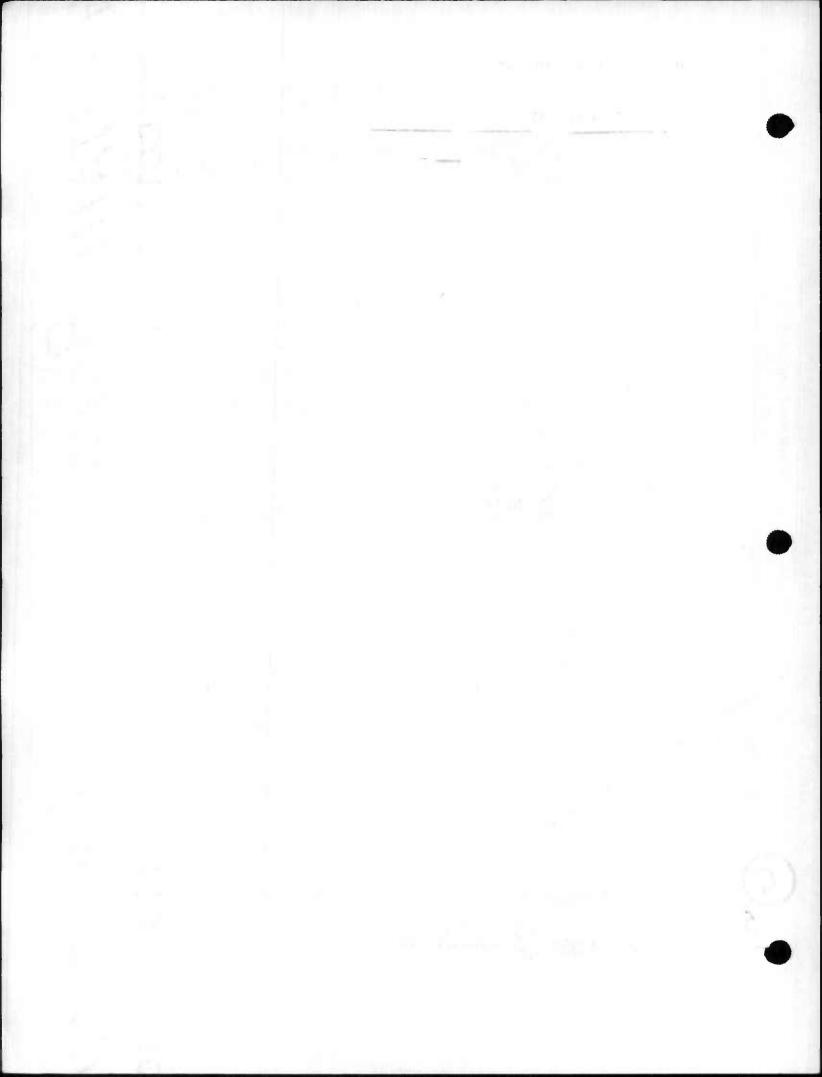
ITEMS: 1 & 6 PER F.H. FILM G-709 3/29/94 t.t

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

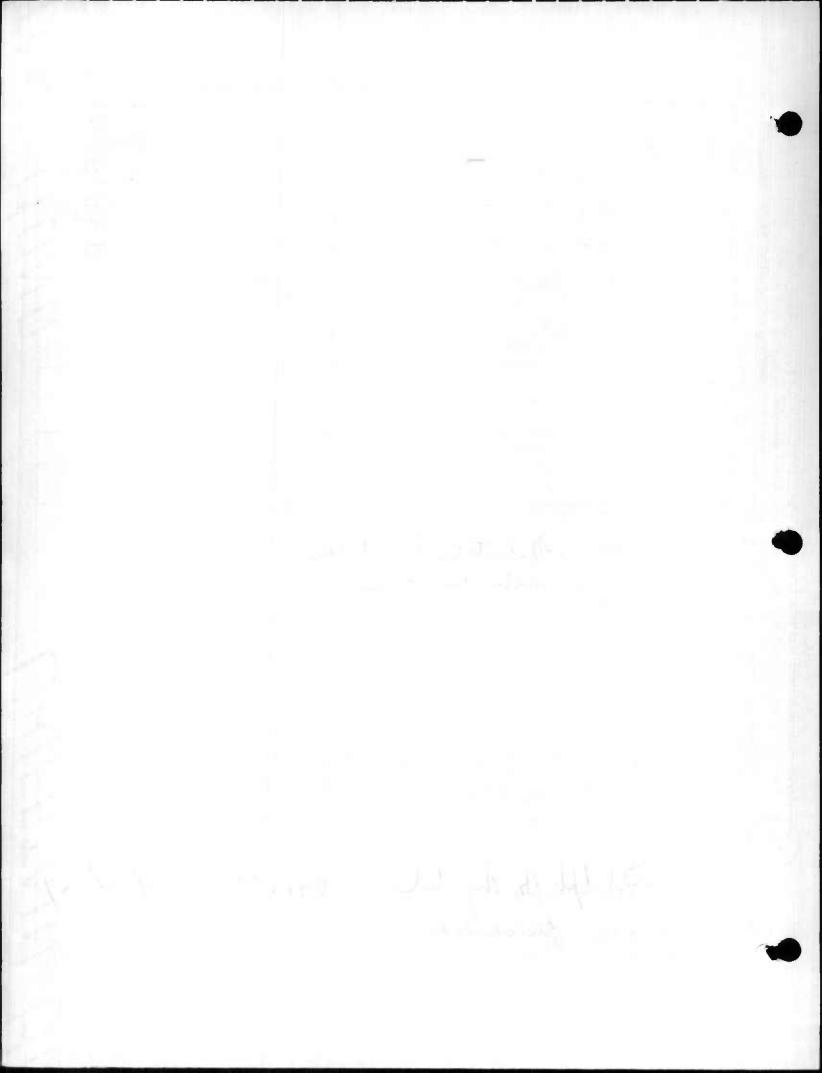
	FOR STATE REGISTRAR				F DEATH	MENTAL HYGIEN REG. NO.						
	1. DECEDENT'S NAME CHARLOTTE	Marie.	OKes	<del>D in</del>		2. DATE OF DEATH DA	11 9	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 074-38-7670 9a. FACILITY NAME (If not institution, give as	1 - M 2 10 F	87 vns.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN		7. DATE OF BIRTH (Month, Day, Year)  // 0/-		BIRTHPLACE (State or Foreign Country) New York OF DEATH				
СТОЯ		re vantage	PointR	d. Co	eumica	, md. 2104	HH	laward				
DIREC	10e. STATE 10b. COUNTY	_		y, town on Loc	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 XNO				
	10. STREET AND NUMBER 5400 Vantage		1 00.		101. ZIP CODE 21043		10g. CITIZEN	OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3. Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	it yes,				RACE American Indian, Black, White, btc. Specify: White				
EIED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT us	work done during i	TION most of working	166, KIND OF BUS	iness/industrials	TRY				
DE COMPL	17. FATHER'S NAME (First, Middle, Last) James J. Casey				Agnes	ME (First, Middle, Maiden Couviert	Surname)					
0	19a. INFORMANT'S NAME (Type/Print)  Mrs. James McL	aughlin				Route Number, City or Tow Lve , Ann						
	20a. METHOD OF DISPOSITION  1											
	21. SIGNATURE OF FUNERAL SERVICE LIC				AND ADDRESS OF FA	CILITY		Annapolis mi				
	23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on each	19ESFL	e He	nt Fee			Interval Betwonset and D				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (DR AS A CONSEDUENCE OF):  DUE TO (DR AS A CONSEDUENCE OF):											
MEDICAL	PART II. Other significant condition	es contributing to desth bu Scular Acc		In the underly	ing ceuse given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1  YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (CA	neck only one)						
IYSIC	EXAMINER?  1 YES 2 THE	HOSPITAL: 1 Inpatient 2 ER/Outpe			ome 5 🗆 Residence							
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TM	JURY	NJURY AT WORK?  YES 2 NO	28d, DESCRIBE HOW	NJURY OCCUR	RED				
	3 Suicide 8 Could not be determined	28e. PLACE DF INJURY - building, etc. (Specif		street, factory, of	ffice	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,				
COMPLET	and and	ICIAN: To the best of my knowle										
TO BE	29b. SIGNATURE AND TITLE OF BEST FIE				29c. LICENSE NU	MBER 856	29d. DATE 8	IGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WITH	D 1/055L	HLEI	Anixs.	or Pary	Colemba	, In	-11-54 of 21044				
	MAR 1 4 1994	32. REGISTRAR'S SIGNA	or Priday	6	0,		10					

DHMH-18 Rev 1/89



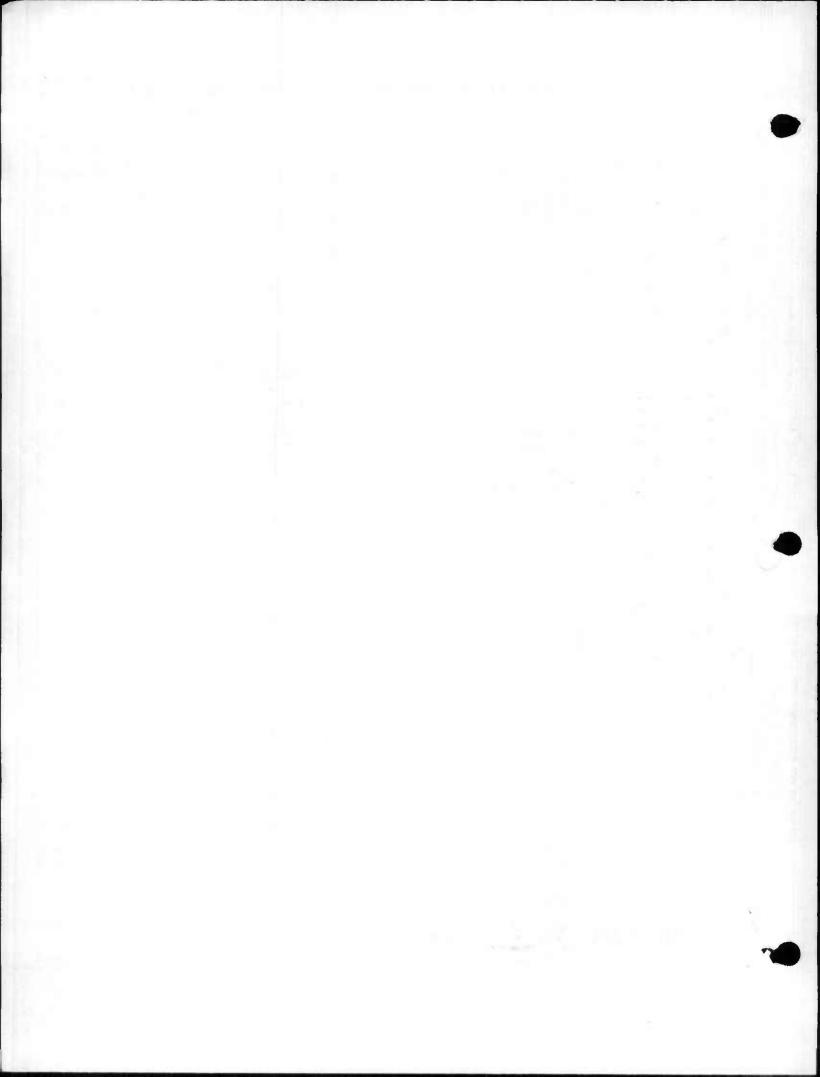
S		7
S		è
page		94
The this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sl		the state of shows and latine as other tenenation and the median available and the said
al di		Inar
fune		-
y the	moval	las!
10	or re	hon
filled	Du, (	9 9
tely	mati	
mple	Cre	2070
8	urial	No.
n an	9	-
Sicial	prior	-
B.	aue l	P. Car
ding	Hygie	900
atte	mtal	2
the the	1 Me	Imfair
d by	and	mare
signe	fealth	-
Sen	10	ahon
as b	bept.	20
the h	ate [	-
THE	# St	A
8	6	4
#	THE R	1
(Be	慧	Ì

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				GIENE G. NO.	94 0743
	1. DECEOENT'S NAME (First, Middle	e, Last)				2. DATE OF OE		year 3. TIME OF DEATH
)	Mildred Th	eresa Paul				03	11 94	11:40 A M
	4. SOCIAL SECURITY NUMBER 220-01-2667	5. SEX 8. AGE 1 □ M 2 ☒ F 72	***************************************	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIF (Month, Day, 05 12	TH Year) 22	BIRTHPLACE (State or Foreign Country)  Md
	9a. FACILITY NAME (If not institution		9b.		LOCATION OF DE			TY OF OEATH
5	1907 Sunber			Dund	alk		Balt	timore
2	RESIDENCE OF DECEDE	COUNTY	10c. CITY. TO	WN OR LOCATION	ON			10d, INSIDE CITY
DIRECTOR	Md. I	Baltimore	Dund					LIMITS?
	10a. STREET AND NUMBER				ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
É	1907 Sunbern	ry Road			21222		US	SA
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Ofvorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	IN U.S. ARMED 2 I NO DATES	If yes, spec	NDENT OF HISPAN city Cuban, Mexica 2 NO Specify	n, Puerto Ricen,		14. RACE — American Indian, Black, White, atc. Specify: White
2	15. OECEOEN	T'S EOUCATION est grade completed)	16a. OECEDENT'S USU (Give kind of work	IAL OCCUPATION	N t of working	16b. KINO	OF BUSINESS/IND	
-	Elementary/Secondary (0-12)	College (1-4 or 8+)	Ilfe. Do NOT use ret	red.)	o working			
COMPLEI	8		Master B	lender			stillery	7
3	17. FATHER'S NAME (First, Middle,				18. MOTHER'S NA			
N L	Charles Sch		Brown Company			e Schae		
2	Wesley D. Pa						y or Town, State, Zip Md. 2122	
	20e. METHOO OF DISPOSITION		b. PLACE OF DISPOSITIO	-			MO. ZIZZ	
	1 GBurial 2 Cremation 3 4 Donation 8 Other (Spec	☐ Removal from State	other place) Sacred Hear	12/2011				
	21. SIGNATURE OF FUNERAL SEF	IVICE LICENSEE	dered hear	22. NAME AND	D ADDRESS OF FA	CILITY		ilk,Md.
	1.0 12	. D. hail	ur		es S.Zei			Md. 21224
KIIFICALION	ahock, or haert iMMEDIATE CAUSE (Fine) disease or condition resulting in dasth)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	S b. Metro (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	ut o				intarval Between Onset end Death
		d						
MEDICAL	PART II. Other significant of	onditions contributing to death	but not resulting in ti	ha undarfying	cause given in	200	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO ME	DICAL		26. PL	ACE OF DEATH (Ch	neck only one)		
2	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetiant 2   ER/Out		THER:  Nursing Home	8 - Residence	8 Other (Spe	offy)	
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		F 28c, INJU	JRY AT		E HOW INJURY OCC	URED
2	1 Natural 8 Pend 2 Accident Inves	ing (Month, Day, 1941)	, and an		ES 2 NO			
	3 Suicide 8 Coule	1 not be building, atc. (Sp	IY — At home, farm, atree ecity)	rt, factory, office		281. LOCATION City or Tow	(Street and Number m, State)	or Rural Route Number,
COMPLETED	one)	IG PHYSICIAN: To the best of my kno						
BE C	29h. SIGNATURE AND TITLE OF	Septiment I/I	11.		29c. LICENSE NU	MRER	29d. DATE	E SIGNISO (Month, Day Your)
0 0	- Hele	who In M	1 Aula		041	680	<b>&gt;</b>	3/14/921
×	30. NAME AND ADDRESS OF PER	ISON WHO COMPLETED CAUSE OF D	ATH (ITEM 27) (Type, Pri	rd)				on t
	MAR 1 4 199	g distribution	phones &					



DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachted within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other transmits event, the medical examiner must be notified at once.	YLAND	t by the hos	d be detache	d at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a facure after death. Page 6 may 1 no THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 may 1 no THE ATT Shours after death with the State beet. Or Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other fraumatic event, the medical examiner must be	MAR	be retained	le 5 shoul	e notifies
DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fourty after dath. Pag TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dilt be filled within 72 hours after death with the State Dept. of Health and Merclat Hygiene prior to burisd, cremation, or removal.  HIMPOGRANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner	ORE,	е 6 тау в	rector, pag	must be
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ariours after to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the of field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 28 is marked, or file m. 23 shows any injury, or other fraumatic event, the medical is	ALTIM	death. Pag	funeral di	xaminer
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Control of the FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled from either the state beet. Or Heath and Mental Hygiene prior to burial, cremation, the manufacture of the paramatic event, the still properties any injury, or other tranmatic event, the still properties any injury, or other tranmatic event, the still properties and properties and properties and properties and properties are still properties.	80	ours after	I in by the	nedical e
DIVISION OF VITAL RECORDS, P.O. BOX 13146, 10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 17 Houselful DIRECTOR. After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem. MEDORTANT: If item 28 is marked, or item 28 shows any injury, or other traumatic event.		1	y filled ition, o	the n
DIVISION OF VITAL RECORDS, P.O. BOX 1331. TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and or be filed within 72 hours after clearth with the State Dept. of Health and Mental Hygiene prior to buris IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other tranmatic.	46,	d within	ompletel	event,
DIVISION OF VITAL RECORDS, P.O. BC TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate TO THE FUNRRAL DIRECTOR: After this certificate has been signed by the attending physic of find within 72 hours after death with the State Dept. of Health and Mental Hygiene prin MEDRITANT: If them 28 is marked, or Item 23 shows, any Injury, or other IT.	131 X	be execute	cian and co	aumatic
DIVISION OF VITAL RECORDS, P.O. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending he field within 72 hours after death with the State Dept. of Health and Mental Hygin MODITANT: If them 28 is marked, or field 23 shows any injury, or of	2	ificate	physic ne pri	her to
DIVISION OF VITAL RECORDS, P. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR. After this certificate has been signed by the afte the died within 72 hours after death with the State Dept. of Health and Mental MEMORTANT: If Item 28 is marked, or Item 23 shows any Inlury, or	o	n cert	nding Hygie	or of
DIVISION OF VITAL RECORL TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR. After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health an IMPORTANT: If Item 28 is marked, or Item 28 shows any	S, P	the death	d Mental	injury, o
DIVISION OF VITAL RECO TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require TO THE FUNERAL DIRECTOR: After this certificate has been sig the fine within 72 hours after death with the State Dept. of Hea IMPORTANT: If item 28 is marked, or item 23 shows:	S S	s that	ned by	any
DIVISION OF VITAL TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dep IMPORTANT: If I fem 28 is marked, or item 23.	REC	v require	been sig	shows
DIVISION OF VIT.  TO THE HOSPITAL OR ATTENDING PHYSICIANS: 1  TO THE FUNERAL DIRECTOR: After this certificat be filed within 72 hours after death with the State HIPPOPTIANT: If them 28 is marked, or filed.	AL	The law	e has	m 23
DIVISION OF  TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this can be filed within 72 hours after death with the IMPORTANT: If I feem 28 is marked.	<u> </u>	IAN: 1	tificat e Star	or ite
DIVISION ( TO THE HOSPITAL, OR ATTENDING P- TO THE FUNERAL, DIRECTOR, After it be filed within 72 hours after death within 72 hours after death and the portant. If them 28 is mark	J.	HYSIC	nis cer	ced,
DIVISION  TO THE HOSPITAL OR ATTEND TO THE FUNERAL DIRECTOR: A Pe filed within 72 hours after of	Z	ING P	Wher the	mart
DIVIS  TO THE HOSPITAL OR ATT  TO THE FUNERAL DIRECT  De filed within 72 hours at  IMPORTANT: If item 2		END	DR: /	80
TO THE HOSPITAL ( TO THE FUNERAL ( TO FILE WITHIN 72 IN IMPORTANT: If II	Ĭ	TIN HO	DIRECTI	em 2
TO THE HOSPIT TO THE FUNER be filed within		AL C	AL C	H
TO THE HO TO THE FL TO filed with		SPI	INER	H.
5 5 5 M		市元	市下	RTA.
		1	一一	APC

OECEOENT'S NAME (First,		AKA Ru			Laus	ter R	obe	erts		2. DATE (		Y <	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (	in yrs. las		IF UNDER 1 YE	AR	IF UNDER	24 HRS.	7. DATE C	OF BIRTH			PLACE (State or Foreign
212-48-8109		1 □ M 2 🏋 F	9	6	YRS.	NONTHS DAT	YS	HOURS	MIN.	Jan.	10, 1	898	Mar	yland
e. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY, TOV	VN OF	LOCATIO	N OF DE				NTY OF D	
Church Hom		dents Co	mmun:	ity		Ba1	ti	nore					N/A	
RESIDENCE OF DEC	10b. COUNT	1			10c, CITY.	TOWN OR LO	CATIO	ON						10d. INSIDE CITY
Maryland	N	/A				altim							-//	LIMITS?
De. STREET AND NUMBER		7.2						ZIP CODE				10g, CIT	IZEN OF V	/HAT COUNTRY?
101 N.	Bond S	treet						212	213			U	SA	
I. MARITAL STATUS  Never Married 2   Wildowed 4 Divo	Married	12. WAS DECEDER FORCES? IF YES, GIVE	YES	2 1 N	MED IO	If yes	, spec	NOENT OF	HISPAN	n, Puerto R	? (Specify Yee lican, etc.)	or No—	Black	— American Indian, i, White, etc.
	EDENT'S EDU y highest grade			(GI	ive kind of wo	SUAL OCCUP	PATION	N of working	7	16b.	KINO OF BUS	SINESS/INC		
Elementary/Secondary (0	1-12)	College (1-4 or 8	+)	life.	Do NOT use	retired.)				14	. 14 1			
T CATUCON MANY CO.	listation 1 "	3		Vls	iting	Home	Nt				edical			
7. FATHER'S NAME (First, M		+0**									iddle, Maiden		0.25	
John Georg		rer	_	461	MAHAMA	NNDESS AC					iepenb			
drs. Christ	ine R.	Aler		7	17 Br	idgem	an	Ter	race	, To	wson,	MD 2	1204	
0e. METHOD OF OISPOSIT Buriel 2 Cremetic Donation 5 Other	n 3 🗆 Rem	oval from Stata	_ S	other place	of dispositions of the second	Epis.	ceme C1	h. Ce	Ma em.	r. 1.	5 <b>,</b> 24 99	Mon	kton	, MD
MATTIN 23. PART I. Enter the d ahock, or h MMEDIATE CAUSE (Fir	iseasea, or e aart fallura.	Complications the	ise Dn a	ach lina		ot anter tha	mod	la of dylr	ng, auc	h as card	iac or reapl	ratory an	reat,	21093 Approximata Interval Batwa Onset and Dec
Sequentielly list condit f any, leading to imme- suse. Enter UNDERLY CAUSE (Disease or inju- hat initiated events seaulting in deeth) LAS	diate ING Iry	a. DUE TO	(OR AS A	CONSEC	DUENCE OF	:	9	)en	ren	h'y	•			
	int condition	e contributing to	death b	ut not r	eaulting in	the undar	lying	cause g	lven in	Part I.	24e. WAS AN PERFOR 1 TYES 2	MED?	246	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significa	·													
5. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:				OTHER:				eck only on				
5. WAS CASE REFERRED T EXAMINER? 1   YES 2   NO	O MEDICAL	1 Inpatient 2		patient 3	DOA .	OTHER: 4 - Nursing	Home	5 XRes		8 🗆 Other	(Specify)	N RIOV AA	CHEEN	
5. WAS CASE REFERRED T EXAMINER? 1  YES 2 NO 7. MANNER OF DEATH 1  Natural 5 2 Accident	O MEDICAL Pending	1 Dispatient 2 28e. DATE Of (Month, i	INJURY Day, Year)		28b. TIME	OTHER: 4 Nursing OF 280 IRY 1	Home INJU WOR	5 KRee	sidence	8 Other	(Specify)			Double Museum
5. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Notural 5 2 Accident	Pending	28e. DATE Of (Month, i	INJURY Day, Year)	– At ho	28b. TIME	OTHER: 4 Nursing OF 280 IRY 1	Home INJU WOR	5 KRes	sidence	8 Other 28d. DES 28f. LOC	(Specify)	and Numbe		Route Number,
5. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 5 2 Accident  3 Sufeide 6 4 Homicide  9e. CERTIFIER (Check only	Pending Investigation Could not be determined	28e. DATE Of (Month, I 26e. PLACE 6 building	FINJURY Day, Year) OF INJURY , atc. (Spec	— At ho	28b. TIME INJU	OTHER: 4 Nursing OF 28c RY M 1 reet, fectory,	Home INJU WOF YI office	FROM THE STATE OF	NO end due	8 Other 28d. DES 28f. LOC. City to	(Specify) CRIBE HOW II ATION (Street or Town, State)	and Numbe	r or Rural I	Route Number,



3
68760
8
BOX
m
0
0
Ś
RECORDS
0
EC
AL
E
>
OF VITAL
z
0
S
2

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

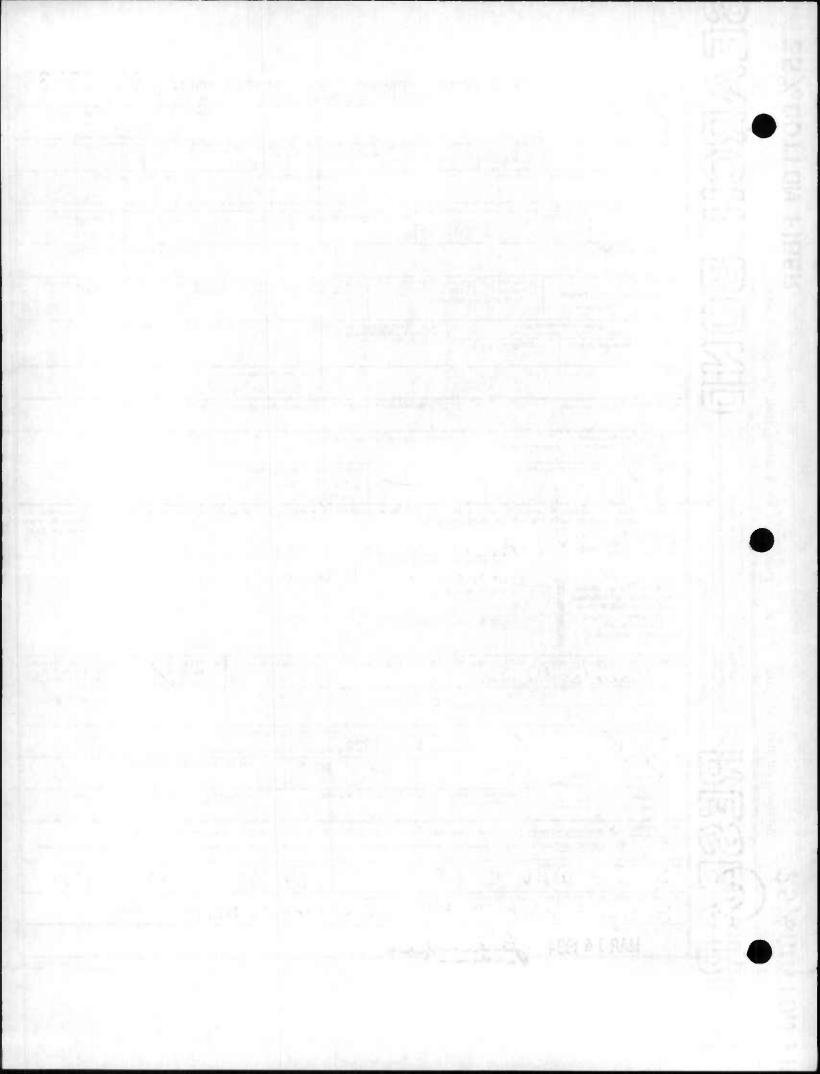
	1. DECEDENT'S NAME (First, Middle, Last) STEWART	Rhodes	To			2. DATE OF DEATH	AY QUAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 357-16-1537		(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Fore	
	9a. FACILITY NAME (If not institution, give st	reet and number)	0		OR LOCATION OF D		9c. COUNTY OF I	DEATH	
DIRECTOR	HOWARD COUN				olumbi	A	How	ARD	
DIRE	Md. Hol	DARD	-	Slume Slume				10d. INSIDE CITY LIMITS? 1 (V) YES 2   A	
FUNERAL	100. STREET AND NUMBER	Rivers A	OAD	10	21044	1	10g. CITIZEN OF	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES	2 2 NO	If yes, s	CENDENT OF HISPA pocify Cuban, Mexico S 2 P NO Specifi	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No — 14. RAC Blac	E — American Indiar ik, Whits, atc.	
IPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		IIIn. Do NOT use	ork done during m	ION lost of working		SINESS/INDUSTRY		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Stewart	M. Rhod		Or.		AME (First, Middle, Maiden			
2	190. INFORMANT'S NAME (Type/Print) Rubye P	hodes	196. MAILING	IO T	and Number or Rural	Route Number, City or Tow	A 1	9. Md.210	
must be	20s METHOD OF DISPOSITION  1	oval from State con	D. PLACE AND DATE One pery, crematory or oth	er place	lame of		CATION - City or T	own, State	
ехашиве	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	N	Jame	and adoress of F	orton & S	Sons	B. 71 114	
traumatic event,	disease or condition resulting in death)  a. Chromic Abstructive pulmonary disease  Due to (or as a consequence of):  b. Due to (or as a consequence of):								
ERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	):					
MEDICAL CI	PART II. Other algnificant conditions	n contributing to death b	out not reaulting in	the underlyli	ng cause given in	Part I. 24e. WAS AN PERFOF	RMED?	D. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- 1	26. F	PLACE OF DEATH (C)	neck only one)			
PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending	1 Impatient 2 ER/Outs 28s. DATE OF INJURY (Month, Day, Year)		4 Nursing Ho	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED		
ETED BY	2 Accident 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Special Special								
COMPLE	nen)	CIAN: To the best of my know R: On the bests of sxemination						s) and manner as sta	
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO		ATH STEM AN A	(Dalant)	29c. LICENSE NU	MBER 7013 cent Ptc	≥ 3//	3/94	
	31. DATE FILED (Month, Day, Year)			Lital	e Patux	cent Pky	Colone	P13. M	

10 70 51 5 Canting Cant Haspins Calumbia Historia Manufel danget .u.n reitig Tom Roses Kons

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

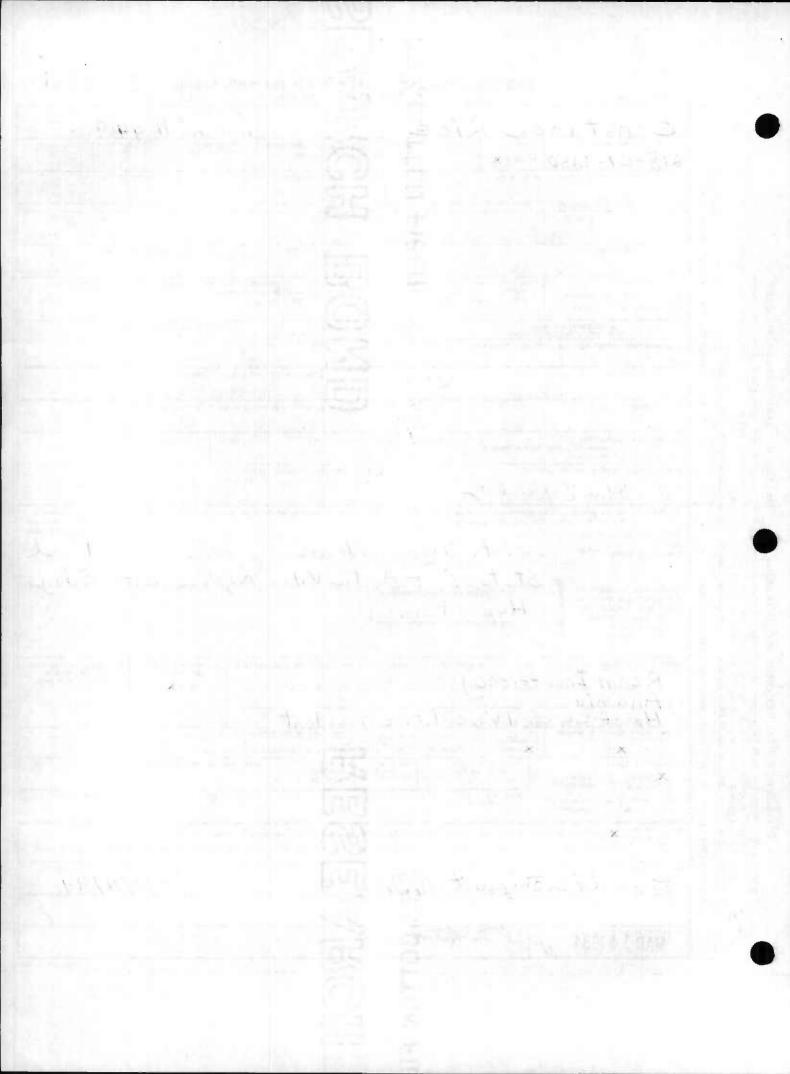
94		7	L	3	0
24	0	1	7	0	1

114	1. DECEDENT'S NAME (First, Middle, Las	opka					2. DATE OF DEATH	7 19	3. TIME OF	DEATH DO
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest bi			IF UNDER 24 HRS.	7. DATE OF BIRTN		BIRTHPLACE (State	
	466-66-3416	ty⊡ M 2 □ F	53	YRS. MONTHS	DAYS	HOURS MIN,	9/16/194	10 1	Country) Inknown	
~	9a. FACILITY NAME (If not institution, give			9b. CITY		R LOCATION OF C	EATN		Y OF DEATN	
DIRECTOR	Liberty Med.	ical Cent	er		Ba:	ltimore	9			
EC	10a. STATE 10b. COUN			IOC. CITY, TOWN O	R LOCATI	ION			10d. INSIDE	CITY
8	MARYLAND			BALT	IMOI	RE			1 TY YES	
A	10e. STREET AND NUMBER	/ -			101.	ZIP CODE		10g. CITIZE	N OF WHAT COUNT	RY7
Ę.	3001 Garrison	Boulevar	d			21216		1403	USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 NO		f yes, spe		NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	a or No— 14	I. RACE — American Black, White, atc. Specify:	
ED	15. DECEDENT'S EC	DUCATION	164 DECE	DENT'S USUAL OC	~~! IBATIO	AI .	16b. KIND OF BU	10111500 (1110116		ite
	(Specify only highest gra		(Give i	kind of work done of NOT use retired.)			190. KIND OF BU	/SINESS/INDUS	II MY	
2	en / n	College (I-4 or 5+)		N/A				N/A		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Maide	Surname)		
BE C		?					?			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. M	IAILING ADDRESS	(Street ar	nd Number or Rural	Route Number, City or To	wn, State, Zip Co	ode)	
F	Charles E. Ra	leigh	30	01 Gar	ris	on Bou	levard Ba	alto.	, MD 21	216
	20e. METHOD OF DISPOSITION 1-  Burlel 2 □ Cremation 3 □ Re	emoval from State		DATE OF DISPOS	ITION (Na	me of	DATE 20c. L	OCATION — CH	y or Town, State	
	41 Donation Donation			ION CE				ALTIMO	DRE, MA	RYI
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1. 1			D ADDRESS OF F	YETT & SO	אוום אר	TEDAT. H	OMI
	TALLA	() N	Met				TY HEIGH			120
	23. PART I Enter the diseases, of shock, or heart faller	r complications that	caused the death	. Do not enter	the mod	de of dying, au	ch as cardiac or reas	oiratory arres	it, Appn	oximat
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	TA SA CONSEQUE	ENCE OF):	) is a	2ase				
- 11	PART II Other significant condition	one contributing to d	eath but not resu							
	VALUE AND AND AND AND AND AND AND AND AND AND			uiting in the un	derlying	cause given in	Part I. 24s. WAS A		24b. WERE AUTO	
SIC	PART II. Other algorificant conditions of the parties	Mellitus		uiting in the un	derlying	cause given in	Part 1. 24s. WAS AI PERFO	RMED3	AVAILABLE P	PRIOR T
MEDICAL	Diabetes	Mellitus		uiting in the un	derlying	cause given in	Part I. 24a. WAS AI PERFO	RMED3	AVAILABLE P	PRIOR T
ME	Diabetes	Mellitus		uiting in the un	derlying	cause given in	Pert I. 24a, WAS A PERFO	RMED3	AVAILABLE P COMPLETION OF DEATH?	PRIOR T
ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	cause given in	1 VES	RMED3	AVAILABLE P COMPLETION OF DEATH?	PRIOR TO
ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	ER/Outpatient 3 🗆	DOA 4 Num	26. PL.	ace of Death (C	1 VES	RMED3	AVAILABLE P COMPLETION OF DEATH?	PRIOR TO
ш	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:	ER/Outpatient 3 -	DOA 4 Num	26. PL. R: sing Homo 28c. INJU	ACE OF DEATH (C	heck only one)	PMED2 2 NO	AWAILABLE P COMPLETION OF DEATH? 1 YES	PRIOR TO
ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOPITAL: 1 M Inpetient 2 - 1 28a. DATE OF IN (Month, Day.	ER/Outpatient 3   JURY 2  Year)	DOA OTHER 4 Num 8b. TIME OF INJURY	26. PL. R: sing Home 28c, INJU WOI 1  Y	ACE OF DEATN (C	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW	NACO	AMAILABLE P COMPLETION OF DEATH? 1  YES :	PRIOR TIN
ED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending	HOSPITAL: 1 Inpetient 2 1 28a. DATE OF IN (Month, Day.	ER/Outpetient 3   2   1   1   1   1   1   1   1   1   1	DOA OTHER 4 Num 8b. TIME OF INJURY	26. PL. R: sing Home 28c, INJU WOI 1  Y	ACE OF DEATN (C	heck only one)  6  Other (Specify)	INJURY OCCUI	AMAILABLE P COMPLETION OF DEATH? 1  YES :	PRIOR TIN
TED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNIR OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	HOSPITAL:  1 Minpatient 2 1  28a. DATE 0 Fith (Month, Day).  28a. PLACE OF building, et	ER/Outpatient 3 2  JURY Year) 2  INJURY — Al home,	DOA OTHER 4 Num teb. TIME OF NJURY M , farm, street, fact	26. PL. R: sing Home 28c. INJL WOI 1  Y Ory, office	ACE OF DEATN (C  Freeldence  RK7  FR 2 NO	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State	INJURY OCCUI	AMALABLE P COMPLETION OF DEATH? 1 YES:	PRIOR TO N OF CA
TED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNIR OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHY	HOPPITAL:  1 M Inpatient 2 1 in Inpatient 2 1 in Inpatient 2 1 in Inpatient 2 in	ER/Outpatient 3   JURY  Jear)  INJURY — Al home, c. (Specify)	DOA OTHEF 4 Num teb. TIME OF INJURY M , ferm, street, fact	26. PL. R: sing Home 28c. INJU 1  Y ory, office	ACE OF DEATN (C  6 6 Residence  JRY AT  RKY  ES 2 NO  and place, and du	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State e to the cause(s) and ma	INJURY OCCUI	AMALABLE P COMPLETION OF DEATH? 1 YES:	PRIOR THE NO.
ED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	HOSPITAL: 1 M inpettent 2 1 1 M inpettent 2 1 1 M inpettent 2 1 1 M inpettent 2 1 1 M inpettent 2 M inpettent 2 M	ER/Outpatient 3   JURY  Jear)  INJURY — Al home, c. (Specify)	DOA OTHEF 4 Num teb. TIME OF INJURY M , ferm, street, fact	26. PL. R: sing Home 28c. INJU 1  Y ory, office	ACE OF DEATN (C  5 G Residence JRY AT RK? TES 2 NO  and place, and du  meth occured at the	a lime, date and place, a	INJURY OCCUI	AVAILABLE PO COMPLETION OF DEATH?  1 YES:  RED  Rural Route Number,	PRIOR TO N OF CA 2 IN NO
TED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNIR OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHY	HOSPITAL: 1 M inpettent 2 1 1 M inpettent 2 1 1 M inpettent 2 1 1 M inpettent 2 1 1 M inpettent 2 M inpettent 2 M	ER/Outpatient 3   JURY  Jear)  INJURY — Al home, c. (Specify)	DOA OTHEF 4 Num teb. TIME OF INJURY M , ferm, street, fact	26. PL. R: sing Home 28c. INJU 1  Y ory, office	ACE OF DEATN (C  6 6 Residence  JRY AT  RKY  ES 2 NO  and place, and du	a lime, date and place, a	INJURY OCCUI	AMALABLE P COMPLETION OF DEATH? 1 YES:	PRIOR TO N OF CA 2 IN NO
E COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not b determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIF	HOSPITAL: 1 Minpettent 2 1 28a. DATE OF Its (Month, Day) 28a. PLACE OF building, et  28a. PLACE OF building, et  28a. PLACE OF building, et  28a. PLACE OF building, et  28a. PLACE OF building, et  28a. PLACE OF building, et	ER/Outpatient 3 USURY Year) 2 INJURY — Al home, c. (Specify) ny knowledge, death mination and/or inve	DOA 4 Num 18b. TIME OF INJURY M , farm, street, fact occurred at the ti estigation, in my o	26. PL. R: sing Home 28c. INJU 1  Y ory, office	ACE OF DEATN (C  5 G Residence JRY AT RK? TES 2 NO  and place, and du  meth occured at the	a lime, date and place, a	INJURY OCCUI	AVAILABLE PO COMPLETION OF DEATH?  1 YES:  RED  Rural Route Number,	PRIOR TO N OF CAL 2 IN NO
BE COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only none) 2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIF	HOSPITAL: 1 Minpettent 2 1 28a. DATE OF Its (Month, Day) 28a. PLACE OF building, et  28a. PLACE OF building, et  28a. PLACE OF building, et  28a. PLACE OF building, et  28a. PLACE OF building, et  28a. PLACE OF building, et	ER/Outpatient 3 USURY Year) 2 INJURY — Al home, c. (Specify) ny knowledge, death mination and/or inve	DOA OTHER  4 Num  No. TIME OF INJURY  M  , farm, street, fact  occurred at the tilestigation, in my o	28. PL. R: sing Home 28c. INJL WOI 1 U Y Ory, office ime, date plnion, de	ACE OF DEATN (C  5 G Residence JRY AT RK? TES 2 NO  and place, and du  meth occured at the	a lime, date and place, a	INJURY OCCUI	AVAILABLE PO COMPLETION OF DEATH?  1 YES:  RED  Rural Route Number,	PRIOR TO N OF CAL 2 IN NO
BE COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only none) 2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIF	HOSPITAL: 1 Minpetent 2 1 28a. DATE OF IN (Month, Dey, 1) 28a. PLACE OF building, et  VSICIAN: To the best of m NER: On the best of axe IER  NHO COMPLETED CAUSE	ER/Outpetient 3   JURY Year) 2  INJURY — Al home, INJURY — INJURY	DOA 4 Num 18b. TIME OF INJURY M , farm, street, fact occurred at the ti estigation, in my o	28. PL. R: sing Home 28c. INJL WOI 1 U Y Ory, office ime, date plnion, de	ACE OF DEATN (C  5 G Residence JRY AT RK? TES 2 NO  and place, and du  meth occured at the	a lime, date and place, a	INJURY OCCUI	AVAILABLE PO COMPLETION OF DEATH?  1 YES:  RED  Rural Route Number,	PRIOR TO N OF CAL 2 IN NO



3
1
•
1
1
4
***
i
1
*
4
į
1
,
1
:
:
3
1
-
-
State of Street
Contraction of the last
Section of the last
-
-

	4. SOCIAL SECURITY	STOM NUMBER		AGE (In yrs. lest birthday) 73 YRS.	IF UNDER   YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	11 9	BIRTHPLAC	
161	90. FACILITY NAME (III	not institution, give		/3	9b. CITY, TOWN	OR LOCATION OF O	July 8, 1		Maryla Y OF OEATH	and_
O. HO									lmore	City
DIRECTOR	nesidence of 10e. STATE  Maryland	10b. COUN	timore Co.	100	ty, town on Local				1309	INSIDE CITY LIMITS? YES 2 3
RAL	10e. STREET AND NUI	ABER				of. ZIP CODE			N OF WHAT	COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married	20 Randall Ave.  1. MARITAL STATUS  □ Never Married 2 □ Married  □ Widowed 4 □ Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 □ YES 2 □ N  IF YES, GIVE WAR OR DATES					NIC ORIGIN? (Specify on, Puerto Rican, etc.)	USA Mee or No 1	I. RACE — Ar Black, Whit Specify:	merican indi
COMPLETED	(Spec	15. DECEDENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)				ION lost of working	16b, KINO OF E	BUSINESS/INOUS	STRY	
OM SOM	17. FATHER'S NAME (F	irst, Middle, Last)		Homema	REI	18. MOTHER'S NA	AME (First, Middle, Maid	en Sumame)		
111		lter I.	Wells		11:11	Chr	istine Br	ad1ey	16	
TO BE	19a. INFORMANT'S NA						Route Number, City or 1			
2	Mrs. Pame		laranto	20b. PLACE AND DATE	Arabian		ksburg, M	D 210 LOCATION — CH	)48	toto
E E	1 Burlel 2 Cre 4 Donation 5 D	mation 3 🗆 Ra	movel from State	cametery, crematory or Lake View	other place)		3-15 Sy			
	21. SIGNATURE OF FU	NERAL SERVICE L	JCENSEE			AND ADDRESS OF FA			,	
examiner	1 Jon	lm K.	Ayres]		Lorin	g Byers	Funeral D			
The medical	shock, IMMEDIATE CAUSI disease or conditi	or heart fallure E (Final on	Agul J r complications that cs b. List only one cause	on each line.	Lorin 8728	ng Byers Liberty ode of dying, aud	Funeral D Rd. Randa th as cardiac or res	11stown	n, MD	2113 Approxim
or other traumatic event, the medical ERTIFICATION	shock, IMMEDIATE CAUSI	or heart failure E (Final on  onditions, mmediate ERLYING r Injury is	a. Sick DUE TO (OR STATUS OUE TO (OR C. H4PE	on each line.	Lorin 8728 not enter the management of the contraction on the contraction of the contract	ng Byers Liberty ode of dying, aud	Funeral D Rd. Randa th as cardiac or res	11stown	n, MD	2113 Approxim
any injury, or other traumatic event, the medical	shock, IMMEDIATE CAUSI disease or conditi- resulting in death)  Sequentially list or if any, leading to i cause. Enter UNDI CAUSE (Disease o- that initiated even- resulting in death)	or heart failure E (Final on onditions, mmediate ERLYING r Injury is LAST	a. Sick DUE TO (OR DUE TO (OR C. Hype d. DORA CONTributing to dei UFFICACU	SINUS STATE AS A CONSEQUENCE OF THE AS A CONSEQUENCE O	Lorin 8728 not enter the management of the condition of t	ng Byers Liberty ode of dying, aud  ME Valve	Funeral D Rd. Randa ch as cardiac or res  Replac  Part I. 24a, WAS. PERF	11stown spiratory arrea	24b. WERING OF D	Approximinterval B Onset and B J G E AUTOPSY F ABLETION OF MEATH?
NEDICAL CERTIFICATION	shock, IMMEDIATE CAUSI disease or conditions and conditions are seen as the conditions of the cause. Enter UNDICAUSE (Disease of that initiated even resulting in death)  PART II. Other alg	or heart failure E (Final on  onditions, mmediate ERLYING r Injury ts LAST  Inifficant condition  A F Cer	a. Sick DUE TO (OR  Status OUE TO (OR  c. Hype d.  DONA contributing to dei  Uffich CU  Ebral Vas	SINUS SINUS	Lorin 8728 not enter the m Och dro est. Och corp: Och co	ng Byers Liberty ode of dying, aud  ME Valve	Funeral D Rd. Randa th as cardiac or res  Replace Part I. 24a. WAS. PERF	11stown pliratory arred  Can Can  AN AUTOPSY ORMED?	24b. WERING OF D	Approximinterval B Onset and B J G E AUTOPSY F ABLETION OF MEATH?
Item 23 snows any injury, or other traumatic event, the medical SICIAN: MEDICAL CERTIFICATION	Sequentially list of it any, leading to it cause. Enter UNDI CAUSE (Disease of that initiated even resulting in death)  PART II. Other alg  PART II. Other alg  PART II. YES 2 3 M	or heart failure E (Final on    onditions, mmediate ERLYING FILAST    Intilicant condition    A I A S    A I A	DUE TO (OR C. HYPE.  d. ONB CONTRIBUTION TO (OR C. HYPE.  d. ONB CONTRIBUTION TO (OR C. HYPE.  DOB CONTRIBUT	on each line.  Sinus S  As a consequence of the con	Lorin 8728 not enter the management of the composition of the composit	ME  Valve  Ing cause given in the place of Death (come is a Residence	Part I. 24a. WAS PERF 1 YES	AN AUTOPSY ORMED?	24b. WERING COM OF D	2113 Approximinterval B Onset and B J G E AUTOPSY F ABLE TRIOR OF G EATTH?
ked, or item 23 shows any injury, or other traumatic event, the medical PHYSICIAN: MEDICAL CERTIFICATION	shock, IMMEDIATE CAUSI disease or conditions and the second secon	or heart failure E (Final on    onditions, mmediate ERLYING FILAST    Intilicant condition    A I A S    A I A	a. SICK DUE TO (OR  B. STATUS OUE TO (OR  C. HYPE  DUE TO (OR  D. STATUS OUE TO (OR  C. HYPE  DO ON TO (OR  DO ON  DO ON TO (OR	on each line.  Sinus S  As a consequence of the sinus of	Lorin 8728 not enter the management of the condition of t	ME Valve	Part I. 24a. WAS PERF 1 YES	AN AUTOPSY ORMED?	24b. WERING OF D	2113 Approxim Interval B Onset and S J q
Item 23 snows any injury, or other traumatic event, the medical SICIAN: MEDICAL CERTIFICATION	Sequentially list of if any, leading to icause. Enter UNDICAUSE (Disease of that initiated event resulting in death)  PART II. Other alg	or heart failure E (Final on  anditions, mmediate ERLYING r Injury ts LAST  Inflicant condition RED TO MEDICAL OO  H 5 Pending	DUE TO (OR DUE TO (OR	on each line.  Sinus S  As a consequence of the second sec	Lorin 8728 not enter the management of the control	IS Byers Liberty ode of dying, aud  ME Valve  Ing cause given in  Cleat PLACE OF DEATH (C)  TONK?  YES 2 NO	Part I. 24a. WAS PERF 1 YES	AN AUTOPSY ORMED?  2 NO  W INJURY OCCU	24b. WERI AMAN COM 1	2113 Approximinterval B Onset an I A A A A A A A A A A A A A A A A A A



ifter death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2. 3 should iff the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	al examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR REGISTRAR	STATE OF MARY			HEAUTH AND F DEATH	MENTAL	HYGIEN		4 07441		
	1. DECEDENT'S NAME (First, Middle, Lost) Howard Auld	Schnepf	e Jr.			2. DATE O		a 9	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-24-3309	5. SEX 6. AG	E (In yrs. last birthday) 65 YRS.	IF UNDER t YEAR		7. DATE (			BIRTHPLACE (State or Foreign Country) MARYLAND		
OR	Stella Maris Hos		96. CITY, TOW TOWSON	OR LOCATION OF D		21,		Y OF DEATH			
DIRECTOR	PRESIDENCE OF DECEDENT  100. STATE  MARYLAND  BAI	TIMORE	10c. CI	TOWS C					10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 1139 Gypsy Lane				21286			10g. CITIZE	N OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes,	ECENDENT OF HISPA apacify Cuban, Maxic ES 2 NO Speci	an, Puarto A		a or No— 14	Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of life. Do NOT u	work done during	TION most of working			SINESS/INDUS			
BE COM	17. FATHER'S NAME (First, Middle, Last) Howard	l Auld Schn	epfe		18. MOTHER'S NA			Sumame)			
TO B	19a. INFORMANT'S NAME (Type/Print)  Mrs. Howard A	Schnepfe			and Number or Rural				ode)		
	20e, METHOD OF DISPOSITION 1	govel from State C	Ob. PLACE AND DATE	of disposition	Name of	DATE 12 MAR			y or Town, Stata		
(	21. BIONATURE OF SUMERAL SERVICE TO	CONSER	an	Lemi	AND ADORESS OF FA	eII-W	iedef	eld, I			
	21. PART I. Enter the disease or shock, or heert fallure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. CANCE	each line.	4ROTI			ac or reap	iratory arrea	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
ERTIFI	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):							
MEDICAL	PART II. Other significant condition	ne contributing to death	but not resulting	in the underly	ing ceuse given in	Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (C	heck only one	)				
SHH	1 U YES 2 N NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O	7 26b, TIR	4 Nursing H	NJURY AT WORK?	1		HOSPIC			
ВУ	1 Natural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be detarmined	28s. PLACE OF INJU- building, etc. (S)	RY — At home, farm,	M 1	YES 2 NO		TION (Street Town, State)		Rural Route Number,		
COMPLETED	29a. CERTIFIER Check only	ICIAN: To the best of my kno							cause(a) and manner se stated.		
TO BE CC	29b. SIGNATURE AND TITLE OF CERTIFIE  29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WI	Farelka	emD		Daso			Y	NGNED (Morith, Day, Year)		

ND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

PLACE OF CERTIFIER

DOSTO43

Kendall R. Faulkner, MD

31. DATE FILED (Month, Day, Year)
MAR 1 41994

CHARLE KITESIAS NO SELECTO And the second of the second o

3. TIME OF DEATH

1 -

FOR STATE REGISTRAR

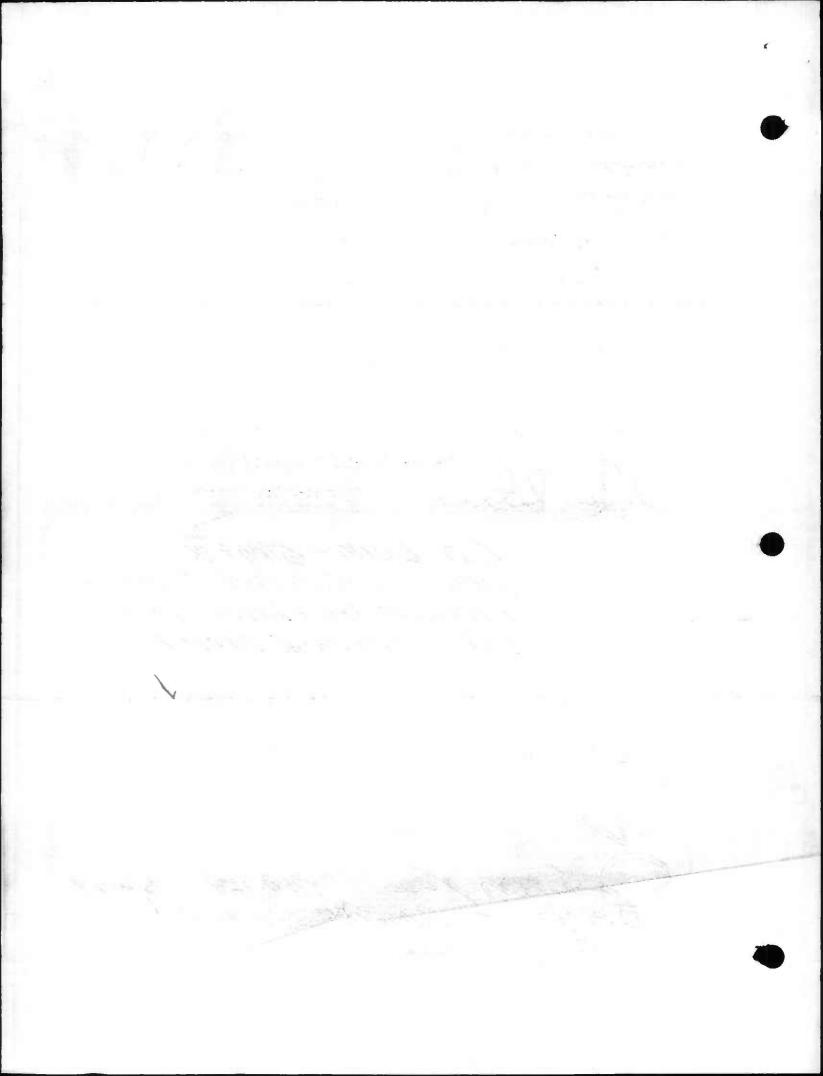
3

2. DATE OF DEATH MONTH March 3,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

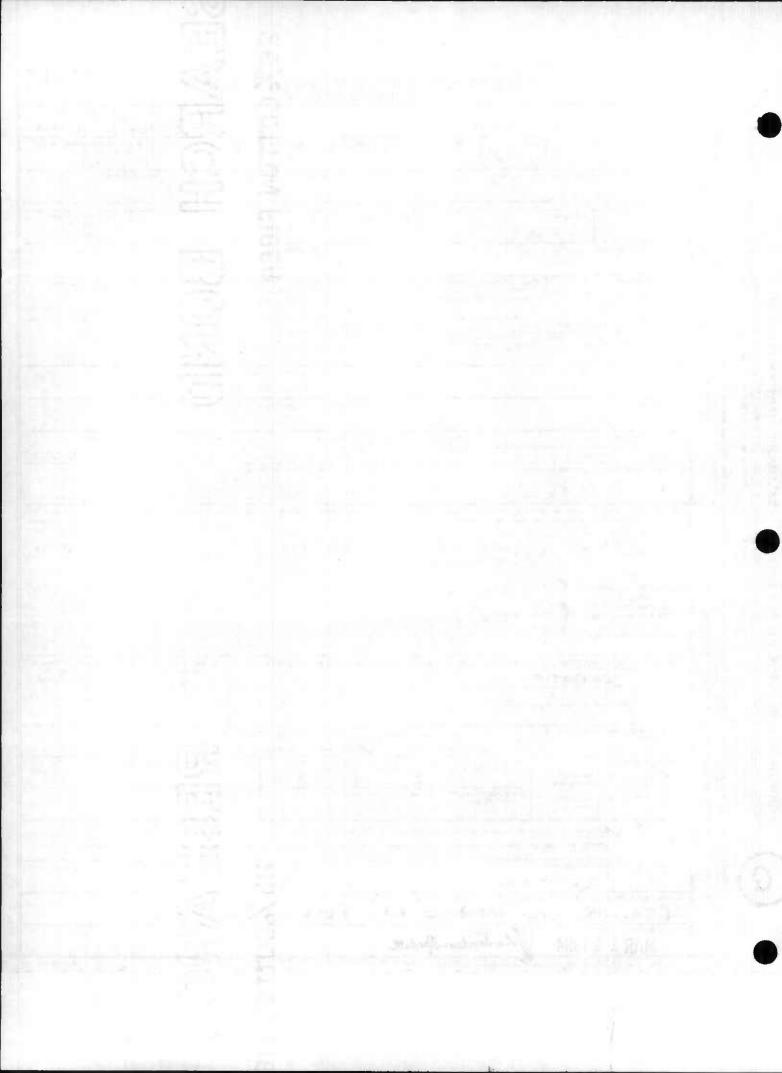
1. DECEDENT'S NAME (First, Middle, Las								2. DATE OF	D	AY	YEAR	3. TIME OF D	LATT
Elizabeth M	-	1 AOF (1						Marc		1994		7:26	Α.
233-66-7340	5. SEX 1 □ M 2 ♥ F	B. AGE (In yrs. la	st birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS.	7. DATE OF (Month, I	Jay, Year)	, .	Count		or Foreign
9s. FACILITY NAME (If not institution, give	- A	78	7710.	oh CIT	Y TOWN	OR LOCATI	ON OF DE	Oct 6	, 19		NTY OF D		
					ints		ON OT DE	7111					
RESIDENCE OF DECEDENT				FII	LIILS	Lone				All	egar	1У	
10a. STATE 10b. COUN			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE (	CITY
	ineral		K	(eyse	_							1 TES 2	
10e. STREET AND NUMBER					101	. ZIP COD	-			1,10		WHAT COUNTRY	Y7
Rt 4, Box 22						2672					J.S.A		
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 X	NO		If yes, sp	ecify Cube	OF HISPANI In, Mexican Specify:	C ORIGIN? ( , Puerto Ric	Specify Ver an, etc.)	s or No	Spec	E — American I k, White, etc. Ily: 110	Indien,
15. DECEDENT'S ED (Specify only highest gra		18a, Di	ECEDENT'S Sive kind of	USUAL O	CCUPATIO	ON of worth		16b. K	IND OF BU	SINESS/INC		100	
Elementary/Secondary (0-12)	College (1-4 or 5+)	il in	. Do NOT us	se retired.)	during mo	St OF WORK	N.						
15. DECEDENT'S ET (Specify only highest gre Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	5 +	Ins	truct	or				Pub	lic	Schoo	1s/0	College	2
17. FATHER'S NAME (First, Middle, Last)	1 1							NE (First, Mid		Sumame)			
Thomas R. Marsh	nall						.da	Buzz					
19e. INFORMANT'S NAME (Type/Print)	т. Т.							oute Number,			Code)		
James H. Swadley	/, Jr.		_				yser	, WV			_		
1 Surial 2 ☐ Cremation 3 ☐ Re	emoval from State	20b. PLACE cemetery, cri		46						CATION —			,
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE A	LICENSEE (	Potor	nac M				nes .	3/6/9	₩ Ke	yser	, WV	2672	6
- Alcus	V-4.			R	otru	ck-S	mith	Fune					26
	e complications that	non		-1.8	3 SO	uth	Main	Stre	et K	evse	r. W	V 267	26
23. PART I. Enter the diseases, or	a complications that	caused the de	eath. Do r	not enter	r the mo	de of dy	ing, such	aa cardia	c or respi	iratory an	rest.	Approx	cimate
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final	e. List only one cause	caused the de e on each line	0.	not enter	r the mo	de of dy				iratory an	rest,		i Betwee
23. PART i. Enter the diseases, or shock, or heart faffure	e. List only one cause	on each line	e. Ll	1/Y	r the mo	de of dy		as cardia		iratory an	rest,	interva	i Between
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	e. List only one cause	caused the dee on each line	e. Ll	1/Y	the mo	de of dy	5719	VE.	10			interva Onset	i Betwee
23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. DUE TO (C	FR AS A CONSE	QUENCE DI	1/Y	the mo	de of dy	57 M	WE.	10	NEV	1701	Onset	i Betwee
23. PART I. Enter the diseases, or shock, or heart failure immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (C	FR AS A CONSE	QUENCE DI	1/Y	the mo	de of dy	57 M	WE.	10	NEV	1701	Onset	i Betwee
23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. DUE TO (C	on each line	QUENCE DI	1/Y	the mo	de of dy	TH VCT HE	VE VE	10 Pr	MEN	r701 375	Onset	i Betwee
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO (C	FR AS A CONSE	QUENCE DI	1/Y	the mo	de of dy	TH UCT HE	VE VE	10 Pr	MEN	r701 375	Onset	i Between
23. PART I. Enter the diseases, or shock, or heart failure immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (C	PA AS A CONSE	QUENCE OF	Prince enter	the mo	de of dy	GTH HE	VE VE PA	TO PROS	NEV. MA	1701 373	Interva	il Betweei
23. PART I. Enter the diseases, or shock, or heart failure immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (C	PA AS A CONSE	QUENCE OF	Prince enter	the mo	de of dy	GTH HE	VE VE PA	10 Pr	MEU ME SIA AUTOPSY	1701 373	Interva Onset	If Betwee and Deet
23. PART I. Enter the diseases, or shock, or heart failure immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (C	PA AS A CONSE	QUENCE OF	Prince enter	the mo	de of dy	GTH HE	WE PAR	IL MAS AN	NEV MEN	1701 373	Interva Onset	If Between and Death
23. PART I. Enter the diseases, or shock, or heart failure immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (C	PA AS A CONSE	QUENCE OF	Prince enter	the mo	de of dy	GTH HE	WE PAR	TC /	NEV MEN	1701 373	Interva Onset	If Between and Death Park III an
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the cause in the caus	a. DUE TO (C	PA AS A CONSE	QUENCE OF	Prince enter	r the mo	de of dy	HE I I I I I I I I I I I I I I I I I I I	OE. NBPAI	TC /	NEV MEN	1701 373	WERE AUTOPS MALABLE PR COMPLETION OF DEATH?	If Between and Death Park III an
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and cause in the conditions of the conditions of the cause of th	a.  DUE TO (C  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)	PAS A CONSE	QUENCE OF	Prince enter	r the mo	de of dy	HE I I I I I I I I I I I I I I I I I I I	WE PAR	TC /	NEV MEN	1701 373	WERE AUTOPS MALABLE PR COMPLETION OF DEATH?	If Between and Death Park III an
23. PART I. Enter the diseases, or shock, or heart failure immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in death in the conditions of the conditions of the cause of the	a.  DUE TO (C  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)	PAS A CONSE	QUENCE OF	OTHE	ST ST MC DES nderlying 25. Pt R: raing Hom	de of dy	SIN SIN SIN SIN SIN SIN SIN SIN SIN SIN	PATI I 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IL WAS AN PERFOR	AUTOPSY TRINEDY	24b	WERE AUTOPS MALABLE PR COMPLETION OF DEATH?	AY FINDINGS IOR TO OF CAUSE
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and cause in the conditions of the conditions of the cause of th	a.  DUE TO (C  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)	e on each line  PR AS A CONSE  PR AS A CONSE  C  eath but not  ER/Outpatient	QUENCE DI QUENCE OI  Q	OTHE	28. PL	Cause of Derivative of the state of Derivative of the state of the sta	GIVEN IN I	TUB PATI 1. 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IL WAS AN PERFOR	AUTOPSY TRINEDY	24b	WERE AUTOPS MALABLE PR COMPLETION OF DEATH?	If Between and Death Park III an
23. PART I. Enter the diseases, or shock, or heart failure industrial industr	a.  DUE TO (C  b. DUE TO (C  c. DUE TO (C  d. DUE TO (C  d. DUE TO (C  A. DUE TO (C  DUE TO (C  A. DUE TO (C  DUE TO (C	PR AS A CONSE	QUENCE OF PROBLEM OF THE PROBLEM OF	OTHEL 4   Nursell Burry M	28. PL 28. INJ WO 1   1	ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D	GIVEN IN I	Cock only one)  3 Other (3 28d, DESCR	La. WAS AN PERFOR	AUTOPSY THEORY OCCUPANIES	24b	Interval Onset	If Between and Death Park III an
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in death and conditions in death and conditions in death and conditions in the conditions	a.  DUE TO (C  b. DUE TO (C  c. DUE TO (C  d. DUE TO (C  d. DUE TO (C  A. DUE TO (C  DUE TO (C  A. DUE TO (C  DUE TO (C	e on each line As a conse As a conse As a conse As a conse Brase a conse	QUENCE OF PROBLEM OF THE PROBLEM OF	OTHEL 4   Nursell Burry M	28. PL 28. INJ WO 1   1	ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D	GIVEN IN I	Part I. 2  Ck only one)  3 Other (3  28d. DESCR	La. WAS AN PERFOR	AUTOPSY MALEDY NO	24b	WERE AUTOPS MALABLE PR COMPLETION OF DEATH?	If Between and Death Park III an
23. PART I. Enter the diseases, or shock, or heart failure immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the cause of the cause	a.  DUE TO (C  b. DUE TO (C  c. DUE TO (C  d. DUE TO (C  d. DUE TO (C  28a. PLACE OF building, et	e on each line  As a conse  As a conse  As a conse  Bras a	GUENCE OIL GUENCE OIL	OTHEL  OT	26. PL	ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D	GIVI SI SI SI SI SI SI SI SI SI SI SI SI SI	Part I. 2 1 2 ad. DESCR	La. WAS AN PERFOR YES 2	AUTOPSY IMEDIA	24b	Interval Onset	AY FINDINGS IOR TO OF CAUSE
23. PART I. Enter the diseases, or shock, or heart failure shock, or heart failure immediate cause. Condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OPEATH  1 Natural 5 Pending Investigation investigati	a.  DUE TO (C  b.  DUE TO (C  c.  DUE TO (C  d.  DUE TO (C  d.  DUE TO (C  A  DUE TO (C  DUE TO (C  A  DUE TO (C  DUE TO (C  A  DUE TO (C  DUE	e on each line  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  BR	QUENCE OF COURSE	OTHEL  OT	26. PL R: raling Hom 28c. INJ tory, office	ACE OF D  ACE OF	given in E	Part I. 2  Ck only one)  G Other (3  28d. DESCR	Le. WAS AN PERFOR YES 2	AUTOPSY MALEDY NO	24b	WERE AUTOPS MAILABLE PR COMPLETION 1  1 YES 2	Y FINDINGS IOR TO OF CAUSE
23. PART I. Enter the diseases, or shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the cause of the cause o	a.  DUE TO (C  b. DUE TO (C  c. DUE TO (C  d. DUE TO (C  d. DUE TO (C  28a. PLACE OF building, et	e on each line  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  BR	QUENCE OF COURSE	OTHEL  OT	26. PL R: raling Hom 28c. INJ tory, office	ACE OF D  ACE OF	given in E	Part I. 2  Ck only one)  G Other (3  28d. DESCR	Le. WAS AN PERFOR YES 2	AUTOPSY MALEDY NO	24b	WERE AUTOPS MAILABLE PR COMPLETION 1  1 YES 2	Y FINDINGS IOR TO OF CAUSE
23. PART I. Enter the diseases, or shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the cause of the cause o	a.  DUE TO (C  b.  DUE TO (C  C.  DUE TO (C  d.  DUE TO (C  A  DUE TO (C  DUE TO (C  DUE TO (C  A  DUE TO (C	e on each line  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  BR	QUENCE OF COURSE	OTHEL  OT	26. PL R: raling Hom 28c. INJ tory, office	ACE OF D  Cause of Ca	given in E	Part I. 2  Ck only one)  Other (3  28d. DESCR	Le. WAS AN PERFOR YES 2	AUTOPSY THEORY OCI	24b  CUREO  or Rural I	WERE AUTOPS MAILABLE PR COMPLETION 1  1 YES 2	TY FINDING: OF CAUSE NO
23. PART I. Enter the diseases, or shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart shock, or heart shock, or heart failure shock, or h	a.  DUE TO (C  b. DUE TO (C  c. DUE TO (C  d. DUE TO (C  d. DUE TO (C  28a. DATE OF IN (Month, Dey, DUE TO (C)  28a. PLACE OF building, et	e on each line  AR AS A CONSE  AR AS A CONSE  AR AS A CONSE  BR AS	QUENCE DI QUENCE OI  Q	OTHEL  OT	26. PL RE: rsing Hom 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D  ACE OF D	given in is  EATH (Cheering of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of tra	Part I. 2  Other (3  28d. LOCATT City or	Le. WAS AN PERFOR	AUTOPSY TAMED?  AUTOPSY TAMED?  AUTOPSY TAMED?  AUTOPSY TAMED?  AUTOPSY TAMED?  AUTOPSY TAMED?	24b  CURED  or Flural I	Interva Onset	CY FINDINGS OF TO OF CAUSE NO
23. PART I. Enter the diseases, or shock, or heart failure shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the cause of	a.  DUE TO (C  b. DUE TO (C  c. DUE TO (C  d. DUE TO (C  d. DUE TO (C  28a. DATE OF IN (Month, Dey, DUE TO (C)  28a. PLACE OF building, et	e on each line  AR AS A CONSE  AR AS A CONSE  AR AS A CONSE  BR AS	QUENCE DI QUENCE OI  Q	OTHEL  OT	26. PL R: raing Hom 28c. INJ WO 1 1 1 tory, office	ACE OF D  ACE OF	given in is  EATH (Cheering of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of tra	Part I. 2  Ock only one)  Color (3  28d. Descr  28d. LOCATI City or  To the cause time, date an	Le. WAS AN PERFOR	AUTOPSY THEORY OCI	24b  CURED  or Flural I	Interva Onset	TY FINDINGS OF CAUSE NO
23. PART I. Enter the diseases, or shock, or heart failure shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the cause of t	a.  DUE TO (C  b. DUE TO (C  c. DUE TO (C  d. DUE TO (C  d. DUE TO (C  28a. DATE OF IN (Month, Dey, DUE TO (C)  28a. PLACE OF building, et	e on each line  AR AS A CONSE  AR AS A CONSE  AR AS A CONSE  BR AS	QUENCE DI QUENCE OI  Q	OTHEL  OT	26. PL R: raing Hom 28c. INJ WO 1 1 1 tory, office	ACE OF D  ACE OF	given in I	Part I. 2  Ock only one)  Color (3  28d. Descr  28d. LOCATI City or  To the cause time, date an	ILL. WAS AN PERFOR YES 2	AUTOPSY TAMED?  AUTOPSY TAMED?  AUTOPSY TAMED?  AUTOPSY TAMED?  AUTOPSY TAMED?  AUTOPSY TAMED?	24b  CURED  or Flural I	Interva Onset	CY FINDINGS OF TO OF CAUSE NO



YSICIAN: The law requires that the death certificate be executed within. Figures after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Deet of Health and Mental Haristen prior to burial chamation, or perman.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
law requires that the death certificate be executed within	has been signed by the attending physician and completely not Health and Merical Hydriene prior to build crema	23 shows any Injury, or other traumatic event,
HOPPIAL OF ATTENDING PHYSICIAN: The	MILETAL DIRECTOR: After this certificate h	TANT II Item 28 is marked, or Item

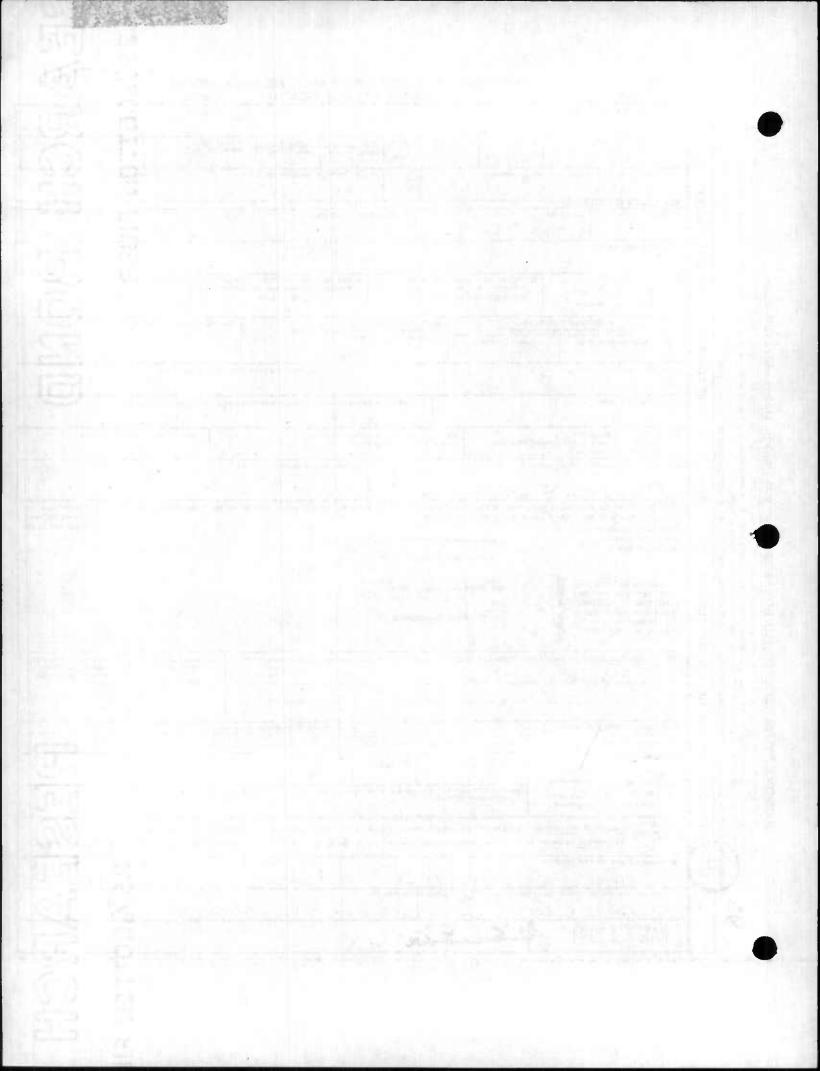
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			RIIF	ICALE OF	DEA	111	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Las		B				6	0	ay 0 9	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	577-34-8068 1 M 2 0 F 9			YRS.	MONTHS DAYS	HOURS	MIN.		396	New 1	York_
· ·	9e. FACILITY NAME (If not Institution, give	9b. CITY, TOWN	OR LOCATI	ON OF DE	ATH	9c. COUN	TY OF DEA	TN			
DIRECTOR	Hebrew Home of G	Rockvil			1 16	Mont	gome	4			
DIRE	Maryland Mon	y, town on loca ckville	TION				10d. INSIDE CITY LIMITS?  VXX YES 2 \( \text{\text{NO}} \) NO				
FUNERAL	100. STREET AND NUMBER 6121 Montrose Roa	ad			10	7. ZIP COD		. (27)	10g. CITIZEN OF WHAT COUNTRY? United States		
S	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS DE	CENDENT (	OF HISPAN	IIC ORIGIN? (Specify Ye		14. RACE -	American Indian
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 N	0		24 NO		n, Puerto Rican, atc.)		Black, V Specify:	White
0	15. DECEDENT'S EI (Specify only highest gra		18e. DE	CEDENT'S	USUAL OCCUPATI	ON		16b. KIND OF BU	SINESS/IND	JSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	) life.	nemal		ost of works	ng	Own H	lome		
OM	17. FATHER'S NAME (First, Middle, Last)			_		18. MOT	HER'S NA	ME (First, Middle, Maiden			
BEC	Louis Botenstein	1				Es	ther	Greenwald			
10	190. INFORMANT'S NAME (Typo/Print) Sally Kligman		198	3330	N. Leis	ure \	or Aural A	d Blvd. #5	m, State, Zip 23 Si	lver	20906 Spring Md.
	26g: METHOD OF DISPOSITION 1-13 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	20b. PLACE A	ND DATE	OF DISPOSITION (N	eme of		DATE 20c. LO	CATION — C	alty or Town	
	21. SIGNATURE OF FUNERAL AERVICE	LICENSEE /	King	Dav	d Memor				is al	urcii,	унедина
	· aca	0,00			IVES-	PEAR	SON I	FUNERAL HO	MES alls	Churc	22046
	23. PART I. Enter the diseases, shock, or heart failun IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. NTE	STINAL	O	BSTRU			n as carolac or reap	iratory arre	ret,	Approximate interval Between Onset and Death 3 DAY
NOI	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSEC	UENCE O	DF):						
ERI	reaulting in death) LAST	d									
	PART ii. Other aignificant conditi	ons contributing to	death but not n	esuitina	in the underivir	g cause	alven in	Part I. 24a, WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
EDICAL	DEMENT						g	PERFO	RMED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE
Σ								1 _ YES :	5 DKNO	0	F DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL	1			20.0	LACE OF F	EATN ML	ock only one)			
S	EXAMINER?  1 YES 2 NO	HOSPITAL:	ED/Outpetlant 2	□ DOA	OTHER:						
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, Da	INJURY	28b. TIM	E OF 28c. IN	JURY AT		6 ☐ Other (Specify)  28d. DESCRIBE NOW	INJURY OCC	URED	
D BY	2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE OF	F INJURY — At horate. (Specify)	me, farm,		YES 2	JNO	28f. LOCATION (Street City or Town, State	and Number	or Rural Rou	te Number,
ETE	4 Nomicide determined										
COMPLETED		SICIAN: To the beat of NER: On the basis of as									nd manner as stated.
BE CO	296, SIGNATURE AND TITLE OF CERTIF						ENSE NUN				lonth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON	VNO COMPLETED CAUS	SE OF DEATH (ITE	4 27) (Type	, Print)	1	>0>-	<u></u>	21	0	7
	31. DATE FILED (Morth, Day, Year)	0121 Ma	mose	Ka	r. re	chi	الع	Mg. 20	877		
	MAR 1 4 1994	Julie de	R'S SIGNATURE	dell							



Ξ.	ŧ
-	1
N	-
0	-
=	200
	4
BALTIMORE, MARYLAND 2121	4
>	2
~	3
₫	6
5	- Sale
	9
ш	-
Œ	8
0	ď
Š	9
5	Š
-	-
	40
4	P
••	the executed within mount offer death. Done 6 mouths retained by the honorital or offer
	8
_	Š
	ń
	7
6	hio
Ö	1
OX 68760,	5
20	4
9	2
×	8
2	2
_	-

E	1. DECEDENT'S NAME (First, Middle, Less RAYMOND STIN							2. DATE MONTO		1994	3. TIME OF DE	
	4. SOCIAL SECURITY NUMBER 220 26 2055	5. SEX	6. AGE (In yrs. In:	st birthday) YRS.	IF UNDER 1 Y		F UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	OF BIRTH h, Day, Year) /1928	0.	BIRTHPLACE (State or Country) Church Hill	
æ	9a. FACILITY NAME (If not institution, give THE JOHNS HOPKI		ΤΔΙ			9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY				9c. COUNTY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT		TAL	10c. CI1	Y, TOWN OR I						10d, INSIDE C	
	Md.				Ba 1	to.					LIMITS?	
ERAL	10%. STREET AND NUMBER 2112 Jefferson	St.				10f, Z	21205			10g. CITIZE	N OF WHAT COUNTRY	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. AF I YES 2X MAR OR DATES		If y	S DECEN es, speci	NDENT OF HISP Ify Cuben, Mexi NO Spec	can, Puerto I	17 (Specify Yes Rican, etc.)	or No-	Black, White, etc. Specify: Black	
PLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)		(0	Sive kind of a. Do NOT u	work done duri se retired.)	ing most o	of working	16b	KIND OF BUS	INESS/INDUS		
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N			Surname)		
BE	Charles Stinson  190. INFORMANT'S NAME (TADO/Print)				A DDDEES /			Stinson				
5	Tarita McCallum			lagdo1			Route Number, City or Town, State, Zip Code) Balto., Md. 212					
	20e. METHOD OF DISPOSITION  1 \( \text{Disposition} \) Buriel 2 \( \text{Cremation} \) 3 \( \text{Removal from State} \)  4 \( \text{Donation} \) 5 \( \text{Other (Specify)} \)  20b. PLACE AND DATE OF DISPOSITION (Name of cemtains) Graph of the place) of the place											
	23 PART I. Enter the disease, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	to caused the deuse on each line	i.A (	Infa	reti	w		diac or reapir	ratory arres	Approxi	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	OF AS A CONSE		f): (	y (	Disex	se			4.	
MEDICAL CI	Extended Acabalis.							24a. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?							Check only or	ck only one)			
	4 5000000 0 0 0000	1 Inpatient 2	FINJURY	28b. TIA	4 Nursing	c. INJUR	5 Residence		r (Specify)	JURY OCCU	RED	
HYSICIAN:	1/STES 2 NO 27. MANNER OF DEATH		Jay, Year)	IN.	JURY M	WORK 1 VES	K? S 2 NO					
PHYSICIAN:		(Month, E										
ED BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, D	OF INJURY — At he, etc. (Specify)	ome, farm,	street, factory	, office		281. LOC City	ATION (Street as or Town, State)	nd Number or	Rural Route Number,	
D BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined	(Month, E 28e. PLACE C building,	f my knowledge, de	aath occur	red at the time	, deta en		City	or Town, State)	ner as stated.		



nours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760. THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DAI nuclember of the practical and computed by the standard or the practical and computed to the standard or the practical and computed to the standard or the stan

BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

								2. DATE OF	DEATH			3. TIME OF DEATH
	1. DECEDENT'S NAME (First, Middle, Last)	ZANI CIDARATE	D.C.					MONTH 03	12	'	94	
	BERYL DE	EAN SUMME		- Jana Mahahata I			and at the later					13:09
ш	ALL THE CONTRACT WAS A			s. lest birthday)	IF UNDER 1 YE	AR IF UP	IDER 24 HRS.	7. DATE OF 1 (Month, De	NATH y, Year)		8. BIRTH Countr	IPLACE (State or Foreigny)
	218-22-6226	1 🗆 M 2 😾 F	93	YRS.				11 (	)4 1	900	MAR	YLAND
	Se. FACILITY NAME (If not institution, give a	street end number)			9b. CITY, TO	WN OR LOC	ATION OF DE	ATH		9c. COUN	ITY OF D	EATH
DIRECTOR	3838 ROLAND AV	ENUE AP	T. 110	)5	B.A	LTIM	ORE					
5	RESIDENCE OF DECEDENT											
₩	10e. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
ā	MARYLAND				BALT	'IMOR	Ē					1 YES 2 NO
╏╏	10e. STREET AND NUMBER					10f. ZIP C	ODE			10g. CITIZ	ZEN OF V	VHAT COUNTRY?
FUNERAL	3838	ROLAND A	AVENUE	E APT.	1105		21211				US	A
ξŀ	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13. WAS	DECENDER	IT OF HISPAN	IIC ORIGIN? (S	necify Yee o	or No. T	14 DACE	- American Indian,
	1 Never Merried 2 Merried	FORCES? 1	YES 2	<b>⊠</b> NO	If ye	s, specify C	uben, Mexice	n, Puerlo Rice			Black	t, While, etc.
⋒∥	3 Widowed 4 Divorced	1 123, 0172 11	AN ON DATES	•	''	TES 2 X	NO Specify	<i>r:</i>			Speci	WHITE
	15. DECEDENT'S EDU	CATION	164	DECEDENT'S	USUAL OCCU	PATION		16b KI6	D OF BUSI	NESS/INDI	HSTRY	WILLE
	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of the Do NOT us	work done during retired.)	g most of w	orking	3.00				
Z		yrs. nurs	sing	F	EGISTE	ERED 1	NURSE		HOSP	ITAL	S	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	7200 1102	99			-						
THE STATE OF THE S	HARRY BOY	TO CITAMED	c			18. N		ME (First, Middl SSIE DI			D	
H		יא איזייוט פי ע.	U	T								
2	19e. INFORMANT'S NAME (Type/Print)							Route Number, (				55107
	EUGENIA RATTE			T8 C	KTOLE	LANE	, NORT	TH OAKS	, MI	NNES(	OTA	DDTZ/
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Rem	novel from State		ACE AND DATE		N (Name of		DATE	20c. LOCA	ATION C	Cify or To	wn, State
	4 Donation 5 Other (Specify)	July		y, crematory or o		(ETER	Ÿ		BAT.	TIMO	RE.	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1-	1101			RESS OF FA	CILITY	Date	1 1110	,	
100	1 /1 /11/2	10.	t On		Α.	ALAN	SEITZ	Z, JR.	FUNE	RAL 1	HOME	21211
	23. PART i. Enter the diseases, or ahock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Aux	se on eech	Al Al	381 not antar that RTERIOSO	mode of	LAND A dying, auc	VENUE.	BAL or respire	TIMO	RE.	MARYLAND Approximate interval Betw
IFICATION	shock, or heer failure.  IMMEDIATE CAUSE (Final disease Dr condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events	a. DUE TO	(OR AS A CO	Al Al	381 not antar tha RTERIOSO Pi:	mode of	LAND A dying, auc	VENUE.	BAL or respire	TIMO	RE.	MARYLAND Approximate
ERTIFICATION	shock, or heer failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO	(OR AS A CO	NSEQUENCE O	381 not antar tha RTERIOSO Pi:	mode of	LAND A dying, auc	VENUE.	BAL or respire	TIMO	RE.	MARYLAND
	shock, or heer failure.  IMMEDIATE CAUSE (Final disease Dr condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events	a. OUE TO  b. OUE TO  c. OUE TO	OR AS A COL	NSEQUENCE O	381 not antar tha RTERIOSO Pri:	8 ROT	LAND A dylng, suci	AVENUE,	BAL or respire	TIMO: SEASE	RE,	MARYLAND  Approximate interval Betw Onset and Do
ICAL CERTIFICATION	shock, or heer failure.  IMMEDIATE CAUSE (Final disease Dr condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	a. OUE TO  b. OUE TO  c. OUE TO	OR AS A COL	NSEQUENCE O	381 not antar tha RTERIOSO Pri:	8 ROT	LAND A dylng, suci	AVENUE , h as cardiac I OVASCUL	BAL or respiration of the second of the seco	TIMO: SEASE  UTOPSY HED?	RE,	MARYLAND  Approximate interval Betwonset and Donnet and
EDICAL	shock, or heer failure.  IMMEDIATE CAUSE (Final disease Dr condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	a. OUE TO  b. OUE TO  c. OUE TO	OR AS A COL	NSEQUENCE O	381 not antar tha RTERIOSO Pri:	8 ROT	LAND A dylng, suci	AVENUE , h as cardiac I OVASCUL	BAL or respire	TIMO: SEASE  UTOPSY HED?	RE,	MARYLAND  Approximate interval Betwonset and Donest and
MEDICAL	shock, or heer failure.  IMMEDIATE CAUSE (Final disease Dr condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	a. OUE TO  C. OUE TO  d.	OR AS A COL	NSEQUENCE O	381 not antar tha RTERIOSO Pri:	8 ROT	LAND A dylng, suci	AVENUE , h as cardiac I OVASCUL	BAL or respiration of the second of the seco	TIMO: SEASE  UTOPSY HED?	RE,	MARYLAND  Approximate interval Betwoonset and Donest an
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease D Injury that initiated events resulting in death) LAST	a. OUE TO  C. OUE TO  d.	OR AS A COL	NSEQUENCE O	381 not antar tha RTERIOSO Th: Fh: In the under	8 ROT	LAND & dying, suci	Part I. 24a	BAL or respiration of the second of the seco	TIMO: SEASE  UTOPSY HED?	RE,	MARYLAND  Approximate interval Betw Onset and Do  Onset and Do  WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATN?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERBED TO MEDICAL EXAMINED	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A COL	NSEQUENCE O	381 not antar tha RTERIOSO Th: Fh: In the under	8 ROT	LAND A dylng, suci	Part I. 24a	BAL or respiration of the second of the seco	TIMO: SEASE  UTOPSY HED?	RE,	MARYLAND  Approximate interval Betw Onset and Do  Onset and Do  WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATN?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions  25. WAS CASE REFERBED TO MEDICAL EXAMINED 1  1 DATES 2 NO	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1   Input lent 2	(OR AS A COI  (OR AS A COI  (OR AS A COI  (OR AS A COI  ER/Outpetler	NSEQUENCE O	381 not anter tha RTERIOSO F): F):  In the under  OTHER: 4   Nursing	8 ROT	LAND Adving, suci	Part I. 24a	BAL or respire	TIMO: SEASE  UTOPSY HED?	RE,	MARYLAND  Approximate interval Betw Onset and Do  Onset and Do  WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATN?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions  25. WAS CASE REFERBED TO MEDICAL EXAMINEB 2 1 LES 2 NO  27. MANNER OF DEATH	a. DUE TO b. DUE TO c. DUE TO d	COR AS A COL	NSEQUENCE O	381 not anter tha RTERIOSO F): F):  In the under  OTHER: 4 \( \) Nursing E of 286	8 ROT	LAND Adving, suci	Part I. 24a	BAL or respiration of the second of the seco	TIMO: story arres SEASE  urropsy iedo?	RE ,	MARYLAND  Approximate interval Betw Onset and Do  Onset and Do  WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATN?
PHTSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions  25. WAS CASE REFERBED TO MEDICAL EXAMINED 1  1 DATES 2 NO	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A COI  (OR AS A COI  (OR AS A COI  (OR AS A COI  INJURY  (OR AS A COI  (OR AS A	NSEQUENCE O	381 not anter the RTERIOSO FF:  FF:  In the under  OTHER: 4 □ Nursing E OF 28c URY M 1	Illeron	LAND Adving, suci	Part I. 24a  Deck only one)  B Other (Sp	BAL or respiration of the second of the seco	TIMO: story arres SEASE  urropsy iedo?	RE ,	MARYLAND  Approximate interval Betw Onset and Do  Onset and Do  WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATN?
D BT PHTSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events reaulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERBED TO MEDICAL EXAMINED 1  1	a. OUE TO b. OUE TO c. OUE TO d	(OR AS A COI  (OR AS A COI  (OR AS A COI  (OR AS A COI  INJURY  (OR AS A COI  (OR AS A	NSEQUENCE O	381 not anter the RTERIOSO FF:  FF:  In the under  OTHER: 4 □ Nursing E OF 28c URY M 1	Illeron	LAND Adving, sucional Control	Part I. 24a  Cock only one)  B Other (Sp. 28d, DESCRII	BAL or respira  AR DIS  WAS AN AI PERFORM  YES 2  BE HOW IN.	TIMO: story arres  SEASE  UTOPSY IED?  NO	24b.	MARYLAND  Approximate interval Betw Onset and Definition of the completion of caus of death?
IEU BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERBED TO MEDICAL EXAMINEBY  1 DES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	a. OUE TO b. OUE TO c. OUE TO d	(OR AS A COI  (OR AS A COI  (OR AS A COI  death but n  ER/Outpetler INJURY  F INJURY — A	NSEQUENCE O	381 not anter the RTERIOSO FF:  FF:  In the under  OTHER: 4 □ Nursing E OF 28c URY M 1	Illeron	LAND Adving, sucional Control	Part I. 24a  Cock only one)  B Other (Sp. 28d, DESCRII	BAL or respira  AR DIS  . WAS AN AN PERFORM YES 2	TIMO: story arres  SEASE  UTOPSY IED?  NO	24b.	MARYLAND  Approximate interval Betw Onset and Definition of the completion of caus of death?
IEU BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERSED TO MEDICAL EXAMINEBY 1 UNES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	a. DUE TO b. DUE TO c. DUE TO d. DUE TO 1. In contributing to 28e. DATE OF (Month, Delining, Delining, Delining, Delining, Delining)	(OR AS A COL  (O	NSEQUENCE O	383 not antar that RTERIOSO F): F):  In the under  OTHER: 4 \( \text{Nursing} \) E OF URY M 1 streel, fectory.	8 ROT	LAND & dying, suci	Part I. 24a  Part I. 24a  Other (Sp. 28d, DESCRII  281, LOCATIO City or To	DAL OF respiration  AR DIS  AR DIS  AR DIS  EDIT  AR DIS  OF THE PROPERTY OF T	TIMO: Reform arrests SEASE  STOPSY RED? NO  JURY OCC	24b.	MARYLAND  Approximate interval Betw Onset and Definition of the completion of caus of death?
IEU BY PHYSICIAN: MEDICAL	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events reaulting in death) LAST  PART II. Other aignificent conditions  25. WAS CASE REFERBED TO MEDICAL EXAMINED  1	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A COI  (O	NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O	381 not antar that RTERIOSO F): F):  In the under  OTHER: 4   Nursing E OF   28c URY M   1	8 ROT mode of ELEROT lying cause s. PLACE of Home 5 ff. INJURY A: WORY? YES office	LAND A dying, suci	Part I. 24a  Part I. 24a  Other (Sp  28d. DESCRII  28f. LOCATIO City or To	DAL OF respiration  AR DIS  AR DIS  AR DIS  PERFORM  YES 2  PERFORM  N (Street an wn, State)	TIMO: Retory arres SEASE  UTOPSY RED? NO  UNIVOCE  UTOPSY RED?	24b.	MARYLAND  Approximate interval Betw Onset and Do  were autopsy finon Available Prior to COMPLETION OF CAUS OF DEATN?  1 YES 2 NO
IEU BI PHISICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated eventa reaulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERBED TO MEDICAL EXAMINED  1	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A COI  (O	NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O	381 not antar that RTERIOSO F): F):  In the under  OTHER: 4   Nursing E OF   28c URY M   1	8 ROT mode of ELEROT lying cause s. PLACE of Home 5 ff. INJURY A: WORY? YES office	LAND A dying, suci	Part I. 24a  Part I. 24a  Other (Sp  28d. DESCRII  28f. LOCATIO City or To	DAL OF respiration  AR DIS  AR DIS  AR DIS  PERFORM  YES 2  PERFORM  N (Street an wn, State)	TIMO: Retory arres SEASE  UTOPSY RED? NO  UNIVOCE  UTOPSY RED?	24b.	MARYLAND  Approximate interval Betw Onset and Do  were autopsy finon Available Prior to COMPLETION OF CAUS OF DEATN?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events reaulting in death) LAST  PART II. Other aignificent conditions  25. WAS CASE REFERBED TO MEDICAL EXAMINED  1	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A COI  (O	NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O	381 not antar that RTERIOSO F): F):  In the under  OTHER: 4   Nursing E OF   28c URY M   1	8 ROT mode of ELEROT lying cause lying cause s. PLACE O Home 5  INJURY A WORK? YES office	LAND A dying, suci	Part I. 244  Part I. 244  1 [  Other (Sp. 284. DESCRII  281. LOCATIO City or Re  to the ceuse(etime, date end	BAL or respira AR DIS  . WAS AN AI PERFORM YES 2  ecity) SE HOW IN. N (Street en. wn, State)	TIMO: story arres SEASE  UTOPSY HED? NO  JURY OCC de Number of the light of the lig	24b.	MARYLAND  Approximate interval Betw Onset and Do  were autopsy finon Available Prior to COMPLETION OF CAUS OF DEATN?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated eventa reaulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERBED TO MEDICAL EXAMINED  1	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A COI  (O	NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O	381 not antar that RTERIOSO F): F):  In the under  OTHER: 4   Nursing E OF   28c URY M   1	8 ROT mode of ELEROT lying cause lying cause s. PLACE O Home 5  INJURY A WORK? YES office	dying, suci	Part I. 244  Part I. 244  1 [  Other (Sp. 284. DESCRII  281. LOCATIO City or Re  to the ceuse(etime, date end	BAL or respira AR DIS  . WAS AN AI PERFORM YES 2  ecity) SE HOW IN. N (Street en. wn, State)	TIMO: story arres SEASE  UTOPSY HED? NO  JURY OCC de Number of the light of the lig	24b.	MARYLAND  Approximate interval Betw Onset and Do  WERE AUTOPSY FINDER AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated eventa reaulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERBED TO MEDICAL EXAMINED  1	a. OUE TO b. DUE TO c. DUE TO d	(OR AS A COI  (OR AS A COI  (OR AS A COI  (OR AS A COI  death but in  ER/Outpetter  INJURY  ay, Year)  FINJURY  my knowledge,  camination ence	Inc.  A SEQUENCE OF THE SEQUEN	381 not antar that RTERIOSO F):  F):  In the under  2 OTHER: 4   Nursing E OF 28c URY M 1 streel, fectory, and at the time, in, in my opinion	8 ROT mode of ELEROT lying cause lying cause s. PLACE O Home 5  INJURY A WORK? YES office	dying, suci	Part I. 244  Part I. 244  1 [  Other (Sp. 284. DESCRII  281. LOCATIO City or Re  to the ceuse(etime, date end	BAL or respira AR DIS  . WAS AN AI PERFORM YES 2  ecity) SE HOW IN. N (Street en. wn, State)	TIMO: story arres SEASE  UTOPSY HED? NO  JURY OCC de Number of the light of the lig	24b.	MARYLAND  Approximate interval Betw Onset and Do  WERE AUTOPSY FINDER AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?  1 YES 2 NO
IO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease D Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERBED TO MEDICAL EXAMINED  1	a. OUE TO b. DUE TO c. DUE TO d	(OR AS A COI  (OR AS A COI  (OR AS A COI  (OR AS A COI  death but in  ER/Outpetter  INJURY  ay, Year)  FINJURY  my knowledge,  camination ence	Inc.  A SEQUENCE OF THE SEQUEN	381 not antar that RTERIOSO F):  F):  In the under  2 OTHER: 4   Nursing E OF 28c URY M 1 streel, fectory, and at the time, in, in my opinion	8 ROT mode of ELEROT lying cause lying cause s. PLACE O Home 5  INJURY A WORK? YES office	dying, suci	Part I. 244  Part I. 244  1 [  Other (Sp. 284. DESCRII  281. LOCATIO City or Re  to the ceuse(etime, date end	BAL or respira AR DIS  . WAS AN AI PERFORM YES 2  . WAS AN AI PERFORM WIN, State ) ecity)  BE HOW IN.	TIMO: story arres SEASE  UTOPSY HED? NO  JURY OCC de Number of the light of the lig	24b.	MARYLAND  Approximate interval Betw Onset and Do  WERE AUTOPSY FINDER AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?  1 YES 2 NO

5 - 2  BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 23 PART I, 27, PER MEO FILM G-709 3/17/94 t.t Item # 1 film # g 709 3-14-94 N.A. Per funeral Home

94 07446.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	,	2						2. DATE OF DE	ATH	YEAR	3. TIME OF DEA	гн
	OTHER	nomas			SHACK	CLE	TT	MAR	03	94	11:16	F
	4. SOCIAL SECURITY NUMBER 212-36-7888	5. SEX	6. AGE (In yrs. les	si birthday) YRS.	IF UNDER 1 Y	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	tear)	Coun		oreign
	9e. FACILITY NAME (If not institution, give	-3.	31	ins.	AL OUTY W	20121	R LOCATION OF D	2 23	37		cyland	
DIRECTOR	SINAI HOSPITA						MORE C		9c. C	N/A	DEATH	
띭	10e. STATE 10b. COUNT	ry		10c. CIT	Y, TOWN OR	LOCATI	ION				10d. INSIDE CITY	,
ᆲ	Maryland N/	'A		Ва	ltim	ore	9				LIMITS?	NO
AL	10e. STREET AND NUMBER					10f.	ZIP CODE		10g. (	CITIZEN OF	WHAT COUNTRY?	
<u> </u>	4410 Finney Av	renue				1	21215		J	JSA		
BY FUNERAL	11. MARITAL STATUS  1 XNever Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 3		II y	res, spe		NIC ORIGIN? (Spean, Puerlo Ricen, e		Bled	E — American Indi ck, White, etc. offy: Black	
입	15. DECEDENT'S EDU (Specify only highest grade	UCATION	16a. DE	CEDENT'S	USUAL OCCU	UPATIO	N	16b, KIND	OF BUSINESS/	INDUSTRY		_
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	- Ufa	Do NOT us	work done duri se retired.)	ing mos	a of working					
COMPLET	6th grade		La	bore	r							
8	17. FATHER'S NAME (First, Middle, Last)	Chaple 1 at	- L T					ME (First, Middle, I		0)		
BE	Claude Duvall  190. INFORMANT'S NAME (Type/Print)	Suacktet		_	-271			Howard				
2	Marie Cornish		19	b. MAILING	N S	ma 1	nd Number or Rural	Route Number, City Street	or Town, State,	zip Code)	21216 e, Md	
	20a. METHOD OF DISPOSITION				OF DISPOSITION							
	tx Buriel 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	cemetery, cre	ematory or o	ther plecel		emetery	3/9/92	atons	- wy or 1	own, State Le, Md	
	21. SIGNATURE OF MERAL SERVICE LI	//	THESE	C 1 11			D ADDRESS OF F				Culloh	
13	Delay 9	turris			Ch	2 + ×	man_Uai	rrie F.			ore,Md2	
	23. PART I. Entar the diseases, pr	complications that	caused the de	eath. Do r	_						Approxim	
	resulting in death)	a. MYOCARDIA	L INFARCT	)°								טנ
RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CORONARY /	OR AS A CONSE	ROMBO QUENCE OF	SIS COM	1PLI	CATED BY	COCAINE US	E			3 0
AN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CORONARY / DUE TO (C	OR AS A CONSEC	QUENCE OF	SIS COM			Part I. 24a. V	MS AN AUTOPS ERFORMED? YES 2 NO	SY 248	b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION DF: OF DEATH? 1 YES 2	INDIP TO CAUS
: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C	DR AS A CONSEC	QUENCE OF	SIS COM P): F):	ariying		Part I. 24a. V	VAS AN AUTOPS ERFORMED?	SY 246	AVAILABLE PRIOR COMPLETION DF OF DEATH?	INDIN TO CAUS
SICIAN: MEDICAL CE	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions are serviced by the significant conditions.	DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C)  DUE TO (C)	DR AS A CONSEC	QUENCE OF	SIS COM P): In the unde	ariying 26. PL/ g Home	Cause given in  ACE OF DEATH (C)	Part I. 24a. V P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MAS AN AUTOPS ERFORMED? YES 2 NO		AVAILABLE PRIOR COMPLETION DF OF DEATH?	INDIN TO CAUS
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  12. YES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending	DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION	QUENCE OF	SIS COM P: F):  In the unde  OTHER: 4   Nursing E OF   28	26. PL/ g Home Bc. INJU WOF	ACE OF DEATH (C)	Part I. 24a. V P	MAS AN AUTOPS ERFORMED? YES 2 NO		AVAILABLE PRIOR COMPLETION DF OF DEATH?	INDIP TO CAUS
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X XES 2 NO  27. MANNER OF DEATH	DUE TO (C  b. CORONARY  DUE TO (C  c. DUE TO (C  d	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION	QUENCE OF TRANSPORTER	SIS COM F):  In the unde	26. PL/ g Home Bc. INJU WOR	ACE OF DEATH (C/I	Part I. 24a. V P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S AN AUTOPS ERFORMED? YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	DCCURED	AVAILABLE PRIOR COMPLETION DF: OF DEATH? 1 YES 2	TO
ETED BY PHYSICIAN: MEDICAL CE	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X XES 2 NO  27. MANNER OF DEATH  1 X Netural 5 Pending Investigation  3 Suicide 6 Could not be determined	DUE TO (C  b. CORONARY  DUE TO (C  c. DUE TO (C  d	AR A CONSECTION OF AS A CONSECTI	QUENCE OF ROMBO QUENCE OF RESUlting Page 1 DOA 2 28b. TIME INJ	OTHER: 4   Nursing E OF 28 pury M	26. PL/ g Home Bc. INJU WOF 1Y, office	ACE OF DEATH (C/	Part I. 24a. V P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S AN AUTOPS ERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N	OCCURED siber or Aural stated.	AVAILABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2   Route Number,	TO CAUSI NO
E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X XES 2 NO  27. MANNER OF DEATH  1 X Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO (C  b. CORONARY / DUE TO (C  c. DUE TO (C  d	AR A CONSECTION OF AS A CONSECTI	QUENCE OF ROMBO QUENCE OF RESUlting Page 1 DOA 2 28b. TIME INJ	OTHER: 4   Nursing E OF 28 pury M	26. PLJ  26. PLJ  g Home  Bc. INJU  WOF  1 YI  r, office	ACE OF DEATH (C/	Part I. 24a. V P 1 1 1 1 24a. V P 1 1 24a. V P 1 24b. LOCATION City or Fown 1 to the cause(a) as a time, date and pi	PAS AN AUTOPS ERFORMED? (YES 2 NO  NO  NO  (Street end Num., State)  and manner ea :  ace, end due to	OCCURED  ber or Rural  stated.  the cause	AVAILABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2   Route Number,	INDIN TO CAUSI
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in dasth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X X S 2 NO  27. MANNER OF DEATH  1 Netural Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	DUE TO (C  b. CORONARY / DUE TO (C  c. DUE TO (C  d	AR A CONSECTION OF AS A CONSECTI	QUENCE OF ROMBO QUENCE OF RESUlting Page 1 DOA 2 28b. TIME INJ	OTHER: 4   Nursing E OF 28 pury M	26. PLJ  26. PLJ  g Home  Bc. INJU  WOF  1 YI  r, office	ACE OF DEATH (CI	Part I. 24a. V P  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AS AN AUTOPS ERFORMED?  YES 2 NO  NO  NO  NO  Street and Num  State)  A manner se :  ace, and due to	DCCURED  stated.  b the cause(  DATE SIGNE)	ANALABLE PRIOR COMPLETION DF OF DEATH  1 YES 2   Route Number,	INDIN TO CAUS NO
E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in dasth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X X S 2 NO  27. MANNER OF DEATH  1 Netural Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	DUE TO (C  b. CORONARY  DUE TO (C  c. DUE TO (C  d	PR AS A CONSECTION OF AS A CONSE	QUENCE OF ROMBO QUENCE OF RESURTING PARTY OF THE PROPERTY OF T	OTHER: 4   Nursing E OF 28 URY M 28 whereat, Jactory	26. PL/g Homes Sc. INJU WOFO, office st. off	ACE OF DEATH (C)  5 G Residence URY AT RK7 ES 2 NO  and place, and due ath occured at the 29c. LICENSE NU  O C M	Part I. 24a. V P 1  1 Part I. 24a. V P 1  1 Part I. 24a. V P 1  1 Part I. 24a. V P P 1  2 P 1  2 P 2 P 2 P 2 P 2  2 P 2 P 2 P 2 P 2  2 P 2 P	PAS AN AUTOPS ERFORMED?  YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	occured stated. b the cause(  DATE SIGNEI  MAR	ANALABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2   Route Number,  (e) end manner as a	TOCAUS

permit. Pages 1, 2, 3 should

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit ial, cremation, or removal.

Ħ

notified

Pe

must

medical

the

event.

other traumatic

0 Injury.

any

23

marked.

90

Hem

31. DATE FILED (Month, Day, Year)

MAR 1 4 1994

32. REGISTRAR'S SIGNATURE

a Savidson

0

and com burial, (

prior to

signed by the attending physician Health and Mental Hygiene prior to

has been : Dept. of P

DIRECTOR: After this certificate hours after death with the State

ITEMS: 23 PART II. PER MEO FILM G-712 6/18/94 t.t.

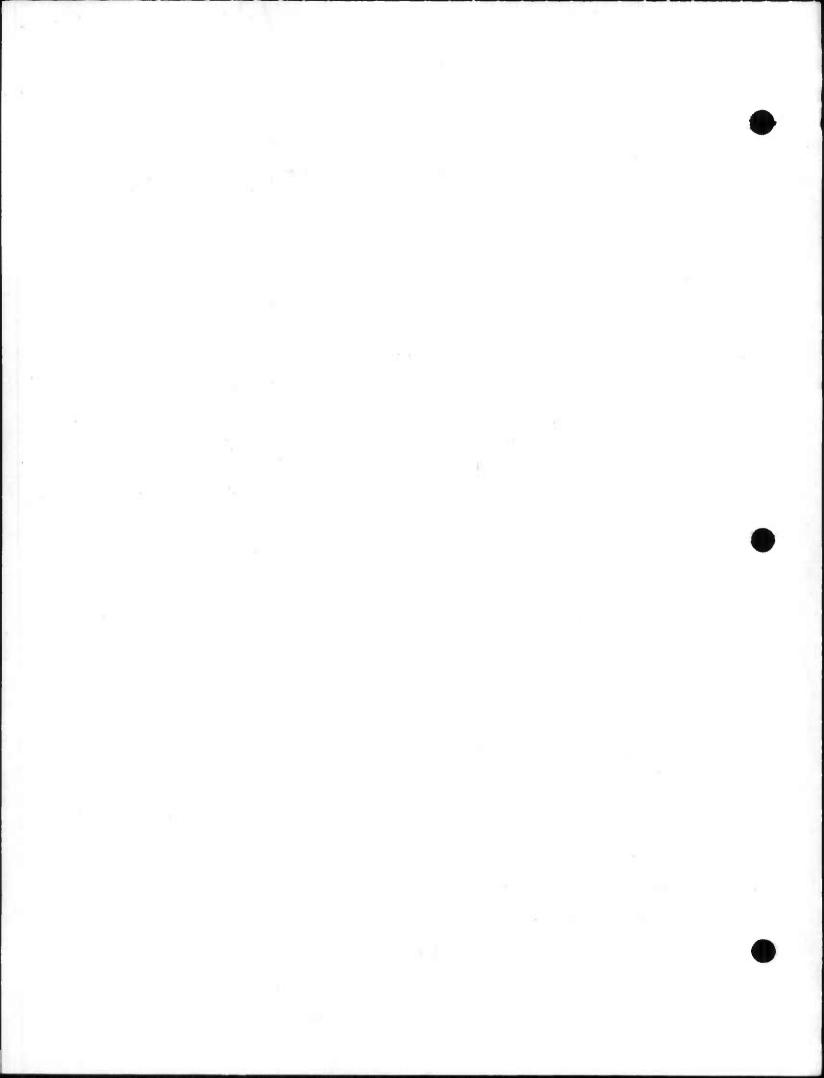
94 07447

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR F. TV j.S. Streams 9 9948:02 March 6. AGE (In yrs. last birthday) 37 yrs. 7. DATE OF BIRTH (Month, Day, Year) 01-18-5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-62-3569 DAYS 1XX M 2 | F 57 MARYLAND 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Johns Hopkins hpspital Baltimore City DIRECTOR n/a RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND Y LIMITS? n/a 10s. STREET AND NUMBER FUNERAL 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21206 UNITED STATES 5446 WHITWOOD ROAD 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. Never Married 2 Married FORCES? 1 YES 2 ВУ 1 TYES 2 Y NO Specify Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 pr 5+) TH LABORER n/a 18. MOTHER'S NAME (First, Middle, Maiden CARIE STREAMS 17. FATHER'S NAME (First, Middle, Last) PHILLIP **GONZELOS** BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or STREET, BALTIMORE, MD 2 CASTLE 21205 VIRGINIA STREAMS 1027 Ν. 20e. METHOD OF DISPOSITION

(X) Sturial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Voshell "Memorial Gardens 03-1 Dundalk, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY **AVENUE** WM. C. MARCH FH.- 1101 E. NORTH 0 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition\_ ATHEROSCIENOPIC CARDIOVASaupin resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY BERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE NARCOTIC USE 1 YES 2 NO OF DEATH? shows a 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: N☐ YES 2 ☐ NO flent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) [arch 9, 286. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Subject Collapsed on 1 Natural 1994 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide Baltimore City 200 determined lee,s grocery Oldtown 446 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL
TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If If 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) B Ocme Morte march 10, 1994 Q 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Aprivono A . KORELL MY 111 Penn Street, Baltimore, Maryland 21201

urs after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020 executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law

DHMH-18 Rev 1/89



1 - FOR STATE REGISTRAR

_	0	- 40
$\Xi$	-	
7	Ē	ŧ
Ď.	B	ď
-	e	"
N	at	9
BALTIMORE, MARYLAND 21215-00	=	2
N	-	2
_	53	-
	9	ě
7	ő	4
	-	2
Q.	92	å
_	23	-
>	5	Z
-	20	T
4	ĕ	3
•	- 25	2
5	6	Q.
-	-	MC.
81	2	9
ш	>	ě
2	6	-
	-	6
	9	8
=	9	8
<	20	÷
	٥.	7
	-	2
_	a	3
d	9	4
-		6
**	e	#
	CO	2
	500	
	2	
	ŏ	7
		М
		E.
		- 0
2	4	ptel
50,	with	noletel
,60	d with	moletei
3760,	nted with	complete
8760,	cuted with	d complete
68760,	xecuted with	and complete
x 68760,	executed with	and complete
X 68760,	be executed with	ian and complete
OX 68760,	e be executed with	sician and completes
BOX 68760,	ate be executed with	wsician and complete.
BOX 68760,	icate be executed with	physician and complete.
BOX 68760,	tificate be executed with	ohysician and complete.
O. BOX 68760,	ertificate be executed with	ing physician and complete
O. BOX 68760,	certificate be executed with	nding physician and complete
P.O. BOX 68760,	th certificate be executed with	pending physician and complete
, P.O. BOX 68760,	eath certificate be executed with	attending obveician and complete
S, P.O. BOX 68760,	death certificate be executed with	e attending physician and complete
JS, P.O. BOX 68760,	he death certificate be executed with	the attending physician and complete
DS, P.O. BOX 68760,	the death certificate be executed with	with attending physician and complete.
RDS, P.O. BOX 68760,	at the death certificate be executed with	by the attending obysician and complete.
JRDS, P.O. BOX 68760,	that the death certificate be executed with	and by the attending physician and complete.
ORDS, P.O. BOX 68760,	is that the death certificate be executed with	med by the attending physician and complete.
CORDS, P.O. BOX 68760,	ires that the death certificate be executed with	signed by the attending physician and complete.
ECORDS, P.O. BOX 68760,	juires that the death certificate be executed with	signed by the attending physician and complete.
RECORDS, P.O. BOX 68760,	equires that the death certificate be executed with	on signed by the attending physician and complete
RECORDS, P.O. BOX 68760,	requires that the death certificate be executed with	been signed by the attending physician and complete
L RECORDS, P.O. BOX 68760,	aw requires that the death certificate be executed with	a been sinned by the attending obysician and complete
AL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed with	has been sinned by the attending obysician and complete
AL RECORDS, P.O. BOX 68760,	he law requires that the death certificate be executed writing	has been sinned by the attending physician and complete
TAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed writing	are has been signed by the attending physician and complete
ITAL RECORDS, P.O. BOX 68760,	N: The law requires that the death certificate be executed with	Scale has been signed by the attending physician and complete.
VITAL RECORDS, P.O. BOX 68760,	AN: The law requires that the death certificate be executed with	tificate has been signed by the attending physician and complete.
VITAL RECORDS, P.O. BOX 68760,	ICIAN: The law requires that the death certificate be executed with	actificate has been signed by the attending physician and completel
F VITAL RECORDS, P.O. BOX 68760,	SICIAN: The law requires that the death certificate be executed with	rectificate has been sinned by the attending physician and complete
OF VITAL RECORDS, P.O. BOX 68760,	HYSICIAN: The law requires that the death certificate be executed with	are rectificate has been signed by the attending physician and complete
OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed with	this certificate has been signed by the attending physician and complete
N OF VITAL RECORDS, P.O. BOX 68760,	IG PHYSICIAN: The law requires that the death certificate be executed with	or this cartificate has been signed by the attending physician and complete
ON OF VITAL RECORDS, P.O. BOX 68760,	ING PHYSICIAN: The law requires that the death certificate be executed with	after this certificate has been signed by the attending physician and complete
ION OF VITAL RECORDS, P.O. BOX 68760,	NDING PHYSICIAN: The law requires that the death certificate be executed with	4. After this certificate has been signed by the attending physician and completely med in by the fineral director have 5 should be detached by use as the b

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 Stevens Esther Μ. 3 BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS 1-10-35 212-36-2656 1 M 2 X F 59 N.C. should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3414 Parkington Baltimore Pages 1, 2, 3 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTO XXYES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 101 ZIR CODE 10g, CITIZEN OF WHAT COUNTRY? 3414 PARKINGTON USA nal-transit AVE 21215 20 nysician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: Black 1 TYES 2 XNO Specify: BY 3 Wildowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hi Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 10TH DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ LESLIE J. STEVENS George McLean HENRIETTA BE WORE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cod 0 LESLIE STEVENS 3414 PARKINGTON AVE J. BALTO, MD 21215 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must WESTERN of STAR CEMETERY 31294 CATONSVILLE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEN examiner 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue the medical 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximete shock, or heart failure. List only one cause on each line. 0 IMMEDIATE CAUSE (Final Onset and Death cremation, disease or condition resulting in death) METASTASES TO LUNG
DUE TO (OR AS A CONSEQUENCE OF): event. to burial, CANCER OF SKIN IYR CFU SQUAMOUS CF.
DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or Injury Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE of Health and 1 TES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: Dept. Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State HOSPITAL: OTHER: 1 TES 2 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 Thasidence 6 Other (Specify) the 6 27. MANNER OF GEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED marked. with 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY death 26s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 86 COMPLETED 6 Could not be DIRECTOR: hours after Item 28 Is 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL I = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND JITLE OF CENTIFIE 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE 0 (DOMU) EX CROSP PO ARS OR mai 31. DATE FILED (Month, Day, Year) lie Teviden 4 1994 MAR 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

94 07448

DHMH-16 Rev 1/89

REG. NO.



MAY THE THE WASHINGTON TO SEE STATE OF THE PARTY OF THE P

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

219-42-7673

EMMA

TOR	FACILITY NAME (I not institution, give street and number)  FOUR SAM HELL TAN (DSELTAL  RESIDENCE OF DECEDENT			96. CITY, TOW	9c. COUNTY OF DEATN				
DIRECTOR	10a. STATE 10b. COUNTY 10c. (			CITY, TOWN OR LOCATION  Baltimore					d. INSIDE CITY LIMITS?  X YES 2 NO
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		T COUNTRY?
ᄪ	2901 Rueckert	Avenue			21214		Uni	ted S	tates
BY FUNER	t1, MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	FORCES? 1 YES	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify yes, specify Cuben, Maxican, Puerto Rican, a 1 ☐ YES 2 💢 NO Specify:		city Yes or No— 14, RACE — Ar Black, White Specify:		American Indian.
8	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	work done during	ATION most of working	166. KIND OF E	USINESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	stered.)		Hea	lth Ca	re	
Ö	17. FATHER'S NAME (First, Middle, Last)			_		ME (First, Middle, Maid			
BE (	William Thoma	s Radcliffe			Carr	ie Emma S	tirn		
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Sin	et end Number or Rural F	loute Number, City or 1	own, State, Zip	Code)	
-	<u>Joseph C. Staab</u>		5309	9 Morel	lo Road	Baltimor	e, Md.	212	14
	20a. METNOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem		Ob. PLACE AND DATE		(Name of	DATE 20c.	LOCATION — C	Sity or Town,	State
	4 Donation 5 Other (Specify)	M	lost Holy Re	edeemer (	Cemetery 3/	16/94	Baltin	ore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Mark T	. Zavoyna	a 22. NAM	e and address of fai onard J. R			,	•
	MarleT.	Laugh		53	05 Harford	ROad P	altimo	ira 2	121/
N	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PLM IA  DUE TO (OR AS	A CONSEQUENCE OF	N6 F17/1					Approximate Interval Between Onset and Dea 24 (+05
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	· DIARG	A CONSEQUENCE OF	24715					> 5 48An
MEDICAL (	PART II. Other algorificant condition  (MONIC LYMPH  SEPTICEMIA	es contributing to deeth	but not resulting	in the underi	ying cause given in	Part I. 24a. WAS / PERF	AN AUTOPSY ORMED? 2 NO	COI OF	PRE AUTOPSY FINDING AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				. PLACE OF DEATN (Che	ick only one)			
LSI(	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 🗆 DOA	OTHER:	Home 5 - Rasidence	8 Other (Specify)			
BY PHYSICI	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	V INJURY OCC	URED	
<u>a</u>	3 Suicide 6 Could not be 4 Nomicide datermined	28a. PLACE OF INJUR building, etc. (Sp.	RY — Al home, farm, secify)	street, factory, o	offica	281. LOCATION (Street City or Town, Sta	et and Number (	or Runal Route	Number,
BE COMPLET		ICIAN: To the best of my kno			n, death occured at the	time, data and place,	and due to the	o ceuse(s) en	
BE		MEDULINE RE	RICINT		P-OL 7	IBER I		SIGNED (Mo	Onth, Day, Year)

DAUDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

M. O.

BEGISTBAR'S SIGNATURE

6000 SAMPALTAN HOSPITAL

PRUIN SANICO

4 1994

31. DATE FILED (Month, Day, Year)

STAPAR

5. SEX

1 - M 2 - F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

Emma Irene Staab

MONTHS

6. AGE (In yrs. last birthday)

94 17449

B. BIRTHPLACE (State or Foreign Country)

Maryland

Approximate Interval Between

**Onset and Death** 24 1+25

>5 45ARS

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

29d. DATE SIGNED (Month, Day, Year) D 03/13/94

(94 YEAR

9c. COUNTY OF DEATH

3. TIME OF DEATH

12:06

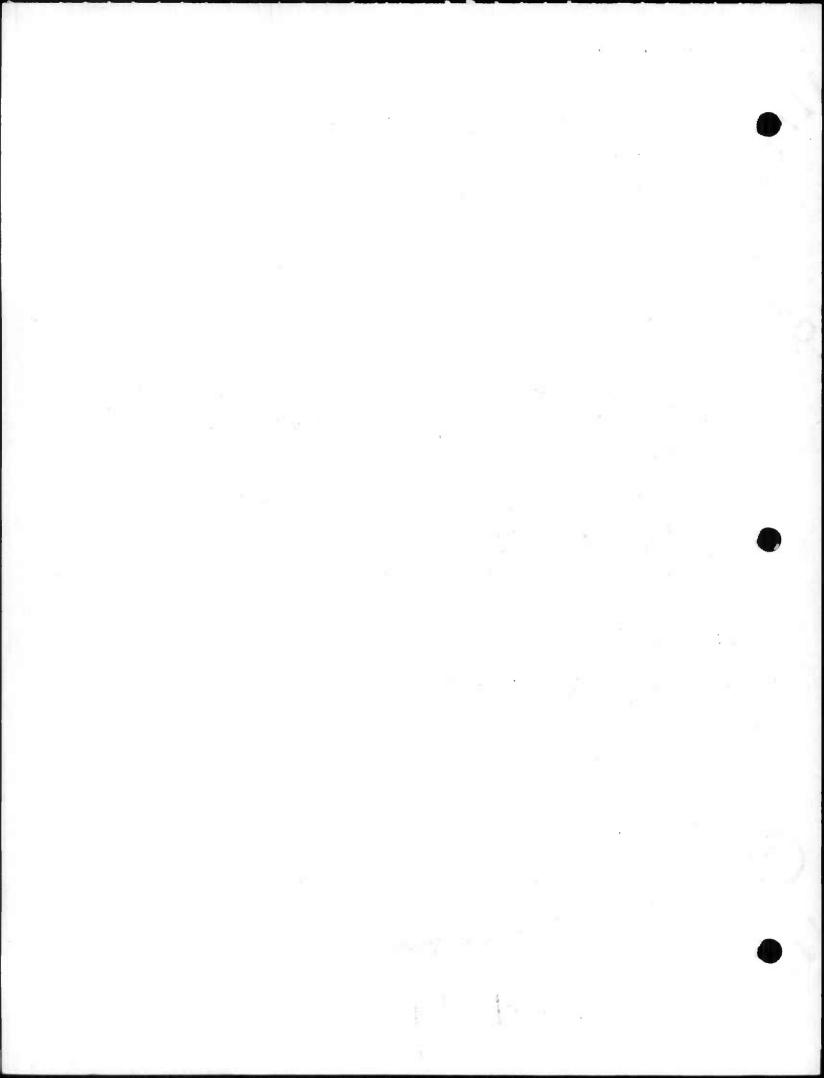
REG. NO.

2. DATE OF DEATH MONTH

03

7. DATE OF BIRTH (Month, Day, Year)

5/11/1912



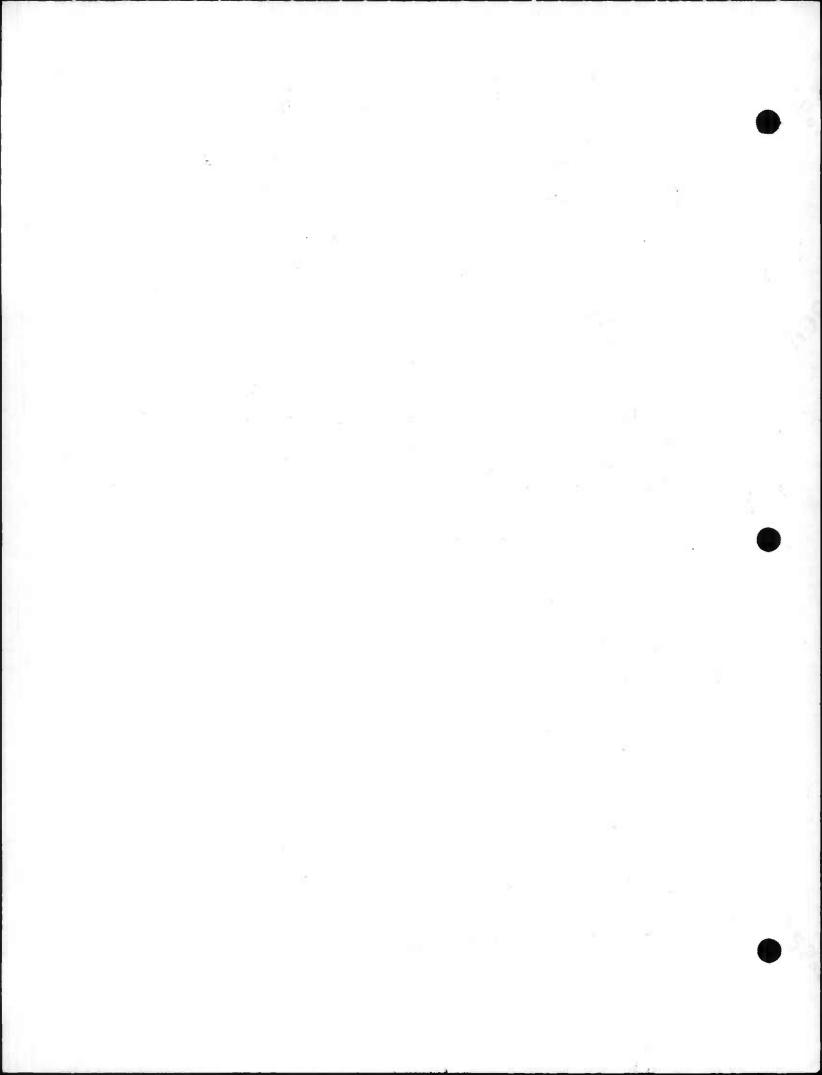
	,
0	3
9	
2	3
-	1
ထ	
9	
BOX	
0	4
$\simeq$	1
ш -	- 17
	N.
<u> </u>	3
O	i
α.	4
100	1
m	7
S	the sale of the sa
	4
CY-	4
RECORI	ı
$\circ$	3
11	1
_	
ш	i
œ	
OF VITAL	
~	ı
-	ı
_	ŀ
>	- 9
	ō
ш.	ě
$\cap$	- 2
_	i
7	the second secon
	3
0	- 5
_	3
S	į
	1
>	-
	0
DIVISION	(
	000000
	3
	- 7

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HE	ALTH AND A	MENTAL HYGIEN	E 94	07	450
	1. DECEDENT'S NAME (First, Middle, Lest)				JEAN	2, DATE OF DEATN		3. TIA	E OF DEATH
	ELLA	SCOTT				03 1		FAR	•15 A M
	4. SOCIAL SECURITY NUMBER					7. DATE OF BIRTH	~	BIRTHPLACE	(State or Foreign
	252-01-5867 9a. FACILITY NAME (If not institution, give str	HOURS MIN.	(Month, Day, Year) 05-1 <b>3</b> -18			IRGINIA			
DIRECTOR	BON SECOURS EXTEND		TT CITY		9c. COUNTY OF DEATN HOWARD				
EC.	10a. STATE 10b. COUNTY		-	10d, I	NSIDE CITY				
	MARYLAND BA	LTIMORE		САТ	ONSVILLE	8			IMITS? YES 2 X NO
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEI	N OF WHAT C	**
FUNERAL	16 MONTROSE MANOR	COURT			21228			U.S.A	. 1
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			IC ORIGIN? (Specify Yea		. RACE - Am	erican Indian.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES		NO Specify	, Puarlo Rican, etc.)		Black, White Specify:	i, atc.
	41			<u> </u>				W	HITE
ETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kind of work life. Do NOT use re	done during most		166. KIND OF BUS	MESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	me. Do NOT use re	erea.)					- 1
COMPL	17. FATNER'S NAME (First, Middle, Lest)								
	GEORGE WALKER REA	MC				ME (First, Middle, Meiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	I-II-J	19h MAILING AD	DDECS /Street on		CLLA SPAIN Oute Number, City or Town	State 7th Co	and a l	
2	ROBERT SCOTT (SON	J <b>)</b>				TONSVILLE			228 .
	20a, METNOD OF DISPOSITION	206	PLACE AND DATE OF D					y or Town, Sta	
- 11	1 Donation 5 Other (Specify)	val from State com	etery, crematory or other	place)		1			
	21. SIGNATURE OF FUNERAL SERVICE LICE		AURY CEM	the same of the sa	ADDRESS OF FAC	94 IRIC	HMONI	), VI	RGINIA
18	Lussella	) ×		LEROY	M & RUSS	SELL C WIT	KE FU	NERAL	HOMES
-1		1	8	1630 E	DMONDSON	AVENUE C	VZMOTA	TILE N	MARYLAND
	23. PART I. Enter the diseasea, or co shock, or heart failure. L	int only one cause on a	i the death. Do not ach lina.	enter the mod	e of dying, auch	aa cerdlec or reapi	atory arrea		Approximata Intarval Between
- 1	IMMEDIATE CAUSE (Final disease or condition	0. 1	De.						Onset and Death
	resulting in death)	Amile		uenti	1e				
		DUE TO (OR AS A	CONSEQUENCE OF):	1	- `				
6	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):	when					
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING							Ì	i
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					-	
	resulting in death) LAST								
3	PART II. Other significant conditions	contribution to death b							- 1111
3	PART II. Other argumeant conditions	contributing to death b	ut not reaulting in t	na undarrying	causa given in i	Part I. 24a. WAS AN PERFOR		AVAILA	AUTOPSY FINDINGS BLE PRIOR TO
MEDIC						1 YES 2	□ NO	OF DE	ATH?
						_		1 🗆 1	rES 2 NO
Z									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PLA	CE OF DEATN (Che	ck only one)			
2	1 VES 2 AND  27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	atlant 3 DOA 4 I	Nursing Nome		8 Other (Specify)			
	1 A Hatural 5 Pending	(Month, Day, Year)	28b. TIME OF	WOR	K?	28d. DESCRIBE HOW IN	IJURY OCCUP	RED	
BY	2 Accident Investigation	28e. PLACE OF INJURY	At home form street		S 2 NO	and LOCATION (Over-		2 12 11	
COMPLETED	3 Suicide 6 Could not be determined	building, atc. (Spec	ify)	ii, lectory, office		281. LOCATION (Street a City or Town, State)	nd Number or	Hurai Houte Ni	imber,
4	29a. CERTIFIER 1 CERTIFYINO PNYSIC	IAN: To the best of my know	ados desth occurred s	the time date o	nd place, and due	to the cause(s) and man	nas en etetad		
ž		On the basis of exemination							tanner as stated
	296. SIGNAPORE AND TITLE OF CENTIFIER	0 1							
n n	(Missing)	Gerson Ke	10		29c. LICENSE NUM	N/D	29d. DATE S	IGNED/(Month	9/
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Prin	7()	0001	00	0	1101	101
	ALEIANDRO	O MEII	A MI	) 4	405 Fu	colende	ld	Rot.	7/222.
- 1	31. DATE FILED (Month, Day, Year) MAR 1, 4 1994	2. REGISTRAR'S SIGN	ATURE						

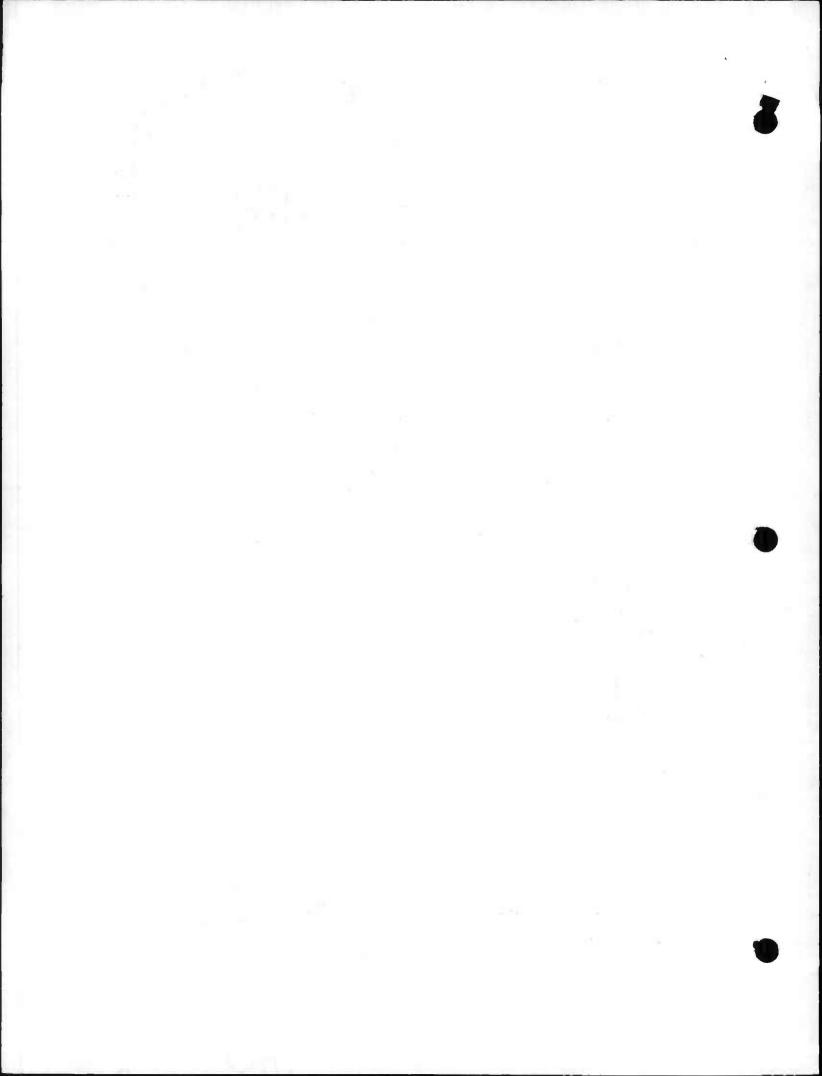


	BALTIMO	nours after death. Page 6 n	illed in by the funeral director,
	A DIVISION OF VITAL RECORDS, P.O. BOX 68760	E HOSFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a mours after death. Page 6 n	Emergal DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, during the chart with the State float and Marial Humane prior to burial, remarking or removal
1	7	E HO	E

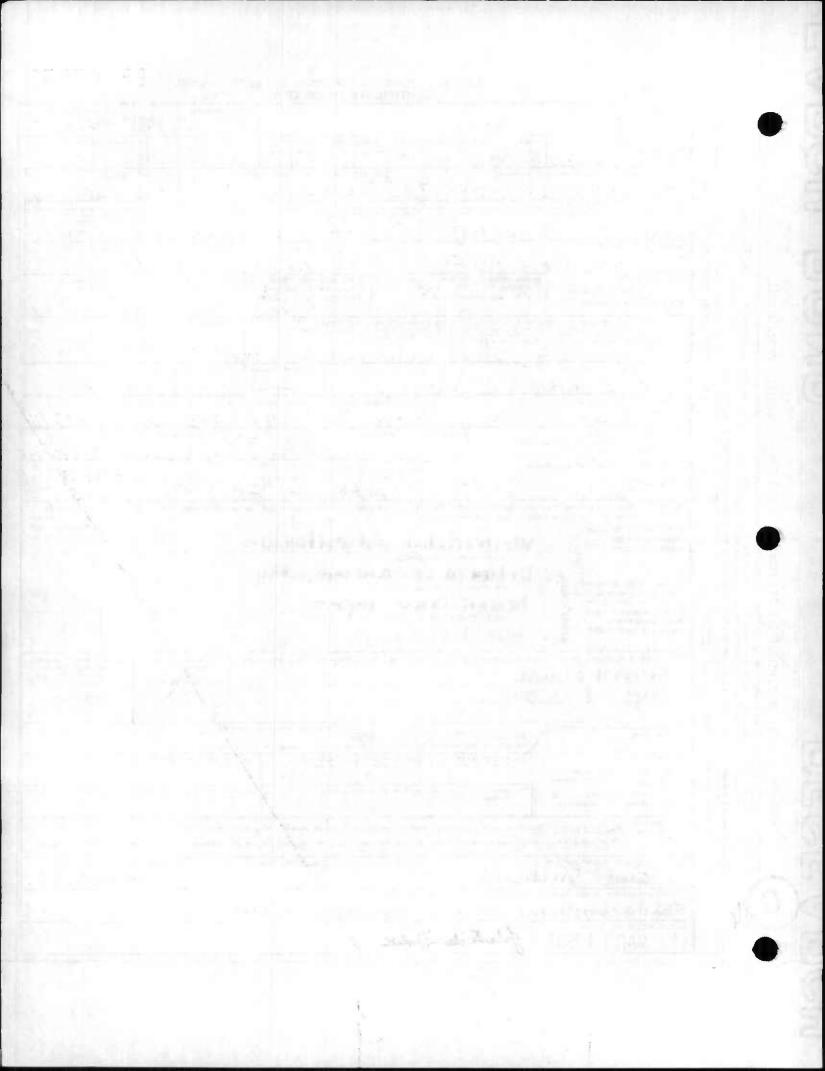
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH MONTH D	AY Y	3. TIME OF DEATH
	MANUEL F	1.054	SAN		03 10	94	10:15 PM
	157-22-1825  90. FACILITY NAME (If not institution, give	ty⊒XM 2 □ F	72 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/24/192	21	BIRTHPLACE (State or Farel Country) Spain
CTOR	NORTH ARUNDEL HO			GLEN BURNIE	DEATH	9c. COUNTY	A. COUNTY
L DIRECTOR	Maryland Ar	ne Arundel		own or Location sadena			10d. INSIDE CITY LIMITS? 1 YES ATT
FUNERAL	1260 Hills			101. ZIP CODE 211		USA	OF WHAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISP, If yee, specify Cuben, Maxic 1 YES 2X NO Specify	en, Puerlo Rican, etc.)	or No 14.	RACE — American Indian Black, White, etc.  Specify: White
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12) 12th grade		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Supers	done during most of working ired.)	16b. KIND OF BU	siness/indus	
E COMPL	17. FATHER'S NAME (First, Middle, Last)		Santos	18. MOTHER'S N	AME (First, Middle, Maiden		
10 B	199. INFORMANT'S NAME (Type/Print) Mrs. Mary C.	Santos		PRESS (Street and Number or Rura Hillside Ro	Route Number, City or Tow	n, State, Zip Co	ode)
	20e. METHOD OF DISPOSITION  1, Jaurel 2 Cremetion 3 Rer  4 Donation 5 Other (Specify)	noval from State cen	D. PLACE AND DATE OF DI	SPOSITION (Name of	DATE 20c. LO	CATION City	or Town, State
	21. SIGNATURE OF PUNERAL SERVICE L	Kevin	E. Ecker	22. NAME AND ADDRESS OF F	ACILITY		Jaziizo, iii
	X // C			McCully Fu 3204 Mount	neral HOn ain Rd.,	Pasad	dena, Md.2
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cold	d the death. Do not a sech line.  NOT OWN A CONSEQUENCE OF):	McCully Fu 3204 Mount	neral HOn ain Rd.,	Pasad	dena, Md. 2
CATION	shock, or heart feilure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	a. DUE TO (OR AS A	LET OM	McCully Fu 3204 Mount	neral HOn ain Rd.,	Pasad	dena, Md. 2
RTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate	a. DUE TO (OR AS A	A CONSEQUENCE OF):	McCully Fu 3204 Mount	neral HOn ain Rd.,	Pasad	dena, Md. 2 Approximate Interval Bet
MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C. DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	MCCUITY FU 3204 Mount anter the mode of dying, au	neral HOn ain Rd., ch as cardlac or resp	Pasadiratory arrest	24b. WERE AUTOPSY FINE AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL CERTIFICATION	shock, or heart feilure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in dasth) LAST  PART II Other algnificant condition	a. DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C. DUE TO (OR AS A  d. DUE TO death b	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	MCCUITY FU 3204 Mount anter the mode of dying, automated in the mode of dying, automated in the mode of dying and in the mode of dying and in the mode of dying are underlying cause given in	neral HOM ain Rd., ch as cardlac or respi	Pasadiratory arrest	24b. WERE AUTOPSY FING AMAIL ABLE PRIOR TO COMPLETION OF CAL OF DEATH?
SICIAN: MEDICAL C	shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II Other algnificant conditions	a.  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Out not resulting in the	MCCUITY FU 3204 Mount inter the mode of dying, au inter th	n Part I. 24a, WAS AN PERFOR 1 YES 2	Pasadiratory arrest	dena, Md. 2 Approximate Interval Bett Onset and I Onset and I  24b. WERE AUTOPSY FIND AMAIL ABLE PRIOR TO COMPLETION OF CAL
PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart fellure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II Other algnificant conditions EXAMINER?	a.  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Out not resulting in the	MCCUITY FU 3204 Mount anter the mode of dying, au  the underlying cause given in  28. PLACE OF DEATH (C)  THER:	n Part I. 24a, WAS AN PERFOR 1 YES 2	Pasadiratory arrest	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO
YSICIAN: MEDICAL CERTIFICATION	anock, or heart feilure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	B. DUE TO (OR AS A  DUE	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the patient 3 DOA 4 DOA 4 CONSEQUENCE OF):	MCCUITY FU 3204 Mount anter the mode of dying, au  the underlying cause given in  28. PLACE OF DEATH (C THER: Nursing Home 5 Residence WORK? M 1 YES 2 NO	n Part I. 24a, WAS AN PERFOR 1 YES 2	Pasadiratory arrest  AUTOPSY RMED?  NO  NJURY OCCUR	24b. WERE AUTOPSY FINE AMALABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 YES 2 NO

MICHAEL A. SYLVA, M.D. /1600 CRAIN HIGHWAY, SW, #302/GLEN BURNIE, MD 21061

31. DATE FILED (Month, Day, Year)
MAR 14 1994



	TREGISTIVAL		OLITTI	TORTE			HEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  TUANITA	STEPH	C 415			2. DAT	E OF DEATN	YEAR	3. TIME OF DEATN
		2 /E F H	E ~ /				2, 11	94	5,06 PM
	202 100 -		(In yrs. lest birthday)	IF UNDER 1 YEA			E OF BIRTN nth, Day, Year)	8. BIRTNI Country	PLACE (State or Foreign
	241-42-2423	1 M 2 DE	65 YRS.	WONTHS DAY	HOURS	9		-	
	9a. FACILITY NAME (If not institution, give street	et and number)	~	96. CITY, TOW	N OR LOCATIO	N OF DEATN	. D 9	c. COUNTY OF DE	ATN
DIRECTOR	HOWARD C	D, HOS	PITAL	Col	1 Mil	3/A/	Md	How	AND CW
5	RESIDENCE OF DECEDENT		1					710-1	77177
2	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			,	10d. INSIDE CITY LIMITS?
	MARYLAND MO	OWARI	i	1647	7.5%	A1/	TARYC	AND	1 YES 2 NO
A	10e. STREET AND NUMBER	)			101. ZIP CODE	-	/ 1	og. CITIZEN OF W	HAT COUNTRY?
ᇤ	3810 SERHOR	A AVE		10.00	21	215		U	5,
FUNERAL	TO SERVICE AND THE PROPERTY OF	2. WAS DECEDENT EVER		13. WAS (	ECENDENT OF	NISPANIC ORIG	IN? (Specify Yes or	No- 14. RACE	- American Indian,
	1 Never Married 2 Married	FORCES? 1 YES			ES 2 NO	, Mexican, Puerto Specify:	Rican, etc.)	Specifi	White, etc.
ВУ	3 Widowed 4 Divorced		1 100		1	FRU	AMCRI	FARAM	ERICAN
8	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DECEOENT'S	USUAL OCCUP	TION	16	Sb. KIND OF BUSIN	ESS/INDUSTRY	/
<u>-</u>		College (1-4 or 5+)	We. Do NOT u	se retired.)	,		VOUT	4 DE	IENSINA
I de	12 4	LYRS.	Cou	NSE	LOA	/	10-0.	. ,	Mail
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAME (First,	Middle, Maiden Sur	neme)	
BE C	HENRY	/ (1	2 UMI	7	2	2 4V/9	115	CLOU	10
	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Stre	et and Number o	or Rural Route Nui	mber, City or Town, S	State, Zip Code)	
유	TZELL'	CRUMI	7 38	10 51	= Qu	ARIA	DVE.	BALTA	-7/2/5
	20s, METHOD OF DISPOSITION	1/2	b. PLACE AND DATE	OF DISPOSITION	(Neme of	DA DA	TE 20c. LOCAT	TION — City or Toy	rn. State
	1 Buriel 2 Cremetion 3 Remove		metery, cremetory or o		Krand	TORE	7- (	1150	DAY TA
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME	ANO ADDRES	S OF FACILITY	7	SUGIN	MACE VIE
1 3	10000	Dial	Liral	1.	1	010	- Ha	- B	AUTO MO
	surge	1. Dyen	XXO	1146	001	10EK	11/10	15	21207
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lie	mplications that ceus	d the death. Do	not enter the	node of dyln	ng, such as cs	rdiac or respirat	ory srrest,	Approximata
	IMMEDIATE CAUSE (Final	only one cause on	eech line.						Interval Between Onset and Death
	disesse or condition	Acute 1	20 lmone	en E	m hole	5 110			
	reaulting in death) s.	DUE TO (OR AS	A CONSEQUENCE O	F):					
2		STARK	Aurens 6	bacteren	15				
ᅙ	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE O	FI:					
181	csuse. Enter UNDERLYING	Chrone	Renac	Faile	rer				
正	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):					
CERTIFICATION	resulting in death) LAST								
ᄬ									
EDICAL	PART II. Other significent conditions	contributing to death	but not reaulting	In the underly	ing ceuse gl	Iven In Part I.	24a. WAS AN AU PERFORME		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
181							1 TYES TO		COMPLETION OF CAUSE OF DEATH?
Dec 1									1 YES 2 NO
2							13		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DE	ATH (Check only o	one)		
응		HOSPITAL:	tostiant 3 🗆 DOA	OTHER:		sidence 5 🗆 Ott			
ΙΞΊ	27. MANNER OF DEATH	280. DATE OF INJURY	26b. TIN	E OF 28c.	INJURY AT		ESCRIBE NOW INJU	JRY OCCUREO	
	1/5 Natural 5 Pending	(Month, Day, Year)	IN.	JURY M 1	WORK?				
BY	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF INJUI	IY — At home, term.				CATION (Street and	Number or Rural D	nute Number
	4 Nomicide 6 Could not be	building, etc. (Sp	ectfy)	,,		Cit	y or Town, State)	Trumber of Therefore	Number,
COMPLETED	29a. CERTIFIER								
E	(Check only								
Š	2 MEDICAL EXAMINER:	On the basis of examinat	on and/or investigation	on, in my opinio	, death occure	d at the time, de	te and place, and d	lus to the cause(s)	and manner as stated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICEN	NSE NUMBER	2:	9d. DATE SIGNED	(Month, Day, Year)
	Jan 1/44	er	MI		02	1262		3/11/	94
5	30. NAME AND AODRESS OF PERSON WHO								
	PAUL Toron Mi	7 5999 14	irpen Fai	un Rel	Sult	e = 100	Col	mbiA.	17 210 VY
	31, DATE FILED (Month, Day, Year)	32. REGISTRAS'S SIG	NATURE		, , , ,				
	MAR 1 4 1994	guia teri	son-Pandell	2					
		1.0							



TO THE HIGHMAN HATTENDING PHYSICIAN THE Law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp	TO THE NUMBER CONTENTS ARE THE CONTENTS ABOUT SIGNED BY the attending physician and completely filled in by the funeral director, page 5 should be detached	be fined within 72 hours after the common the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
CIAN. TI	ertificate	the State	or iter	
DONG PHYS	After this o	death with	s marked,	
ATTEN	RECTUR	irs after	m 28	
115	Š	72 hou	E E	
HOSPH 3	1	d within	STANT	
TO T	TO TH	m eq	S.	
		_	-1	

ELQUE Smith NO

31. DATE FILED (Month, Day, Year)

MAR 1 41994

32.

32. REGISTRAR'S SIGNATURE

	1 - STATE OF MARYLAND REGISTRAR	/ DEPARTMENT		MENTAL HYGIEI	- 1	4 07453			
	t. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH			
10	Cordelia Tucker			MARCH	13 194	14 8:30 A H			
- 8	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. I			7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	216-36-1133 1 n 2 x F 54	YRS. MONTHE	DAYS HOURS MIN.	4-6-193	9 M	Maryland			
	9e. FACILITY NAME (If not institution, give street and number)		OWN OR LOCATION OF D	EATH	Sc. COUNTY	OF DEATH			
DIRECTOR	Sinai Hospital	Bal	timore						
SC	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR	LOCATION			10d, INSIDE CITY			
듬	Md.	Baltim	ore		LIMITS?				
	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?			
FUNERAL	4138 Pimlico Rd.		21215		US	A			
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. 4  1 Never Married 2 Married FORCES? 1 YES 2 2		S DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	e or No- 14	. RACE — American Indian,			
ВУ	1 Never Merried 2 Married FORCES? 1 YES 2 Z  3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		yea, specify Cuben, Mexico			Black, White, etc. Specify:			
						Black			
1	(Specify only highest grade completed)	DECEDENT'S USUAL OCC (Give kind of work done du fe. Do NOT use retired.)	TUPATION ring most of working	16b. KIND OF BU	JSINESS/INDUS	TRY			
PLE	Elementery/Secondary (0-12) College (1-4 or 5+)	Janitoria	1	Clean	ina				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	, and cold in		AME (First, Middle, Meide					
Ш	Raphael Braxton		Ann Th		, comand,				
) BE	19e. INFORMANT'S NAME (Type/Print)	96. MAILING ADDRESS	Street and Number or Rural		wn, State, Zip Co	ode)			
2	Mildred Brown	1031 N.	Mount St.	Balto.,	Md.	21217			
		EAND DATE OF DISPOSIT	ON (Name of	DATE 20c. L	OCATION CII	y or Town, State			
	4 Donation 5 Other (Specify) Mt.	Calvary			ne Arı	undel County			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. N	AME AND ADDRESS OF FA		ls C	Jones F.H.			
	Daniel C. Do	46	ll Park H	eights A	ve. Ba	alto., Md.15			
	23. PART I. Enter the diseases, or complications that caused the	lasth. Do not antar ti	na moda of dying, suc	ch as cardiac or res	olratory arres	t, Approximate			
- 1	ahock, Dr haart failura. List only one cause Dn each lina.  Interval Between Onset and Dasth								
	disease or condition reaulting in death)  a. Ventricu	ar fib	rillatio	00		2 hrs			
						3.40			
ON	Sequentially list conditions, b. Dilatea	caralo	myopath	4		: wurs			
F									
띮	CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONS	EQUENCE OF):	wy			1 00043			
CERTIFICATION	resulting in death) LAST	ulure				4days			
	PART II. Other algnificant conditions contributing to death but not		selvine equal sives in	Don't law under					
CAL	Alcohol abuse	readiting in the dne	ariying cadaa givan in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO COMPLETION OF CAUSE			
	Hypertension			1 TYES	3 NO	OF DEATH?			
Σ	119/12/12/51010			_		1 TYES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Ch	neck paly one)					
SIC	EXAMINER?  1 VES 2 NO 1 Inpatient 2 ER/Outpetient	3 DOA 4 Numir	g Home 5 - Rasidence						
Ť	27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME OF 2	8c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED			
ВУР	1 Netural 5 Pending (Month, Day, Year) 2 Accident (Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO						
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — Al h	nome, ferm, straet, fector	y, office	281. LOCATION (Street City or Town, State		Rural Route Number,			
H	4 Homicide determined			only or lown, state	"				
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, or	death occurred at the tim	e, data and place, end due	to the cause(a) and ma	nner se stated.				
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination end/o					ause(e) and manner se stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI						
	Elaine Smith, HD				> Mo	inch 13 1994			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print),									
11	FIGURA Carible	11 5	1 41 74 4	timone					

Ventricular i brillation Pitated car alamyaputhy Pitated car alamyaputhy Feral tallus

27116 271045 +days +days

Appending H

MILL OF 12 1894

- Control of Control o

DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE PLAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

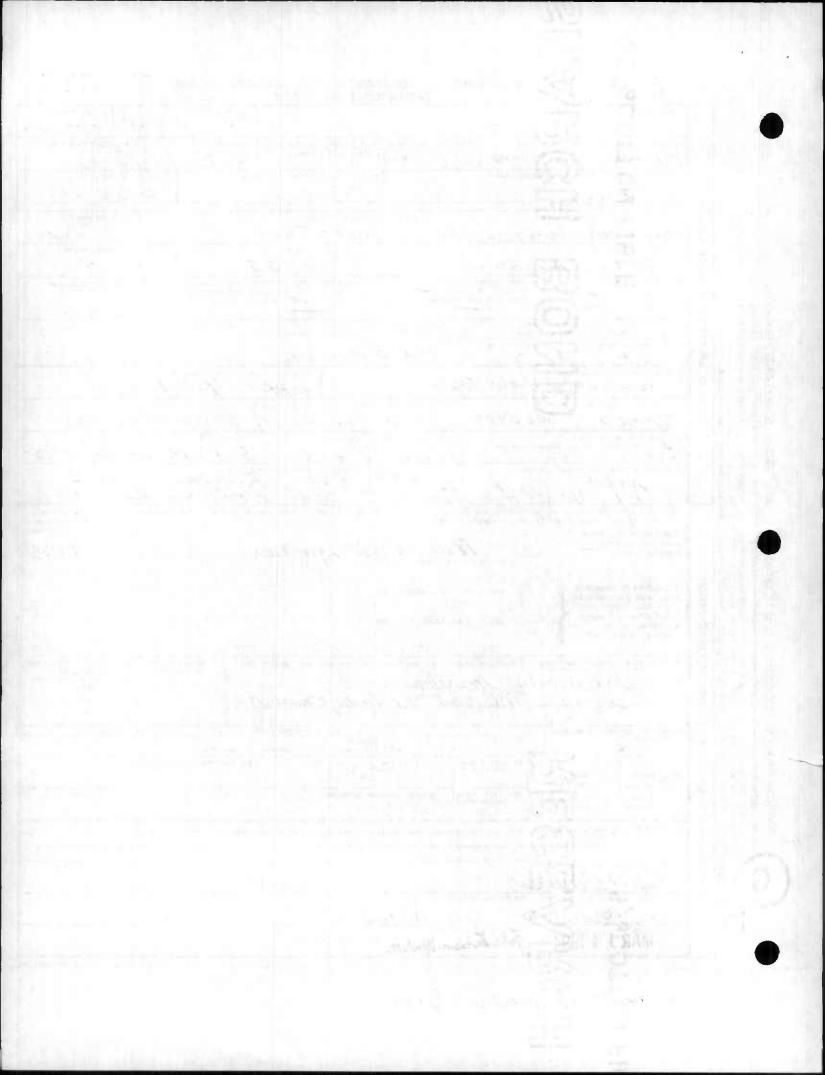
TO THE CINETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be flaut after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MEDITION 18 A BOOK A B

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07454 94

	REGISTRAR CERTIFIC	ATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH
	KATHERINE TSELEPIS		MONTH DAY	
				3. 0.03 F
		FUNDER 1 YEAR IF UNDER 24 MRS. HITHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give atreet and number)	b. CITY, TOWN OR LOCATION OF DE		Sc. COUNTY OF DEATH
OR	G. B.M.C.	TOWSON		BACTO, CO.
5	RESIDENCE OF DECEDENT			
DIRECTOR	MAKYLAND HARFORD CO. 10c. CITY, T		10d. INSIDE CITY LIMITS?  t  Yes 2 No	
FUNERAL	102 DALLAS COURT	101. ZIP CODE 2108	5	10g. CITIZEN OF WHAT COUNTRY?
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED.	13. WAS DECENDENT OF HISPAN	IC ORIGIN? (Specify Year	or No- 14. RACE - American Indian,
BY F	1 Never Married 2 Married FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxica 1 YES 2 40 Specify		Black, White, etc Specify:
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S US	IIAL OCCUPATION	16b. KIND OF BUSI	MESS (IND) ISTEN
	(Specify only highest grade completed) (Give kind of work	done during most of working	TOOL KIND OF BOOK	NEGO/MOGOTAT
7		MAKER		
3				
E COMPLETED	NICHOLAS LALATHAS	18. MOTHER'S NA	ME (First, Middle, Meiden S Y XFA N	OPOULOS
TO BE	190. INFORMANT'S NAME (Type/Print) 190. MAILIND AD TAMBS TSELEPIS 102	ORESS (Street and Number or Rural I	00	, State, Zip Code)
	20a. METHOD OF DISPOSITION 20b PLACE AND DATE OF	DALCAS CI	DATE 20c. LOC	ATION — City or Town, State
	t Buriel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	CTH, CEM.	3-14 ho	DUAWN, MD.
	21. SIDNATURE OF FUNERAL SERVICE LICENSEE  J. Sair MOOGT	22. NAME AND ADDRESS OF IN	INERAL.	CHAPLE
	23. PANTAL Enter the diseases, or complications that coused the deeth. Do not	enter the mode of dying, suc	h ea cerdiac or respir	atory arrest, Approximate
	shock or heart fallure. List only one cause on each line.		Service and the service and th	Interval Between
	IMMEDIATE CAUSE (Finel	, ,		Onset end Death
	resulting in death)	us Lymnhone	7	7 mos
	DUE TO (DR AS A CONSEQUENCE (DF):			
z				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate			
¥	cause. Enter UNDERLYING			
윤	CAUSE (Disease or Injury the Initiated events  DUE TO (OR AS A CONSEQUENCE OF):			
Ē	that initiated events resulting in death) LAST			
6	d			
	PART II. Other eignificant conditions contributing to death but not resulting in	the underlying cause given in	Part I. 24s. WAS AN A	AUTOPSY 24b. WERE AUTOPSY FINDINGS
EDICAL		and and onlying cause given in	PERFORM	WED? MAILABLE PRIOR TO
ă	Lancihmato mensuter	, ,	1 □ YES 2	NO COMPLETION OF CAUSE OF DEATH?
	Deep Vein Thrombour / Pur	monay Embolor	7	1 YES 2 NO
3			_	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Ch	ack only one)	
O		THER:		
XS		□ Nursing Home 5 □ Residence		
표	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  1NJUR	PF 28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED
ВУ	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 NO		
	3 Suicide 28e. PLACE OF INJURY — At home, farm, stre	et, factory, office	281. LOCATION (Street ar	nd Number or Rural Route Number,
IE	4 Homicide detarmined building, etc. (Specify)		City or Town, State)	
<b>W</b>	29a. CERTIFIER			
COMPLETED	(Check only 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred (one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation,			
	29b. SIGNATURE AND TITLE OF CERTIFIER			
BE	Ba Calara and	29c. LICENSE NUI	C	29d. DATE SIGNED (Month, Day, Year)
2	( at Celler IV)	DS05 2	7	3/10/74
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr.	int)		
	PAMI CERAND, MO 6569 N Cha	a ST RAIT	MD 2/2	84
-	31. DATE FILED (Month, Day, Year) 32 REGISTEAR'S SIGNATURE	014	0,0	1
	MAR 1 4 1994 I falia levide to a same			



•		1. DECEDENT'S NAME (First, Middle, Last)  CHARLES	Sheldon	TE	wi	15	EN.	D JR.		TE OF DEATH	3/9	EAR. 3.	TIME OF DEATH
29		4. SOCIAL SECURITY NUMBER 216-20-2807	1 🔀 M 2 🗆 F	E (In yrs. last	birthday) YRS.	IF UNDE	DAYS	F UNDER 24 HRS. HOURS MIN.	(MA	y 8,1926	·	Country)	ACE (State or Foreign
1, 2, 3 should	TOR	98. FACILITY NAME (If not institution, give to Church Hospi RESIDENCE OF DECEDENT				9b. CIT		altimore	EATH		9c. COUNT	Y OF DEAT	H
Pages	DIRECTOR	Maryland B	altimore 10c. CITY			y, town or Location Parkville						d. INSIDE CITY LIMITS?	
isit permit.	FUNERAL	100. STREET AND NUMBER 7842 Birmingha	n Avenue				101	21234					tates
11215-0020 or attending physician. r use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	IN U.S. ARR S 2 NO DATES	MED O		13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp. If yes, epecify Cuben, Maxlean, Puerto Rican, 1 Tes 2 No Specify:			RIGIN? (Specify Yea or No— 14. RACE — Al Black, White Specify I al Black, White Specify I al Black, White Specific I al Black, Wh		American Indian,	
21215.	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gh	Do NOT us	ork done retired.)	during mo	DN est of working	1	ISb. KIND OF BUS			
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	COMPL	12 17. FATHER'S NAME (First, Middle, Last)			Mach	ini	st	18. MOTHER'S NA	ME (Ele	Parts		ctur	er
YLA by the	E CC	Charles Sheld	on Townsend.	Sr.				The state of the s		Burns	Surneme)		
MAR retained to 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)						and Number or Rural	Route N	umber, City or Tow			
28 0	-	Mrs. Rose Mary						ngham Av	7		imore,		
OR May bector, p		1 Solution 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	oval from State	ob. PLACE A ametery, crem Parky	nd DATE O	rer place	SITION (No DTAY	v V	1		CATION - CH		, state Maryland
TIM Page ral dire		21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE Mark T				NAME A	ND ADDRESS OF FA	CILITY		21 011110	, ,	riar y rarra
BALTIMORE after death. Page 6 may 1 by the funeral director, pag moval. cal examiner must by		· Marlet.	Zawn				Leo	nard J. 5 Harfor	KUC d R	k, inc.	altimo	re	21214
hin z4 hours afti tely filled in by 1 mation, or remo it, the medica		23. PART I. Enter the diseases, or	complications that cause the course on STA	eech line.	£.		r the mo	da of dying, aud	ch as c	ardiac or reapi	ratory arres	n, DA	Approximata Interval Betwee Onset and De
OX 68760  be executed with ician and completion to burial, creater its and completion to burial, creater insurante even	TION	Sequentially list conditions, if any, leading to immediate	bOUE TO (OR AS A CONSEQUENCE OF):										
P.O. B th certificate ending phys I Hygiene p or other	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEO	UENCE OF	):							
CORDS ires that the signed by the fealth and M ws any Inju	MEDICAL CI	PART II. Other algnificant condition	na contributing to death	but not re	aulting i	n the u	ndariyin	g cause given in	Part i.	24e. WAS AN PERFOR	MED?	CC DI	ERE AUTOPSY FINDIN MILABLE PRIOR TO DMPLETION OF CAUSI F OEATH?  YES 2 NO
Z3 Per	AN	25. WAS CASE REFERRED TO MEDICAL					20 Di	LACE OF DEATH (CA	hank ank				
F VITAL SICIAN: The law certificate has h the State Dep d, or Item 23	HYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ulpatient 3	□ DOA	OTHE	R:	ne 5 Residence					
OF PHYSICI This cer with th	ву РНУ	27. MANNER OF DEATH  1 Netural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year		26b. TIME		28c. INJ WC	IURY AT ORK? YES 2 NO	_	DESCRIBE HOW I	NJURY OCCU	RED	
TISIO TTENDI TTOR: A after de	0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Nu City or Town, State)					and Number or	Rural Rout	e Number,			
DIV HTAL OR A RAL DIREC 172 hours	MPLET	anel	ICIAN: To the best of my kno										nd manner as stated

3. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

29b. SIGNATURE AND TITLE OF CERTIFIER

MAR 1 4 1994

07455

21214 Approximata Interval Between

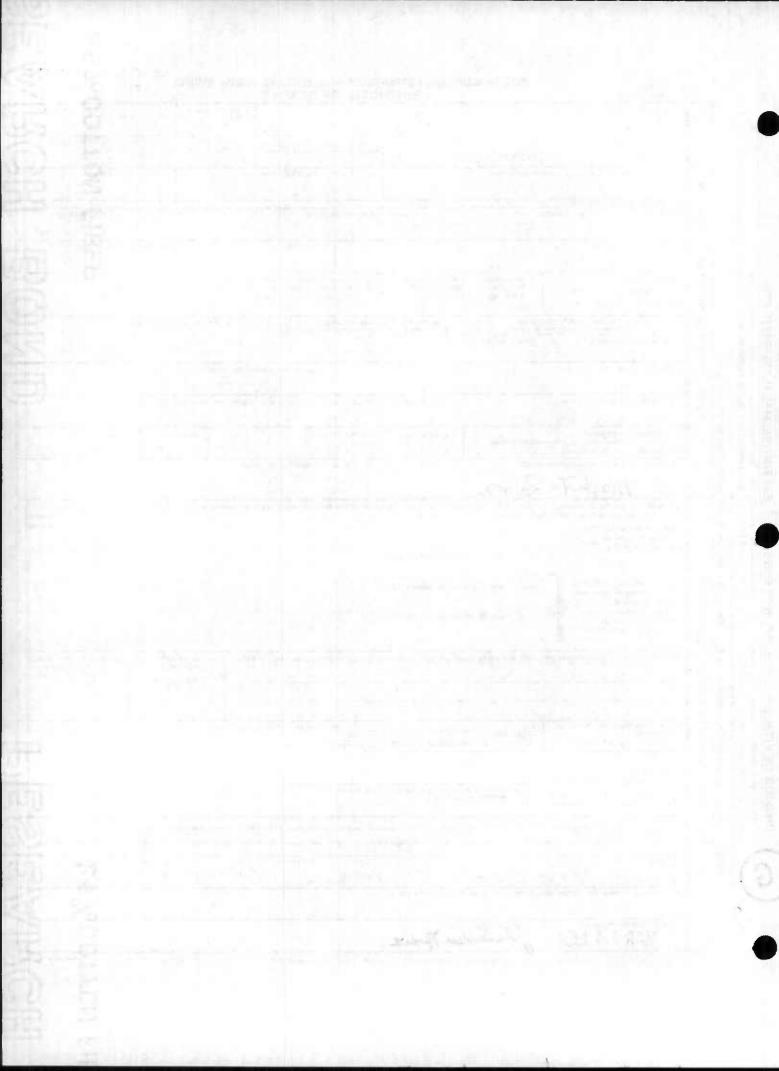
24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?

3

29d. DATE SIGNEO (Month, Dey, Year)

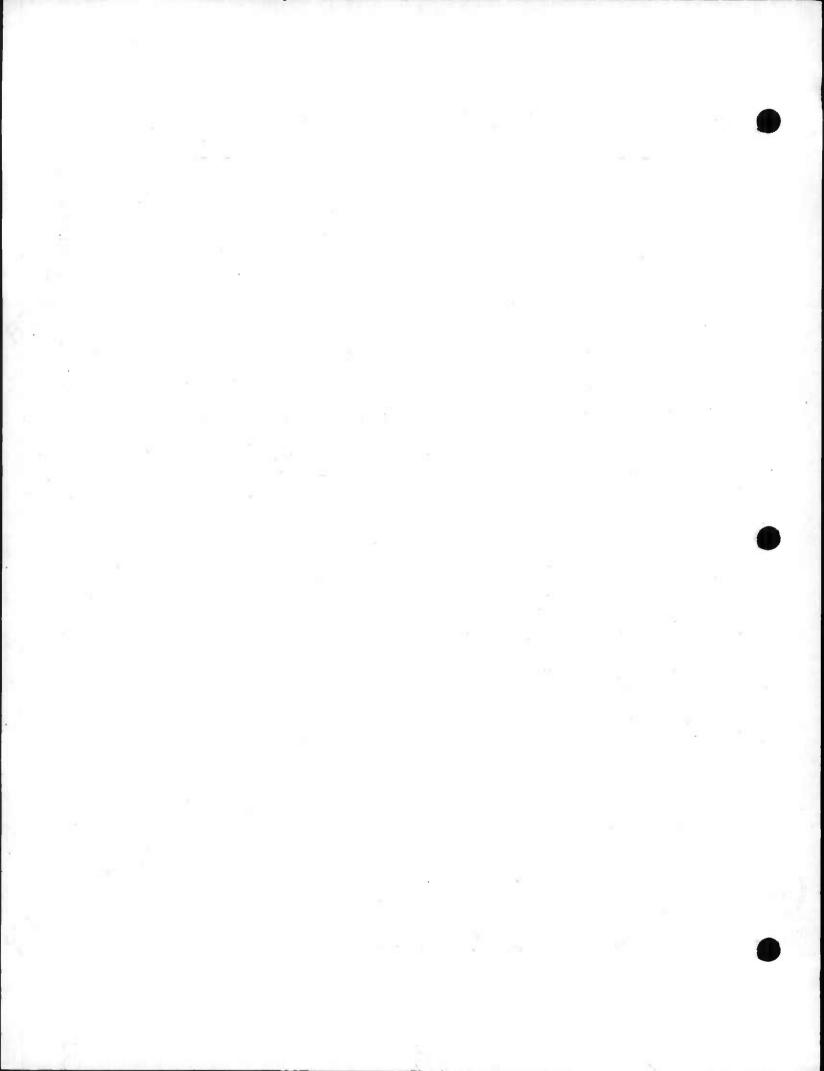
**Onset and Death** 

**DHMH-16 Rev 1/89** 



0	3
75	
9	
P.O. BOX 68760	the same of the same of the same of
m	
~~	٠,
9	7
	-
×	
_	Э
$^{\circ}$	
-	
ന	1
_	-
	4
$\sim$	,
$\mathbf{\mathcal{C}}$	п
	1
Ω.	
_	3
(0	4
0,	
$\cap$	
_	3
ar .	•
-	** * ** .
$^{\circ}$	3
_	
()	٦
$\sim$	
ш	
_	
_	
OF VITAL RECORDS,	
_	
⋖Т	
	ı
_	•
_	
-	1
Sec.	
	9
-	è
$\overline{}$	2
$\sim$	
_	The second of the second second
DIVISION	
_	3
$\cap$	3
~	
	3
U)	
	J
-	1
-	٠,
_	- 5
$\cap$	1
	3

		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGII		94 07456					
		1. DECEDENT'S NAME (First, Middle, Last)	Dorothy Fra	czkowski	Thorn	ton	2. DATE OF DEATH MONTH 3		3. TIME OF OEATH					
Pi		4. SOCIAL SECURITY NUMBER  215 ≈ 30 ≈ 3433	1 □ M 2X(X(F	In yrs. last birthday) 59 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 3 = 27 = 1		BARTHPLACE (State or Foreign Country) Maryland					
. 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give st 7512 Westfield RESIDENCE OF DECEDENT				dalk	EATH	Baltimore						
ft. Pages 1	DIRECTOR	100. STATE 100. COUNTY	Baltimore	10c. CITY	Y, TOWN OR LOCAT		dalk		10d. INSIDE CITY LIMITS? 1 YES 2XX NO					
physician. burlal-transit permit. Pages	FUNERAL	100. STREET AND NUMBER 7512 Westfield	Road		101	101. ZIP CODE 10g. CITIZEN OF WHAT C								
	BE COMPLETED BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC If yea, ap 1 — YES	RACE — American Indian, Black, Whita, atc. Specify: White								
tal or attending		15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of vi life. Do NOT us	,	ON ost of working		ISINESS/INDUSTRY						
the hospital detached it		12th Grade  17. FATHER'S NAME (First, Middle, Last)		Secr	etary	18. MOTHER'S NA	ME (First, Middle, Mak		d Hospital					
retained by the should be notified at		Boleslaw Fraczk  1911. INFORMANT'S NAME (Type/Print)	owski	19b, MAILING	ADDRESS (Street a		2a Jakuba Route Number, City or		ocie)					
. a a .	5	Linda Heist		699	Joseph	Avenue	Warminster, PA 18974							
e 6 m		1X Burial 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DATE											
s after death, Page 6 m by the funeral director, emoval.		21. SIGNATURE OF FUNERAL BESTWICE LIC	W. C. L.		Duda.	-Ruck Fu	neral Hom	e of Du lk. Mar	ndalk, Inc. uland 21222					
e be executed within. Shours after sician and completely filled in by the nifor to burial, cremation, or removal traumatic event, the medical	NO	iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly liet conditions,	B	consequence of	atalic	^	h aa cardiac or re	aptratory arrea	Approximata interval Batween Onset and Death					
th certificat ending phy il Hygiene p	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):												
uires that the death signed by the atternant Merital was any Injury, or	MEDICAL (	PART ii. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  AMELABLE PR COMPLETION OF DEATH?												
v requent, of	AN: M						_		1 TYES 2 NO					
SiCtAN: The lay certificate has the State Dep 1, or Item 23	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Input and 2   ER/Outp	etlent 3 DOA	OTHER:	LACE OF DEATH (Ch	6 Other (Specify)							
NG PHYSICIA fler this certifiesth with the marked, or	у РНУ	27. MANNER OF DEATH  Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TW	URY WO	NURY AT DRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUI	RED					
TTENDI TOR: A after d	ETED BY	2 Accident 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, a	street, factory, offic	0	281. LOCATION (Stre City or Town, St	eet and Number or ate)	t and Number or Rural Route Number, e)					
HOSPITAL OR A FUMERAL DIREC WITH 72 hours RTANT: If Item	COMPLI		CIAN: To the best of my knowl						cause(s) and manner as stated.					
A HAME	TO BE	296 SIGNATURE AND TITLE OF CERTIFIER	all okepie	cian		29c. LICENSE NUI	MBER 114	29d. DATE S	IGNED (Month, Day, Year)					
12	Ĭ	30. NAME AND ADDRESS OF FERSON WH	CAMPLETED CAUSE OF DE	ATH (ITEM 27) (Type.		Ave (	PALL, M	P 4/1	1-4					
		31. DATE FILED (MONth, Day, Year) MAR 1 4 1994	Julie Buids	M- Handell			,							



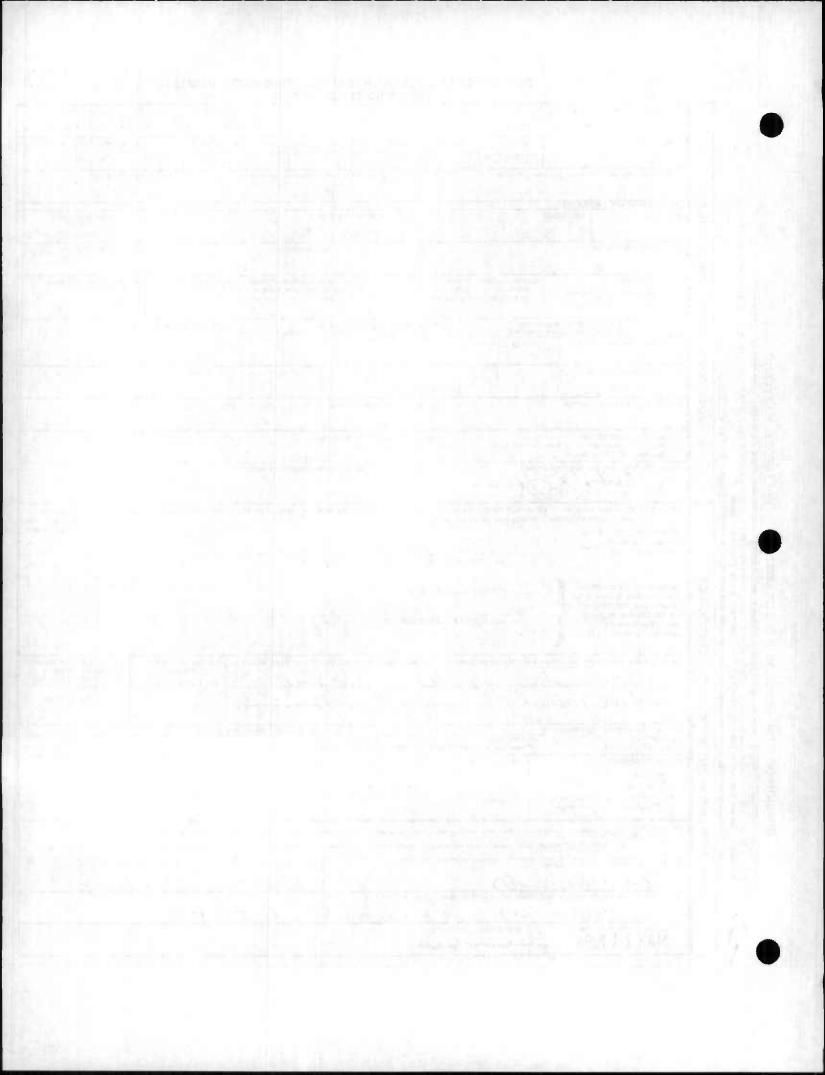
FOR STATE REGISTRAR

19	3	
20	ğ	
spit	3	
2	(BC	3
6	8	0
3	*	76
Pe	Se Se	9
ig.	-Si	ᇹ
9	92	-
*	8	ā
E	DC.	3
9	200	E
2	7	2
6	2	Ē
9	2	
fter	the second	10
55	to L	- G
0	P 8	Ē
4	E 6	2
Ę	Parities P	-
M	Per Per	5
2	al S	8
5	Popular	in in
8	5 0	E
2	o da	2
Safe	A DO	-
Ě	G P	5
8	かる	
eath	atte at	, ·
9	N S	3
5	20	5
量	P 4	E
SE	ign	22
- Se	E H	5
× 2	2 4	-
16	Pas Dec	N
E	9 %	E
3	Spile	=
20	The Cart	0
E.	Sit	9
0	to the	10
N.	Afte	E
EN	1	=
AIT	5	2
8	SHC SHC	Fe
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for usine find within 72 nous after death with the State Dect. of Health and Mental Molete order to burial, comparison, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
PIT	ER.	
9	5	X
4	4 2	H
TIC	广通	4
F	= 3	=

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

94 07457

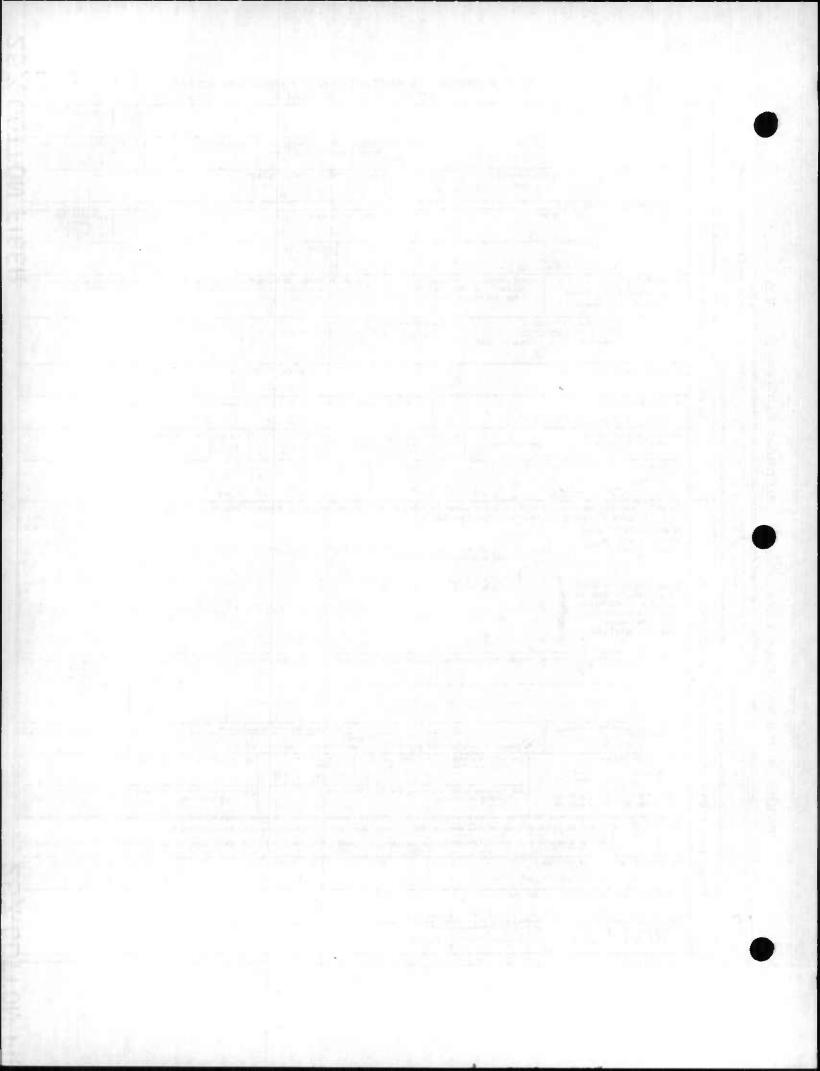
	1. DECEDENT'S NAME (First	, Middle, Last)	AKA Day	d LeR	oy Wi	lson				2. DATE OF D	EATH DAY		YEAR	3. TIME OF DEATH
	DAV.		WILSON							MARCH	11	, 1	994	7:40PM M
	4. SOCIAL SECURITY NUM	BER	5. 9EX	5. AGE (In yrs.		IF UNDE	DAYS	HOURS	24 HRS.	7. DATE OF BI (Month, Day)			8. BIRTH Countr	PLACE (State or Foreign
	212-01-7239		1 🕅 M 2 🗆 F	78	YRS.					Feb. (				isiana
· C	So. FACILITY NAME (If not in							OR LOCATI	ON OF DE	EATH			NTY OF D	
DIRECTOR	Greater Bal		e Medical	Cente	r	T	owso	n				В	alti	nore
E	10e. STATE	10b. COUNT	Υ		10c. Cr	TY, TOWN	OR LOCAT	TION						10d, INSIDE CITY
	Maryland	Ва	ltimore			Cock	eysv	ille						LIMITS?
AL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	ZEN OF Y	HAT COUNTRY?
H	18 Pickburn	n Cour	t					210	30			US	A	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 📆	Manual	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.		13.				NIC ORIGIN? (Sp in, Puerto Rican,		or No-	14. RACE Black	- American Indian, White, etc.
BY	3 Widowed 4 Dive		IF YES, GIVE Y	WAR OR DATES			1 TYES	2X NO	Specify	у:	,,		Speci	w. White
	15, DEC	EDENT'S EDU	CATION WW ]		DECEDENT'S	B USUAL C	OCCUPATION	ON		165 KINI	D OF BUSI	NESS/INI	MISTRY	WILLE
COMPLETED	(Specify online Elementary/Secondary (	ly highest grade	College (1-4 or 8		(Give kind of life. Do NOT L	work done	during mo	at of working	ng	Tous rains	0 01 0001	11200/111	J001111	
7	Elemental y occorrosity (	-12,	4		ccoun	tant				Reta	ail F	ood:	s Pro	ocessing
S	17. FATHER'S NAME (First, M	fiddle, Last)				16		18. MOT	HER'S NA	ME (First, Middle	, Meiden S	iumame)		
BE (	Elphaige			Lasse	eigne			Ma	ry			1	Duet	
2	19a. INFORMANT'S NAME (	Type/Print)			19b. MAILIN	G ADDRES	38 (Street a	and Number	r or Rural I	Route Number, C	ity or Town,	State, Zip	Code)	
	Mrs. Jeanne		aine Wils							ockeysv				
	20e. METHOD OF DISPOSIT  1 Duriel 2 Cremetic	on 3 🗆 Rem	noval from State	cometery.	Crematory or	OF DISPO	SITION (No	ama of	Ma	r 15,	1994	ATION —	City or To	wn, State
	4 Donation 8 Other 21, SIGNATURE OF FUNERA	-	densed	- IDula	ney V	alle	y Me	m . G:	rdns	CHITTY		Time	oniur	n, MD
	March	- 00	Huson	-						11-Wied	lefe1	.d,	Inc.	
	Martin		waon							Rd., 7				21093
	23. PART I. Enter the d shock, or h	iseeses, or eart fellure.	complications the List only one cau	it coused the use on each li	deeth. Do ns.	not ents	r the mo	ds of dy	ing, euc	h ee cerdisc	or reepin	atory sr	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fit disease or condition		/	2/. 1	11.1	1.	. /		/					Onset end Death
	resulting in death)	<b>→</b>	e. Due to	OR AS A CONS	400	RIV	2 4	1111	LEM	G				
2						,.								
CERTIFICATION	Sequentially list condit		DUE TO	(OR AS A CONS	BEQUENCE (	OF):								
3	cause. Enter UNDERLY CAUSE (Disease or Inju		с											
벌	that initiated events resulting in death) LAS	T	DUE TO	(OR AS A CONS	BEQUENCE (	OF):								
빙		-	d,											
AL	PART II. Other eignifice	ent condition	ns contributing to	deeth but no	t resulting	In the u	inderlyin	g cause	given in	Part I. 24a.	WAS AN A		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	CARCIT	no 1999	my me	Asth	2,	Sap	to.	140	h.	10	YES 2 [			COMPLETION OF CAUSE OF DEATH?
W	Ropal	Fail	ue, D	Bema	tel.	Trota	MUA	soule	in					1 YES 2 NO
ä	- OxA	Pulat	un		, -									
5	25. WAS CASE REFERRED T EXAMINER?	MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)				
PHYSICIAN:	1 TYES 2 NO		1 Impetient 2		-	4 🗆 Nu	raing Hor		esidence	8 C Other (Spe				
d d	/	Pending	28e, DATE OF (Month, E	Pay, Yber)	28b. Til	ME OF	WC	PRK?	7.00	28d. DEŞCRIB	BE HOW IN	JURY OC	CURED	
BY	0 0 001010	Investigation	28a, PLACE C	OF INJURY — At	home term	etraat fa		YES 2	J NO	28f. LOCATION	M /Street on	od Alumba	e or Griend S	Institution Alisandras
윤	4 Homicide	Could not be determined	building,	etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,		ctory, orne			City or Tov	vn, Stete)	ra reambe	or norm	issue Number,
COMPLETED	290. CERTIFIER	ELFYING PHYS	ICIAN: To the best of	my knowledne	death execu	and at the	Alma data	and alone	and do	An the series (a)				
M	Anal													) end menner ee stated.
	29b, SIGNATURE AND TITLE								ENSE NUA					(Month, Day, Year)
BE	Phully	ani	· un					X	219	29		<b>▶</b> 2	/12	190
2	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAU	SE OF DEATH (I	TEM 27) (Typ	e, Print)		2	10/6			2	1121	-
	PAUL CE	ZANDO	ins (	55691	V. CI	in he	15	7	RA	UTA	02	120	14	
	31. DATE FILED (Month, Day,			R'S SIGNATURE									/	
	MAR 1 4 19	94	dad in dende	and freshold	L									



-
BOX 68760,
ഥ
_
1.0
∞ .
10
~
-4
ж.
0
U
-
- 0
$\circ$
~
P.O.
ш.
- 01
ഗ
-
$\cap$
-
~
-
$\circ$
~
()
~
ш
_
<b>I</b>
_
_
<b>4</b>
-
-
-
-
-
ш.
OF VITAL RECORDS
_
7
-
DIVISION
<b>U</b>
0.5
00
>
~
_
_

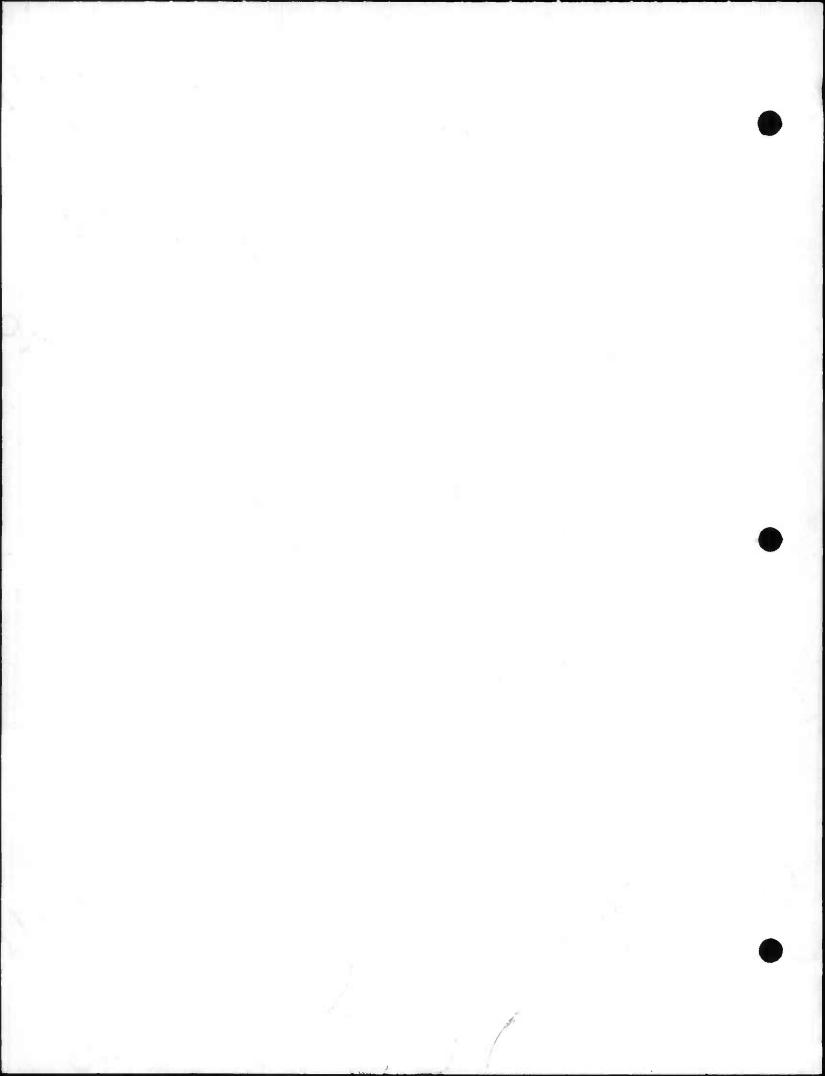
94	0	7	Ļ	5	8

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIENE REG. NO.	91	07458			
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM			ILLIAM AN HAUSE	R	MARCH 10, DAY	1994 YEAR	3. TIME OF DEATH 12:37 P M			
	4. SOCIAL SECURITY NUMBER  187-09-2350  90. FACILITY NAME (If not institution, give a	1 🔀 M 2 🗆 F	Apr. 7, 1913 GF								
TOR	THE JOHNS HOPKINS HOSPITAL  BESIDENCE OF DECEMENT  BESIDENCE OF DECEMENT  BESIDENCE OF DECEMENT  BESIDENCE OF DECEMENT  BESIDENCE OF DECEMENT  96. COUNTY OF DEATH  BALITMORE CITY  96. COUNTY OF DEATH  BALITMORE CITY										
DIRECTOR	10a. STATE 10b. COUNT MARYLAND	Y		TOWN OR LOCATION LTIMORE	N		10d. INSIDE CITY LIMITS? 1* YES 2 \( \text{NO} \) NO				
FUNERAL	100. STREET AND NUMBER  10 E. Lee St.	, Apt. 704 S	outh		1202		10g. CITIZEN OF WHAT COUNTRY? USA				
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 200	13. WAS DECEN	Spe	14. RACE — American Indian, Black, White, etc. Specify: WHITE					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of woo life. Do NOT use Supervis	rk done during most retired.)	of working	ness/INDUSTRY	ESS/INDUSTRY				
BE CON	17. FATHER'S NAME (First, Middle, Last)  John Ha	user			Ursula	ME (First, Middle, Meiden S Voessler	,				
2	19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  Mrs. Brenda Richardson  17 Gesner St., Linden, NJ 07036  20e, METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION DATE 20c, LOCATION — City or Town, State										
	1 (X Buriel 2   Cremetion 3   Rem 4   Donation 6   Other (Specify) 21. SIGNATURE OF FUNERAL RETWICE AT	coval from State	nelery cremetory or other Dulaney V	alley Ma	usoleum	DATE 200. LOC MAR Time CHIPY TI-Wiedefe	onium, 1	MD			
	1000	M. Lemmon	n)	10 W.	Padonia	Rd., Timo	nium, M				
	23. PART T. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. CITRONIC	esch ilne.					Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. ACRIC STENDS I S  DUE TO (OR AS A CONSEQUENCE OF):  C. C. C. C. C. C. C. C. C. C. C. C. C. C										
AL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?  24b. WERE ANALY COMP										
PHYSICIAN: MEDIC								OF DEATH?  1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   YNO	MOSPITAL: 1 Sinpatient 2 ☐ ER/Out		OTHER:	5 Residence	6 Other (Specify)					
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUS	M 1 YE	(?	28d. DESCRIBE HOW IN	JURY OCCURED				
	2   Accident 3   Suicide   6   Could not be detarmined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and										
COMPLETED		(Check only 1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.									
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WITH	A. N cras	alphs		P3005	ABER	≥ 3/1	D (Month, Day, Year)			
	30 NAME AND ADDRESS OF PERSON WE	. VASSA	NO TTO	THR)							
	MAR I 41994	32: REGISTRATIVE SIGN	WALLS								



SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	1, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE SPITAL OR ATTENDING PHYSICIAN: The law requires that the deal	FUNERAL DIRECTOR: After this certificate has been signed by the attraction of the property and Mental	MPORTANT: If item 28 is marked, or item 23 shows any injury,

1 - FOR STATE REGISTRAR t. DECEDENT'S NAME (First, Middle, Last)	STATE OF N		D / DEPAR CERTIF						REG. NO.	E		0745
, , , , , , , , , , , , , , , , , , , ,	M	4XINI	E 4	WAT	50	MC		MON	TH / D/	1/9	YEAR	2 : 45 A
4. SOCIAL SECURITY NUMBER	5. SEX		s. lest birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mon	OF BIRTH	_	Country	
219-26-8152  9e. FACILITY NAME (If not institution, give a		56	Tho.	9b. CITY, 1	OWN D	R LOCATE	ON OF DE		4/193		BAL'	ro., MD
GOOD SAMARITAN		ΔT.				LTIN				sc. 000	MIT OF DE	Ain
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT		7110	10.00	Y. TOWN OR					-			
MARYLAND	•			BALTI								10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			1.	PULLI	-	. ZIP CODE	E	_		10g. CIT		1 X YES 2 NO
5502 GROVELAND AVENUE 21215 US						A						
11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED NO	13. W	S OEC	ENDENT C	F HISPAN	ORIGI	IN? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE W					2 X ND			thour, ato.)		Specify	
15. DECEDENT'S EDU	CATION	16a	. DECEDENT'S	USUAL OCC	UPATIO	ON.		16	b. KIND OF BUS	SINESS/IND	DUSTRY	DIACK
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	.)	(Give kind of v	work done du se retired.)	ring mo	st of working	rg					
12th									Inter	naı	Keve	enue Serv
17. FATHER'S NAME (First, Middle, Lest)						16. MOTI	HER'S NA	ME (First,	Middle, Meiden	Surname)		
NORMAN WALKE	R, SR.					L		-	IAMLET			
190. INFORMANT'S NAME (Type/Print) ELLA WALKER									nber, City or Town			01015
20a. METHOD OF DISPOSITION		20b. PLA	CEANDDATE	GRC			AV				City or Tow	
tX Buriel 2 Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	cemetery	Crematory or o	ther place)			PARK		- 1			ARYLAND
21. BIGNATURE OF FUNERAL SERVICE LI	CENSEE		-11	22. N	AME AN	D ADORE	SS OF FA	CILITY		_		
MAMA		VII							' & SO			AL HOME,
IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	s. R DUE TO  DUE TO  DUE TO	PSP (OR AS A COM	ASEDUENCE OF	F):	Fo	rilu	se cas	1 nce	0 to 1	lela	Stasi	interval Batwee Onset and Dest X LWK
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  Pancy to Pencer  1 Yes 2 No  246. WAS AN AUTOPSY PENDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO												
25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF O	EATH (Ch.	ant ant.				
EXAMINER?	HOSPITAL:	ER/Outpatien	R 3 DOA	OTHER:		79						
27. MANNER OF OEATH	28a. DATE OF (Month, D	INJURY	28b. TIM		8c. INJ	URY AT			SCRIBE HOW II	NJURY OC	CURED	
Natural 5 Pending Investigation	(arount, D	, rour;	INJ	M	_	YES 2	NO					
3 Suicide 6 Could not be 4 Homicide detarmined	28a, PLACE O building,	F INJURY — A atc. (Specify)	i home, farm,	streel, factor	y, offic	•		281. LO C/ŋ	CATIDN (Street a y or Town, State)	and Number	r or Rural Ro	oute Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS												and manner as elected
29b. SIGNATURE AND TITLE OF CERTIFIE		= 111		, , ,	1		ENSE NUR		an			'Month, Day, Year)
talla MI						_	07		L	▶ M	larch	11 <sup>th</sup> , 94
30. NAME AND AODRESS OF PERSON WE												
Schmer TABBALLAS				losy ,	560	16	chiko	iven	blud, Re	iltim	ove, M.	D 21239
31. DATE FILED (Month Day Year)	32. BEGISTRA	R'S SIGNATUR	Æ									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

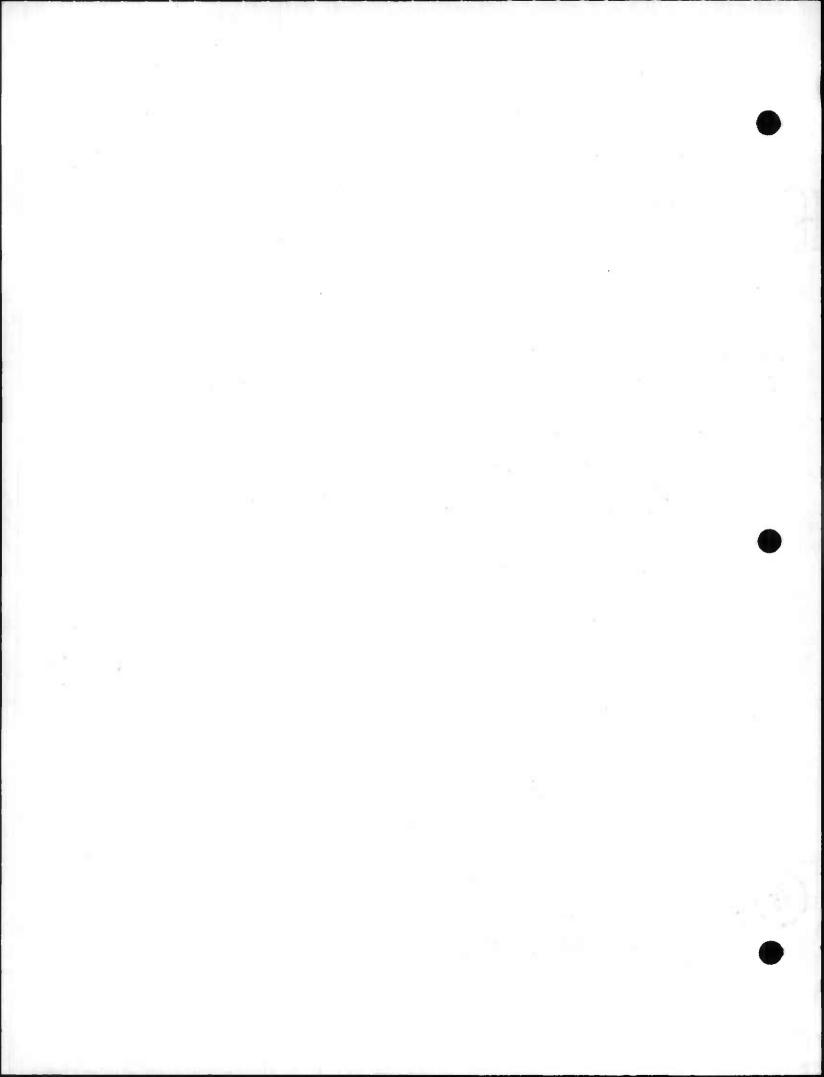
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

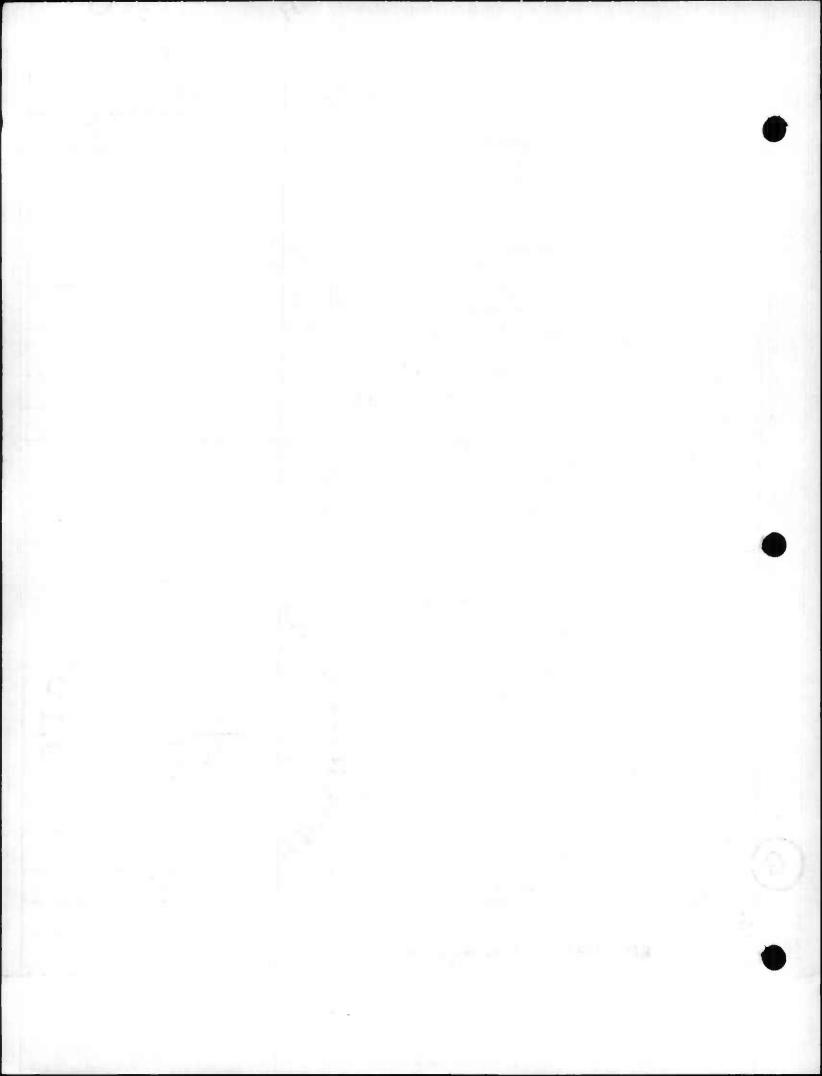
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First	Miridle Leet					. 0.	DEA			HEG. NO.			THE CONTRACT
	Melchoir	T				eid	ma	211		2, DATE O MONTH	DEATH DA		YEAR 94	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-09-7072	BER	5. SEX 1 X M 2  F	6. AGE (in yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	24 2 2 2						
	9a. FACILITY NAME (If not in		9b. CITY	, TOWN C	R LOCATI	ON OF DE		2,17		NTY OF DEA				
DIRECTOR	ST. AGNES HO		L			BALTIMORE								
입	10a. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION 10d INSIDE CITY							Od. INSIDE CITY	
	MARYLAND	BALTI	MORE				BA	LTIM	ORE			LIMITS?  1  YES 2 NO		
₹.	100. STREET AND NUMBER						101	. ZIP COD				10g. CITI	IZEN OF WH	AT COUNTRY?
	903 ST. AGN	ES LAN							212				.S.A.	
FUNERAL	11. MARITAL STATUS  1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED O	13.	WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN?	(Specify Yea	or No-	14. RACE - Black,	– American indian, Whita, atc.
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES								Specify				Specify:	
	15. DEC (Specify onl	EDENT'S EDUC	CATION completed)			USUAL O			na	16b.	KIND OF BUS	INESS/IND	DUSTRY	
COMPLETED	Elementary/Secondary (t 11TH GRADE	1-12)	College (1-4 or 5	+) Iffe.	Do NOT US	se retired.)				SF	LF-EM	PLOY	ED	
NO.	17. FATHER'S NAME (First, M									ME (First, Mi	ddle, Maiden			
BE (	MELCHOIR K		MAN							MILI				
٥	JOY HANDS	ype/Print)		- 1							IRY.			
1	20a. METHOD OF DISPOSIT			20b. PLACE A			_		<u> </u>	DATE	7		City or Town	State
Í	1 X Burial 2 Crematic 4 Donation 5 Other	(Specify)		LORRAI	natory or o	ther place)				1		LTIM		
ļ	21. SIGNATURE OF FUNERA	SERVICE LIC	ENSEE /	h.	11				NERA		E INC			
- 2	Ye	LLAGO	Z_	1/19	1	-41	07 W	ILKE	NS A	VENUE	-BALT	IMOR	E, MD	. 21229
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart fellure. I nel	List only one cet	de on each line.							ec or reapl	ratory arr	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST													
EDICAL CE	PART II. Other significe	ent condition	e contributing to	deeth but not re	esulting	in the ur	derlying	ceuse (	given in		24a. WAS AN PERFOR	MED?	6	YERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
														YES 2 NO
PHYSICIAN: N														
ᅙ	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Chi	ick only one				
¥	1 YES 2 NO		26a. DATE OF	ER/Outpatient 3					ealdence	6 C Other				
BY P	t Natural 5	Pending Investigation	(Month, E		26b. TIM INJ	URY M		PK? PK? PES 2	] NO	28d, DE\$C	RIBE HOW II	NJURY OC	CURED	
	3 Sulcide 6	Could not be determined	26a. PLACE C building,	F INJURY — At horetc. (Specify)	ne, ferm, e	ntreet, fact	ory, offic				TION (Street a Town, State)	nd Number	or Rural Rou	ite Number,
COMPLETED			CIAN: To the best of R: On the basic of a											and manner as stated.
띪	296. SIGNATURE AND TITLE	OF CERTIFIER		معطائده	- Rs	end	**		ENSE NUM					Aonth, Day, Your)
2	30. NAME AND ADDRESS OF		, ,	SE OF DEATH (ITEN	1 27) (Type,	, Print)						-	1	111
	TIM 00 M	NAUNC	1, ST.	Agnis	lfo	2m)		-	Bes	Lh'~	are	1_	~>	
	MAR 14	1994	2. REGISTRA	IR'S SIGNATURE	46	,		7						
			-	The state of the s										



2. DATE OF DEATH

1. DECEDENT'S NAME (FIST, MICHOR, LIST) LUCILLE VANCE WILLIAMSON AMSON 3. TIME OF DEATH 9 YEAR DAY 3:10 am 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Country) 218-18-6474 1 M 27 F DEC. 02. 1903 BELFAST IRELANI permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHARLESTOWN CARE CENTER CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 TES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 711 MAIDEN CHOICE LANE funeral director, page 5 should be detached for use as the burial-transit 21228 U.S.A hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 X Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) H/S GRAD CLERK STATE OF MARYLAND 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNAVAILABLE notified at UNAVAILABLE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JAMES A. WILLIAMSON - BOX 56 - CRESTON, NORTH CAROLINA @\*c!Z pe 20e, METHOD OF DISPOSITION
1 M Burlai 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must CREATNE PARK CEMETERY 3/12 BALTIMORE 21. SIGNATURE OF FUNDMAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD age of medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart fellure. List only one cause on each line. signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) ASCVD OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within IVISION OF VITAL RECORDS, P.O. BOX 68760, other traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO nellatus Diffely me COMPLETION OF CAUSE 1 TES 2 OF DEATH? 1 TES 2 NO has been s PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) DALETOR: After this certificate to the state of the state **EXAMINER?** ATHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 - Residence 6 - Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEȘCRIBE NOW INJURY OCCURED is marked. 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 28 4 Homicide MPORTANT: If Warn 1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Mynth, Day, Year) BE 医黑 D26473 111 PE 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SERVARD F 711 MAIDEN CHOICE LA, BALTO, MD Lozzovs Ey, 170 C/OCHARLESTOWN 3. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) MAR 14 199



BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	I in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 ir removal.	nedical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Constitute of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within our after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	Item # 1,10c,10e,10f	,16a,16b Film	# G 709 3-	14-94Per	funeral Ho	me		
	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEN REG. NO.	E 94	07462
9	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	W NEW	3. TIME OF DEATH
- 3	Pinity	Why Em	ily Viola	Whye		63 0°		3:40 pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
- 6	212 28 0021	1   M 2   X F	66 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	untry)
- 1	90. FACILITY NAME (If not institution, give st	-	66			05/02/		ryland
~		reet end number)	0	9b. CITY, TOWN (	R LOCATION OF DI	EATH	9c. COUNTY O	
Ö	Sinai	HOSPIT	al	Bas	ti moi	re	Balt	more
RESIDENCE OF DECEDENT								
2	IOI. STATE	11	10c. CIT	Y, TOWN OR LOCAT	TON			10d. INSIGE CITY LIMITS?
	101) 130	Atimore		Boot	more	Cockeysvill	е	1 X YES 2 NO
A I	100. STREET AND NUMBER	Cuba Road		101	ZIP COOE 21	030	10g. CITIZEN C	F WHAT COUNTRY?
FUNERAL	4601 /	Pall 1	10 ( R	A	217	5	//	SA
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ABMEO	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yee	or No.   14 B	ACE - American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES	2 XNO	If yes, sp	ecify Cuben, Mexica	in, Puerto Ricen, atc.)	В	leck, White, atc.
B	3 Widowed 4 Divorced	IF TES, GIVE WAR ON	DATES	1 LI YES	2 NO Specif	y:	S	pecify: RIACK
	15. DECEOENT'S EDUC	CATION	16+. DECEDENT'S	USUAL OCCUPATION	NA .	16b. KIND OF BUS	INFECCUMPUTER	Diacit
E	(Specify only highest grade		(Give kind of v	vork done during mo e retired.)	st of working			
اۃ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Dye M	aken	12	Maryland	Specialt	ty Fine Wire
₹	4/-10115		How	x Kee	ger / Fa	chary		Company
COMPLET	17. FATHER'S NAME (First, Middle, Last)			/		ME (First, Middle, Maiden		
BE	James R. Smit	.h			Elsie	C. Johnso	on	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street &	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)	21003
임	Patricia Willia	ms						Maryland
- 1			Db. PLACE AND DATE	-		DATE 20-10	CATION — City or	Tour
	20e, METHOD OF DISPOSITION  1 Burlel 2 Cremetton 3 Remo 4 Donation 5 Other (Specify)	oval from State	metery, crematory or of	her place!		3/12/94	CATION — City o	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	chek G	ough U.			etery Coo		
	The simulations of Pyrichal Service Did	K/_		22. NAME A	ID ADDRESS OF FA	CILITY	1701 M	cCulloh St.
- 0	- Oring TI	Merro		Chatn	an Uar	ris F/H <sup>H</sup>	Baltim	ore,Md21217
	23. PART I, Enter the dispuses, or c	omplications that cause	ed the deeth. Do n			T T O I / II		Approximate
	ahock, or heart failure. I	Liet only one ceuse on	eech line.	or orner the me	do or dying, ado	ii as coluiec or reopi	iatory erreet,	interval Between
	iMMEDIATE CAUSE (Final disease or condition	0		_	<u> </u>	1		Onaat and Death
	resulting in death)	. Ke	S D I V GOT A CONSEQUENCE OF	DVY	tai	lure		
		DUE TO (OR AS	A CONSEQUENCE OF	r):				
z		u	vo sep	sis				
2	Sequentially liet conditions, if any, leading to immediate		A CONSEQUENCE OF	7:				
X	cause. Enter UNDERLYING	184						
H	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	j:				
ERTIFICATION	reaulting in death) LAST							
E								
- 1	PART II. Other aignificent conditions	s contributing to death	but not resulting i	n the Underlyin	g ceuse given in	Part i. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
2	~					PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 🗍 YES 2	□ NO	OF DEATH?
Σ								1 TYES 2 NO
ä								
PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF OBJECT IN JURY (Month, Day, Vear)  28b. DATE OF INJURY AT WORK?								
								)
2 Accident Investigation N/A N/A M 1 YES 2 NO N/A								
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Sp.	ecify)	meet, tectory, offic		City or Town, State)	no Number or Rui	er noute Number,
		N	1/1			NI	A	
7	29e. CERTIFIER (Check only	CIAN: To the beet of my know	wledge, death occurre	d at the time, date	end place, end due	to the cause(e) end men	ner as atated.	
COMPLET		R: On the besis of examinati						se(e) and menner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER							
BE	JOHN ONE AND THEE OF CERTIFIER	ł			29c. LICENSE NUI	MBER		NED (Month, Day, Year)
2	R. Crock	DO Int.	erh		buyer	1354	3-	7-94
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)	1			

MAR 1 4 1994

- AUC 14 12

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 94 07463

1. DECEDENT'S NAME (First, Middle, LI RAYMOND	DUDLEY		WOODF	NING		2. DATE MONT	Mar 13	*1 994 *1	3. TIME OF DEATH 10:40 am	
4. SOCIAL SECURITY NUMBER 216-07-1073	16-07-1073 1 MM 2 0 F 91 YRS.					MIN. July 2, 1902 W			BIRTHPLACE (State or Foreign Country) AYNESBURG,	
Saint Joseph Hot	Saint Joseph Hospital					9b. CITY, TOWN OR LOCATION OF DEATH TOWSON, Maryland			Baltimore CO.	
RESIDENCE OF DECEDENT  10a. STATE  10b. CO  MARYLAND  BA								10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10. STREET AND NUMBER  LINGSRIL  11. MARITAL STATUS	100. STREET AND NUMBER ROAD					101. ZIP CODE 109. CITIZEN OF				
3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 MINO					13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 VES 2 NO Specify:  Specify:				
(Snacily only highest o										
Elementary/Secondary (0-12)  17. FATNER'S NAME (First, Middle, Last, JONAS	WOOD	RING				S NAME (First,	Middle, Maiden		DCKER	
19a. INFORMANT'S NAME (Type/Print)	ENTINOLW		MAILING ADDR	ESS (Street )	and Number or F	tural Route Num	ober, City or Tow	m, State, Zip Cod	(a)	
20s. METHOD OF DISPOSITION  1  Burial 2  Cremation 3  4  Donation 5  Other (Specify)	Removal from State		ND DATE OF DISI		ame of	DAT 3-	TE 20c. LO	CATION — City	or Town, State	
21. SIGNATURE OF FUNERAL SERVICE	I. ga	- LIC.	# 77	HAME A	ND ADDRESS O	FACILITY	ETRAL	Ct.	APEC VILLE	
IMMEDIATE CAUSE (Final	or complications the	nt caused the dea use on each line.	th. Do not an	ter the mo	da of dying,	such as car	diac or reap	iratory arreat	Approximate Interval Betwee Onset and Dec	
disease or condition resulting in death)  a CONGESTIVE HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):									6DAYS	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  Sequentially list conditions, Due to (or as a consequence of):  S/P GASTROSTOMY TUBE INSERTION FOR POOR P.O. INTAKE								YEARS		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	TROSTON (or as a consequ ENT URIN	UENCE OF):				R P.O. II	NTAKE		
DART II. On the streetheads and di							24e, WAS AN	VPROTILIA	24b. WERE AUTOPSY FINDING	
DEMENTIA PAGET'S DISEASE							PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES NO	
25. WAS CASE REFERRED TO MEDICA	L			26. P	ACE OF DEATH	f (Check only o	ne)			
EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3 [	DOA 4		ne 5 🗆 Roside	nce 6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH Natural 6 Pending investigation		F INJURY Day, Year)	28b. TIME OF INJURY	W	URY AT ORK? YES 2 NO		SCRIBE NOW I	NJURY OCCUR	ED	
3 Sulcide 6 Could not be datermined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							Rural Route Number,			
onel	HYSICIAN: To the best of								suse(a) and manner as stated.	
296. SIGNATURE AND TITLE OF CERT		no			29c. LICENSE	NUMSER			GNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	ISE OF DEATH (ITEM	27) (Type, Print)				TO1455	AL NAME	n4 00 4	
LILIA CEBALLOS,  31. DATE FILED (MORD). Day. Vege) MAR 1 4 1994		JUSEPH :	3 7037	IIAL (	620 10	nn HU.	TOWSO	IN, MU	21204	

TEARS

CONGESTIVE HEART FAILURE

CHRONIC OBSTRUCTIVE PULMONARY DELESE:

SIP CASTROSTOMY TUBE INSERTION FOR POCH FO INTAKE

REQUIREENT URWARFTRACT MEECTIONES

ATMEMBO

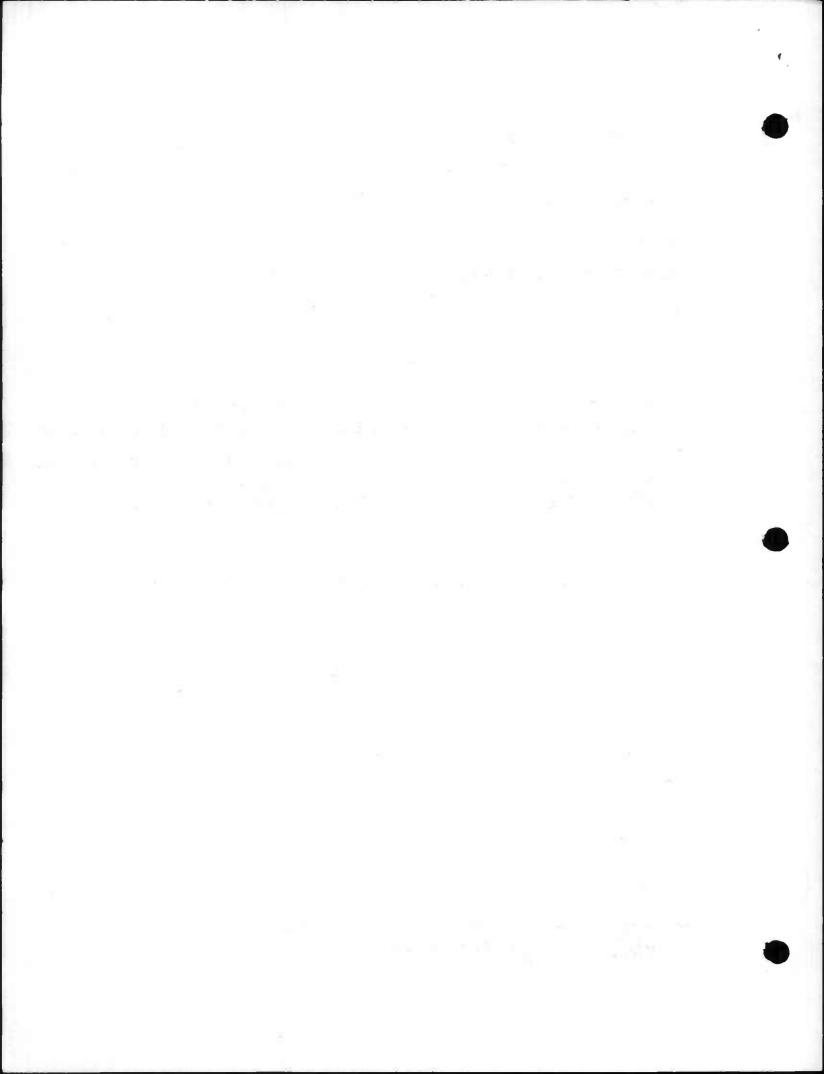
GLIA CEBALLOS, M.D. BANT JOBERN'S HOSPITAL TROT YORK PD. TOWGOV. NO. 21304

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	_		
	65		
	P20		
	H.		
	E		
	75		
Ë.	ran		
SICE	al-t		
È	ng		
9	the		
DU3	38		
att	Se		
6	70		
D)	5		
NOS	Che		4
2	deta		-
5	8		1
2	PA		1
T T	Sho		277
9	10		-
ď o	age		4
9	3f. p		3
0	ectr		i
3	Ö		3
	era		1
990	\$		9
0	음	074	-
0	9	E	T
3	U. P	0	-
1	file	'n.	9
	ely	nati	-
Ē	plet	ren	-
2	FO:	~	-
2	Ď	Mul	416
Š	n a	8	-
3	icia	10,1	Ì
2	SE	e D	1
	0	Hel	4
3	ndir	¥	2
Call	atte	Tal	7
0	the	Me	1
7	3	D	-
Ĭ	9	the state of	200
ß	Sign	Hea	9
Š	E-	6	,
CAD.	Spe	pt.	5
2	23	ŏ	2
	cate	State	100
2	rriff	ie.	-
ź	S Ce	4	3
=	Ė	×	4
2	fter	eath	4
2	Y.	Ď	9
i i	ě	afte	86
ť.	8	SIN	1
5	0	ĕ	-
5	重	72	MONTHALT IS form 98 to manufact on leave one faither or other bearings of months around the months.
į.	뿔	報	É
ĺ	E.	3	1
A.	107	H	7

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	ENT OF H	HEALTH AND	MENTAL HYG		94 97404	
1	1. DECEDENT'S NAME (First, Middle, Lest)	1				2. DATE OF DEA	ТН	3. TIME OF DEATH	
	MARY P	USEY WAGO	15.R			MARCH	DAY 1904	3:50 A.M. M	
	4. SOCIAL SECURITY NUMBER						H B	BIRTHPLACE (State or Foreign	
- 5	214 74 250b	1 - M 2 X F Q 1	YRS. MONT	THS DAYS	HOURS MIN.	(Month, Day, Ye	1900	Country)	
	9e. FACILITY NAME (If not Institution, give s	street and number)	9h.	CITY, TOWN (	OR LOCATION OF D			<u> </u>	
Œ		CALLED TO AND A STATE OF STATE							
DIRECTOR	RESIDENCE OF DECEDENT	PILIC DUITE		roke	21 25		MAIS	FORO	
H	10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCAT	TION			10d. INSIDE CITY	
冒	MARYLAND HA	RFORD	FOR	122	HILL			LIMITS? 1 YES 2 NO	
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL	1806 PARKWO	OD DRIVE			SINE			9.2	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A			ENDENT OF HISPA			I. RACE — American Indian,	
	1 Never Merried 2 Married	FORCES? 1 YES 2	NO		ecify Cuben, Mexica 2 NO Specific		2.)	Black, White, etc. Specify:	
ВУ	3 ₩ Widowed 4 □ Divorced					,		WHITE	
ED	15. DECEDENT'S EDU (Specify only highest grade		ECEDENT'S USUA Give kind of work d			16b. KIND O	F BUSINESS/INDUS	STRY	
	Elementary/Secondary (0-12)		le. Do NOT use retir	ed.)	or or working	- 1			
MP			4TH	lone					
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M	eiden Surname)		
BE (	GEORGE Li	3. Pussy			720	Tis F	AMZOR	0	
	19e. INFORMANT'S NAME (Type/Print)	11	9b. MAILING ADD	RESS (Street a	and Number or Rural	Route Number, City of	r Town, State, Zip Co	ode)	
5	LOUISE M. LAR	11 2LLAS	806 PA	RKWO	oo DRi	VS FOR	1.H 122	L.MD. 21050	
	20a, METHOD OF DISPOSITION	20b. PLACE	AND DATE OF DIS	POSITION (No	ime of	OATE 20	c. LOCATION — CIT		
	CKS Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	rematory or other pl	ace) 2.6	109072	3-10	giorese	Anne Maryano	
	22. NAME AND ADDRESS OF FACILITY  EVANS FUNCAL CHAPLE OSL AIR, P.A.								
	1/2° D	. Y							
	22 DART L Falsa dia dia	Brown		3050	UPORT [	1Rivs Fo	PRINT HIL	LMO. AIRSO	
	23. PART i. Enter the diseases, or shock, or heart failure.	List only one ceuse on each lin	lasth. Do not ar ie.	ntar tha mo	da of dying, suc	h ss cardiac or	respiratory arrea	t, Approximats interval Between	
	iMMEDIATE CAUSE (Final disease or condition	V		,		/		Onset and Death	
	resulting in death)	a ceule	abel	work	uz un	est			
		DUE TO (OR AS A CONSE	EQUENCE OF):		V	,			
CERTIFICATION	Sequentisliy list conditions,	b	CONTRACT OF						
E	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	EOUENCE OF J:						
윤	CAUSE (Diseese or Injury	CDUE TO (OR AS A CONSE	FOLIENCE OF						
≣	that initiated events resulting in death) LAST	DOC TO JOHN AS A CONSE	LEGENCE OF J.						
岁		d							
ايا	PART II. Other significant condition	is contributing to death but not	resulting in the	undariying	g ceuse given in	Part i, 24a. W	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
3						1	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI							25 AG NO	OF DEATH?	
5								1 Nes 2 No	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
읈	EXAMINER? 1 ☐ YES 2 X NO	HOSPITAL: 1   Inpatient 2   ER/Oulpatient		HER:					
Ě	27. MANNER OF OEATH	26e. DATE OF INJURY	28b. TIME OF	28c. INJ	e 5 🗆 Residence		OW INJURY OCCUI	250	
	1 Natural 5 Pending	(Month, Day, Yber)	INJURY	WO	RK?	200. DESCRIBE N	OW MOUNT OCCU	4EO	
BY	2 Accident Investigation	28a PLACE OF IN HIDY ALL	200 1000 00001						
9	3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, atc. (Specify)  28e. LOCATION (Street and Number or Rural Route Number, City or Town, State)							rsural Houte Number,	
1	20. CERTIFIER								
COMPL		ICIAN: To the best of my knowledge, d							
Į į	2 MEDICAL EXAMINE	R: On the beele of examination end/or	investigation, in	my opinion, d	eath occured at the	ilme, date end plac	e, end due to lhe o	euse(s) end manner se stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	R			29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)	
	Daws	· D			D32	295	► no	ARCH D 1994	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)			- / -	1 4 61	1117	
	OR DAVID S. D	UNA 1311 BS		- 020	BELRI	R, MAR	s onaly	41014	
	MAR 1 4 1994	32. REGISTRABIS SIGNATURE	andell						



Ü
ш
$\alpha$
⋖
>
LL.
0
7
0
=
2
>
0
- Description of the last of t

	phods	
	2, 3	
	les 1.	
	permit, Pag	
	Derm	
an.	ransit	
mysica	urial-t	
d Duj	the b	
aften	use as th	
ital or	for t	
hosp	tache	
by the	be de	
ained	ponid	
be ret	s 2 a	
тау Б	or, pag	
ath. Page 6 ma	direct	
ath. P	ineral	
er de	in by the funeral di	wal.
hours aft	in by	г геттол
P P	letely filled is	ion, or
within	pletely	стета
cuted	d complete	unial,
900 90	an and	d of
cate b	Shysici	e prio
certifi	ding p	Aygien
death	аттеп	ental
at the death cert	by the	M pur
es the	paudi	Balth a
requi	s uaa	L Of H
he law requ	has b	Dept
-	ficate	State
PHYSICIAN	s certi	ith the
HG DI	ter this i	*
ENDIP	JR: Af	ter de
IR AT	IRECT	ours at
TAL 0	RAL DI	filed within 72 hours aft
HOSP	FUNE	within
1	TO THE	filed
1	2	8

IMPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

PHYSICIAN: MEDICAL CERTIFICATION

BY

BE COMPLETED

19

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTA	L HYGIENE REG. NO.	94	07465
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH	3	. TIME OF DEATH
HARRY C	1. (1)51151	2			MONT	RCH 3 199	YEAR	m manip
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8. BIRTHPL	ACE (State or Foreign
214-24-3496	1⊠M2□F	S YRS. MO	NTHS DAYS		AP	1, Day, 1800) 1928	PEAN	SYLVANIA
9a. FACILITY NAME (II not institution, give str	N 1	TAL 00	BALT	OR LOCATION OF D	EATH	9c. COU	INTY OF DEA	тн
RESIDENCE OF DECEDENT								
10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOC	TO RL				Od. INSIDE CITY LIMITS?  X YES 2 \( \text{NO} \)
10e. STREET AND NUMBER				101. ZIP CODE		10g. CIT	IZEN OF WH	AT COUNTRY?
7610 BAGLE	V Avs			2122	Li		0	Α.
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13, WAS D	ECENDENT OF HISPA	NIC ORIGI	N? (Specify Yea or No-	V ~	- American Indian,
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes,	specify Cuban, Mexico	en, Puerto	Ricen, atc.)	Bleck, \	White, etc.
3 Widowed 4 Divorced				ES 2 NO Specif			Specify:	HITE
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USL (Give kind of work	done during i	TION most of working	166	. KIND OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	PIPS F	tired.)	R		GENIRAL	Mot	5.85
17. FATHER'S NAME (First, Middle, Last)		- >==		18. MOTHER'S NA	ME (First,	Middle, Maiden Surname)		
WALTER	1. WELLS R			CAT	"Hs 6	M 70:5	Rs:	114
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Stree	t and Number or Rural	Route Num	ber, City or Town, State, Zi	p Code)	
CATHSRING C	Selley	7610 (	301-1	ISV AVS	. 6	30175 C	n a	עבט
20e, METHOD OF DISPOSITION  1 Burlal 2 Cremetton 3 Remote 4 Donetton 5 Other (Specify)		D. PLACE AND DATE OF D netery, cremetory or other		Name of	K 36	20c. LOCATION -	City or Town	n, State
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1012AIN	22. NAME	AND ADDRESS OF FA	CILITY C	2 0	22/161	TIVANIO
1 Ruly Jesus	aro, A		EVA 288	NO CHAPS	LOFI	remories	211:	
23. PART I. Enter the diseeses, or co		d the deeth. Do not	enter the n	node of dving, suc	ch as cen	diec or respiratory er	rest.	Approximate
IMMEDIATE CAUSE (Finel	ist only only ceuse on e	ech line.						Interval Between Onset and Death
disease or condition resulting in death)	MY	OCAR DIA	4 1	NEARC	110			SAME
Min	DUE TO (OR AS	CONSEQUENCE OF):						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):						
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	CONSEQUENCE OF):						
PART II. Other eignificent conditions	contributing to death !	out not regulting in the	he underly	ng cause alven in	Part t	24e. WAS AN AUTOPSY	245 4	/ERE AUTOPSY FINDINGS
	The state of the s		- Uniderly	g cases given in	rent t.	PERFORMED?  1 YES 2 NO	A	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					_		1	☐ YES 2 ☐ NO

27. MANNER OF DEATH 1 Natural
2 Accident

3 Suicide

4 Homicide

1

TO BE COMPLETED BY FUNERAL DIRECTOR

PART	li. Other	elgnificent	conditione	contributing	to deeth l	out not	recuiting in	the t	underlying	ceuse g	iven in Part t.
_											

25. WAS CASE REFERRED TO MEDICAL	
EXAMINER?	HOSPITAL:
A CO MED A SERVICE	THE STATE OF

26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 Realdence 6 Other (Specify)

	1 🗆	inpatient	225	ER/Outpatient	3	□ DOA
ing	1	26a. DATI (Mon		NJURY y, Year)		26b. Til

26c. INJURY AT WORK? 1 YES 2 NO

_								
	200	. DESCRIBE	now	mac	MT U	rccoi	TEU	

	UNE)	2	MEDICAL	EXAMINER:	On th	e besie	of	axamination	end/or	inv
29b.	SIGNATURE	AND	TITLE OF	CENTIFIER	7	7	_	-		

29a. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner se stated.
one)	2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a

00137

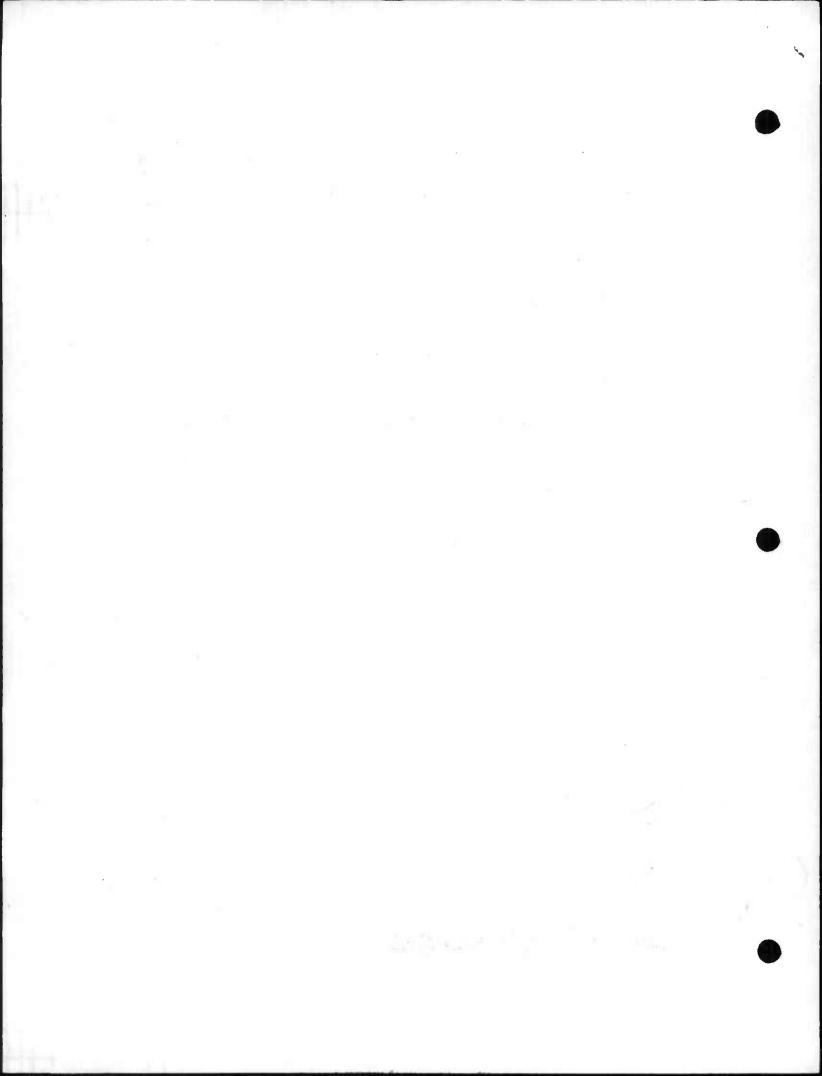
MINEN: On the	Desig of examina	tion eng/or	investigation, in n	ny opinion,	desth	occured at the time,	data and place,	end due to	The couse(a) a	nd manner	as stated.
THERE !	/		7.7		1			1			

24 DAYE PH CD (14 D- 14						
OR FRANCE	XZ	CARMOOY	7505	OSLER	DRIVE	-Towsor
		and the tan manage of manage have	a zij ligpo, rinni			

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

FILED (Month, Day, Year)
MAR 1 4 1994

ARCH 4 1994



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

		HEGISTHAN		CENTI	FICATE (	DEATH	REG. NO	<u> </u>			
		1. DECEDENT'S NAME (First, Middle, List)	c i 21101				2. DATE OF DEATH DONTH D	AY YE	3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER	S. SEX G. A				11/1-01	0.1994	М		
		6.1		GE (In yrs. lest birthde)	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year)		WRTHPLACE (State or Foreign country)		
should		314-12-4032 90. FACILITY NAME (If not institution, give st		13	9h CITY TO	AN OR LOCATION OF O	HUG007181	9c. COUNTY	ARYLA NO		
60	E	MERIDIAN-CR	Much						inors		
1, 2,	СТОВ	RESIDENCE OF DECEDENT	ar rouse		1 10	m2011		1 SHL	110/0/2		
Pages	DIRE	10e. STATE 10b. COUNTY		10c. C	ITY, TOWN OR LO	OCATION			10d. INSIDE CITY LIMITS?		
permit.		100. STREET AND NUMBER	iners		omzou				1 YES 2 NO		
ed to	FUNERAL	8710 Embe (	2			101. ZIP CODE	1	10g. CITIZEN	OF WHAT COUNTRY?		
020 physician. burial-transit	🗏	11. MARITAL STATUS	12. WAS DECEDENT EVI	ER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	e or No. 14 I	RACE — American Indian,		
		1 Never Merried 2 Merried	FORCES? 1 1 Y		If yes	I, specify Cuban, Mexico YES 2 NO Specific	en, Puerto Rican, etc.)		Black, White, etc.		
215-0 attending se as the	ВУ	3 Wildowed 4 Divorced						10	3Ti Hu		
USe a	ETED	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind o	S USUAL OCCUP work done during	PATION g most of working	16b. KIND OF BU	SINESS/INDUST	RY		
O 21		Elementary/Secondary (0-12)	College (1-4 or 5+)	ING. DO NOT	use retired.)						
AND the hospital detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		H	House	10 MOTHER'S NA	AME (First, Middle, Maiden	- Cumama)			
YLA by the be det	EC	ROBSET 5 1	BOHOEN	2001-		0.0	0	Die Ge	R		
MARYLAND retained by the hospit should be detached notified at once.	0 8	19e. INFORMANT'S NAME (Type/Print)	X 10 11 12 1 11		G ADDRESS (Str	eet and Number or Rural	Route Number, City or Tow	vn, State, Zip Cod	0)		
		ELIZABETH J. B	YSTRY	1645	SHUCK	JRS Pri	ERO BEAC	HIFLA	:329h3		
BALTIMORE, let death. Page 6 may be the funeral director, page val.		20e. METHOD OF DISPOSITION  1 Burial 2X Cremation 3 Rema	ovet from State	20b, PLACE AND DAT cemetery, crematory o		N (Name of	DATE 20c. LC	CATION — City	or Town, State		
O 6 2		4 Donation 5 Other (Specify)			CONTER	MATERY	3-12 BA	Lines	MARYLAND		
BALTIMI after death. Page by the funeral dire- moval. cal examiner of		21. SIGNATURE OF FUNERAL BERVICE LIC	ENGEE		22. NAM	E AND ADDRESS OF FA	OF BILL PC	R.P.A.	0		
SAL r dear		Trail or van	old		30	SWART (	DRIVE FO		21000		
BA Yours after d In by the ior removal.		23. PART I. Enter the diseases, or of shock, or heart failure.	omplications that cau	used the death. Do	not enter the	mode of dying, aud	ch as cardiac or resp	iratory arrest,	Approximate		
filled In		IMMEDIATE CAUSE (Final	X			4			interval Between Onset and Death		
age .		disease or condition resulting in death)	. Metast	alie Co	run	oma of	calon				
68760, secuted with and complete burial, crem			DUE TO (OR	AS A CONSEQUENCE	OF):	U					
25 (10	8	Sequentially list conditions,	OUE TO (OR	AS A CONSEQUENCE	OE).						
or to	ATI	the arty is a constant of the									
00 # > -	ERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
D = 5 - 5	F	reaulting in death) LAST									
10 E 70	0	PART II. Other algnificant condition	a contributing to deal	th but not resultin	in the under	lying cause given in	Part I. 24s, WAS AN	AUTOREY	24b. WERE AUTOPSY FINDINGS		
E # 6 # 5	EDICAL			in out not resultin	y iii tile ulloel	lying cause given in	PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
S le si es &							1 TYES	₹ NO	OF DEATH?		
PR requ	Σ.			-			-		1   YES 2   NO		
AL has Deg	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF DEATH (CI	heck only one)				
F VIT/ SICIAN: The certificate the State , or item	Sic	EXAMINER?  1   YES 2   NO	HOSPITAL: 1   Inpatient 2   ER/	Outpatient 3 DOA	OTHER: Nursing	Home 5 - Residence	8 Other (Specify)				
PHYSICIAN: this certifical with the St ricked, or it	PHY	27. MANNER OF DEATH	26e. DATE OF INJU (Month, Day, Ye	RY 26b. T	IME OF 28c	INJURY AT WORK?	26d. DESCRIBE HOW	NJURY OCCURE	D		
ON OING PHYS After this death with	BY I	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO					
0 5 4 5	ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, atc. (	URY — A1 home, fern Specify)	, stree1, factory,	office	281. LOCATION (Street City or Town, State	and Number or Ri	ural Route Number,		
N	E										
Thomas I	릴	(Check only one)									
	COMPL	2 MEDICAL EXAMINE	R: On the beele of exemin	ation end/or investige	tion, in my opinio	on, death occured at the	time, date and place, er	nd dua to the cer	use(a) and menner as stated.		
TO THE POSTANT:	BE (	296. SIGNATURE AND TITLE OF CERTIFIER	0. 1		2	29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)		
5 5 3 K	0	para Ri	millin	w M	ν	12/10	22	LSE	HPP1114581		
1		30. NAME AND ADDRESS OF PERSON WHO	V	DEATH (ITEM 27) (Ty		11.00	O P	V	~		
0		31. DATE FILED (Month, Day, Year)	32. DEGISTRAR'S	WSK.	8804	HARFORD	ROAD, TAR	KVILLE	170. 2B34		
		MAR 1 4 1994	Julia Ki	1 10 -							

\*\* IP \*\* 

permit. Pages 1, 2, 3 should use as the burial-transit nours after death. Page 6 may be retained by the hospital or attending physician. page 5 should be detached for pe ed in by the funeral director, or removal. other traumatic event, the medical examiner been signed by the attending physician and completely filled in by 1 of Health and Mental Hygiene prior to burial, cremation, or remo DEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within shows a has be 23

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

certificate hi

this c

After 1 death

DIRECTOR: /

FUNERAL (

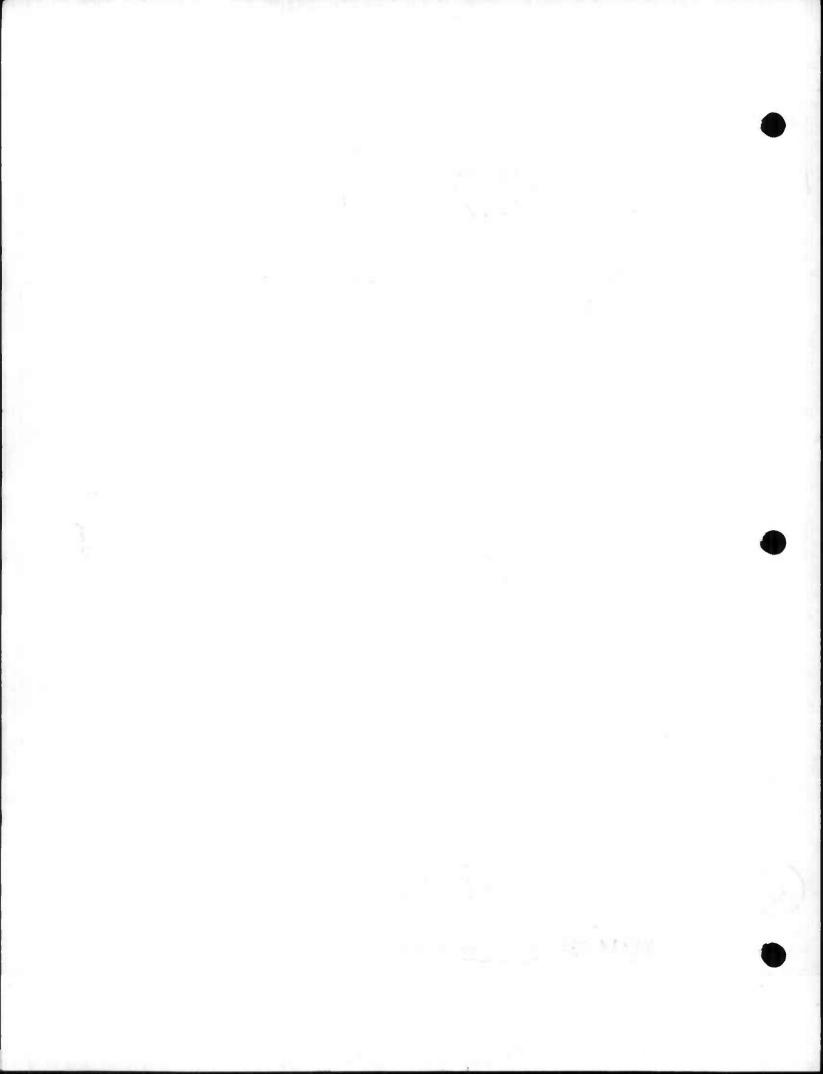
三番 2 8

07467 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH WAT JOHN 34 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYS 205-34-9015 1 X M 2 | F Pennsylvania 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Kimbrough meade FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Jessup 1 YES 2 70 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 7531 Montevideo Court, P.O.Box 46 20794 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Marr 3 Widowed 4 Divorced 1 YES 2 10 Specify ВУ White 1963-69 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Shipping Clerk Ketema 10 at once. 17. FATHER'S NAME (First Micirlia Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Joseph Watko Rita Klotoski BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Statu, Zip Code) 2 Montevideo Court, Margaret A. Watko 20794 Jessup, MD 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must 1 Burial 2 Cremation 4 Donation 6 Other (Specify) Burial 2 Cremation 3 Re Maryland Veterans Cem. Crownsville, MD 21. SIGNATURE OF FUNEROY 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. Ridgely Ave. Annapolis, MD 21401 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate Interval Between shock, or heart failure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in desth) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING tensive CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: t 🗆 Inpetient 2 🖰 EVOutpetient 3 🗆 DOA 10 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide IMPORTANT: If item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DNC3, 00

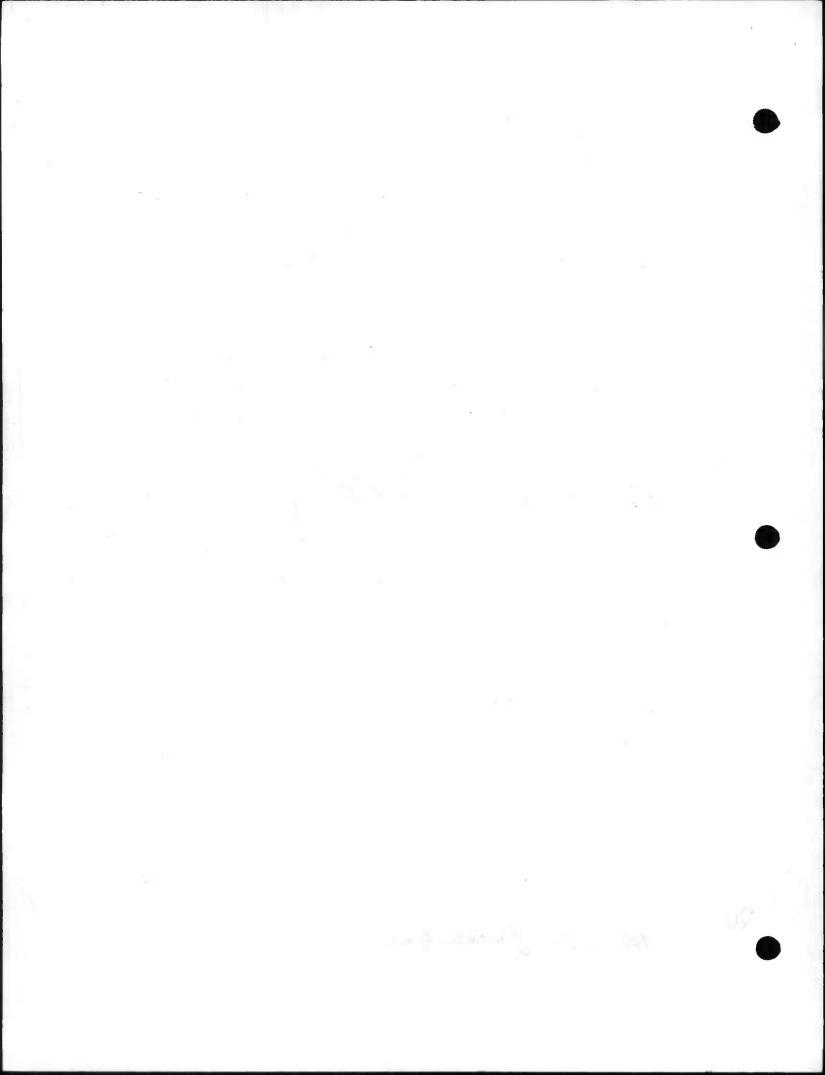
2. REGISTRAR'S SIGNATURE

35



8

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE 94 07468
	1. DECEDENT'S NAME (First, Middle, Last) - ZACCARO	2. DATE OF DEATH MONTH MONTH MONTH MONTH MAR  P  M  M  M  M  M  M  M  M  M  M  M  M
	4. SOCIAL SECURITY, NUMBER  5. SEX  1  M 2  F  8. AGE (In yrs. Jest birthday)  F UNDER 1 YEAR F UNDER 24 HRS.  WONTHS DAYB HOURS MIN.	7. DATE OF BIRTH (Morth, Dey, Year) 8. BIRTHPLACE (State or Foreign Country)
l HO	90. FACILITY NAME (If not institution, give street end number)  90. CITY, TOWN OR LOCATION OF D  GLEN MEADOUS RETIREMENT GLEN	
DIRECTOR	RESIDENCE OF DECEDENT  10c. STATE  10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY
	MARYLAND BALTO. CO, PARKVILLE 100. STREET AND NUMBER	LIMITS?  1 YES 2 AO  10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	2901 ANDORRA CT. APT.D 2123	4 4.5.4.
BY FU	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  1 New Married  2 Married  17. WAS DECEDENT OF HISPA  19. WAS DECEDENT OF	
B	15. DECEDENT'S EOUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY
PLET	Elementary/Secondary (0-12) College (1-4 or 5+)  Supply College (1-4 or 5+)	office
TO BE COMPL	17. FATHER'S NAME (First, Middle, Last)  MICHAEL ZACCARO  18. MOTHER'S NA  AAC	AME (First, Middle, Meiden Sugame)
TO BE	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural	Route Number City or Town, State, Zip Code)
90	20e. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of	DATE 20c. LOCATION — City or Town, State
er mus	1 M Burlel 2 Cremetton 3 Removal from Stata 4 Donation 5 Other (Specify)  21. SIONATURE ØE-FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FA	3-12 PARKVILLE, MD.
examiner	Mether J. Jair moole 7 8008 4	TARRED RESTAPEL
medica	23. BATT I. Inter the disease, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line.	intervai Between
event, the	immediate cause (Fine disease or condition resulting in death)  a. Condition Arrest	Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions  b. CMG CMCi Ni Ma	6 mits
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	
TIFIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST	
51 .	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in	
=   <	Pland a thisa	1 Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
shows any	- Hyperten in	1  YES 2  NO
Item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:	heck only one)
5 >	1  VES 2 NO 1 Inpatiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence  27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?	8 Other (Specify) As to ment Cute 28d. DESCRIBE HOW INJURY OCCURED
E S	Natural 5 Pending Accident Investigation  28e PLACE OF INJURY At home form steel factors office	281. LOCATION (Street and Number or Rural Route Number,
ETED	3 Suicide 8 Could not be determined Could not be determined	City or Town, State)
IMPORTANT: IT ITOM 28 IS  O BE COMPLETED	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due one)  EDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUI	MBER 29d. DATE SIGNED (Month, Day, Year)
₽	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	A DOLA DI
	31. DATE FILED (Month, Day, 19er) 32. CONTRADIS SIGNATURE	(HV Jew 124 Her, Itel
	MAR 1 4 1994 Julie Mevidson Bondese	



Pages 1, 2, 3 should

THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. It has the bunal-transit permit.	De INCOMENTATION of the Control of t
1	F 2	- =

MAR 1 5 1994

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF DEATH MONTH 3 6. 45 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year a. BIRTHPLACE (State or Foreign 4 DAYS 1 M 2 XE 212-88-2967 7/14/69 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR LIBERTY MEDICAL CENTER BALTO RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTO XXYES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4715 BEAUFORT AVE 21215 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: BY SpecifyBLACK 3 Widowed 4 Divorced COMPLETED 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S FOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only h Elementary/Secondary (0-12) College (1-4 or 5+) 10TH UNKNOWN 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) WILLIAM E. ALLEN HELEN J. MORGAN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HELEN 3807 FORDLEIGH RD BALTO, MD 21215 ALLEN 20e. METHOD OF DISPOSITION
XIX Buriel 2 ☐ Cremetion 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE KING MEMORIAL PK 31794 RANDALLSTOWN, MD 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH F/H-WEST 4300 WABASH AVE 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, Approximate ahock, or heert fallure. List only one ceuse on each line. interval Between **IMMEDIATE CAUSE (Finei** Onset and Death disease or condition Preumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): AIDS CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA me 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending friveatigati 1 YES 2 NO BY 2 Accident
3 Suicide PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and menner es stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22 REGISTRAR'S SIGNATURE

94 47469

D PI SI SO MANUA I ASAT

h. ~

.

40 000 000

3777 - 3777

n

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR	CER	TIFICATE OF DEATH	REG. NO.	
1. D	ECEDENT'S NAME (First, Middle, Lest)	CDCON		2. DATE OF DEATH	3. TIME OF DEA
-	BARBARA JEAN AND			MARCH 10 199	
2	17-81-08/24	10	RS. IF UNDER 1 YEAR IF UNDER 24 HRS NONTHS DAYS HOURS MIN.	Ottown Day Month	8. BIRTHPLACE (State or Fi
80.1	FACILITY NAME (If not institution, give sti		9b. CITY, TOWN OR LOCATION OF	13-01	TY OF DEATH
CTOR	THE JOHNS HOPKI	INS HOSPITAL	BALTIMORE CITY		
100.	STATE 4 106. COUNTY		c. CITY, TOWN OR LOCATION		10d. INSIDE CIT
DIREC	ryland		BAllimore		LIMITS?
	STREET AND NUMBER		101. ZIP CODE	10g. CIŢIZ	EN OF WHAT COUNTRY?
FUNERAL 19.	048 North h	rilton Ave.	2120	5 U.	, S,A.
	NARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO	If yes, specify Cuben, Mex	rican, Puerto Rican, etc.)	<ol> <li>RACE — American Indi Black, White, etc.</li> </ol>
	Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 THO Spe	ecity:	Black
9	15. DECEDENT'S EDUC (Specify only highest grade)	completed) (Give ki	ENT'S USUAL OCCUPATION nd of work done during most of working	16b. KIND OF BUSINESS/INDU	ISTRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	VOT use retired.)		
17. F	ATHER'S NAME (First, Middle, Last)	2 1	18. MOTHER'S	NAME (First, Middle, Maiden, Symame)	
ш	reorge H	nderson	Flok	ence Grea	or4
P 1%	INFORMANT'S NAME (Type/Print)	111 m. M/	ALING ADDRESS (Street and Number or Plan	res House Nagrepay, City or Young Steels. Ho C	Code) /
100	METHOD OF DISPOSITION	Allheus 1 29	17 hompson AV	e, GIENBURA	ie md Q
132	Burisi 2 Cremation 3 Remo	ivel from State 201, PLACE AND I	PATE OF DISPOSITION WESTERN ST	/15 # BATE DO LOCATION - CO	By or Town State
3-	CHATURE OF FUNERAL SERVICE LICE	ENSEE	22. NAME AND ADDRESS OF	LACILITY FUNERAL	Home
	Noseph o	J. Keiss	2222 11	LA LID ROLL	and a
23.	PART i. Enter the diseases, or c	omplications that caused the death.	Do not enter the mode of dying, a	such as cardiac or respiratory arre	et, Approxim
IME	shock, or haart fallure. L MEDIATE CAUSE (Fine)	list only ona cause on asch lina.			interval E Onset sn
	ease or condition	Cereberovas	ocular accid	ent	le da
		END STAG		sease	3.
O Sec	quentially list conditions, ny, leading to immediate	DUE TO (OR AS A CONSEQUE		30030	1246
S CAL	se. Enter UNDERLYING JSE (Disease or injury	Diabetes			204
that	initiated events ulting in death) LAST	He patic	cailure		71
					1/540
N PAI	AT ii. Other significant conditions	contributing to death but not read	ting in the underlying cause given	In Part i. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY I AMAILABLE PRIOR
EDICAL				1 - YES 2 NO	COMPLETION OF OF DEATH?
Σ -					1 TES 2 8
	WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	(Check only one)	
ASIG	YES 2 NO	HOSPITAL: 1 (X Inpatient 2 - ER/Outpatient 3 - E	OTHER: 0A 4 Nursing Home 5 Residence	ce 6 🗆 Other (Specify)	
	IANNER OF DEATH    Natural 5   Pending	28e. DATE OF INJURY (Month, Day, Year)	b. TIME OF 28c. INJURY AT WORK?	284. DEŞCRIBE HOW INJURY OCCU	URED
A 2	Accident Investigation	28e. PLACE OF INJURY — At home,	M 1 YES 2 NO	28f. LOCATION (Street and Number of	or Sturel Boute Number
TEI 4	☐ Homicide S ☐ Could not be determined	building, etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	City or Town, State)	Transfer Transpar
	CERTIFIER 1 CERTIFYING PHYSIC	ZIAN: To the best of my knowledge, death of	occurred at the time, date end place, end o	due to the cause(e) end menner as stated	d.
OM		R: On the beele of examination end/or inves			
296.	SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSE N		SIGNED (Month, Day, Year)
0	JUHD K	Resident Ph.		638 3	110/94
30.1	David B. Agrs,	M.D. Tohns	lopkins Hospita	1 Tower 110 Com	at Wolf st.
31. 0	ATE FILED (Month, Day, Year)	- 32 "REGISTRAD'S SIGNATURE		, , , , , , , , , , , , , , , , , , , ,	-40 ( 20 (
	MAR 1 5 1994	golia Fairleson- Randalle			

S
7
-
2
Z
d
Ĺ.
>
Œ
⋖
$\mathbf{\Sigma}$
Ä
H
9
2
E
A
8
_
-

O. BOX 68760

٠.	
Δ.	
-	
10	
0)	
RECORDS	
$\alpha$	
0	
Ö	
ш	
~	
-	
_	
⋖	
ITAL	İ
>	
Sa.	1
0	ı
20	H
z	į
G/V	
-	y
ωľ,	1
₹,	
~	í
₩	ч

E ATU	A CO	Ę
HOSPITAL	FUNERAL DI	within 72 ha
2	THE	he filed
-	-	Д

MARVIN J. FE 31. DATE FILED (MONTH, Day, Year) MAR 1 5 1994

	1. DECEDENT'S NAME (First, Middle, Last)			CERTIF	ICATE C	F DEATH	REG. NO	).	2 714	AE OF DEATH
	ALB	ERT WALTE	ER B	ERAN			March 12	7 199	EAR	0:00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In y	rs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH		BIRTHPLACE	(State or Foreign
	213-14-3972	1 🔀 M 2 🗆 F	72	YRS.	MONTHS DAY	8 HOURS MIN,	May 13, 19	921   1	Country) Maryla	ind
~	Sa. FACILITY NAME (If not institution, give a			_	9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
0	2501 Windsor Rd	•			Pa	rkville		Bal	timore	9
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION			10d, H	NSIDE CITY
E .	Maryland Bai	ltimore		I	Parkvil	le				IMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZEI	N OF WHAT C	OUNTRY?
Ä	2501 Windsor					21234		US	A	
F	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 5 IF YES, GIVE WA	YES :	S. ARMED	13. WAS I	ECENDENT OF HISPA specify Cuban, Maxic	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No 14	RACE - Am Black, White	erican Indian, n, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA	OR DATE	S	1 YES 2 NO Specify:				Specify:	nite
ED	15. DECEDENT'S EDU (Specify only highest grade		16	sa. DECEDENT'S			16b. KIND OF BU	SINESS/INDUS		11.00
	Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of work done during most of working life. Do NOT use retired.)						
COMPLETED				Pump Op	erator		Baltimo	re Cit	y Fire	e Dept.
_	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Meiden	Surname)		
BE	Gerard Beran  19s. INFORMANT'S NAME (Type/Print)			T tob MAII INC	ADDRESS (C)		Brentine Route Number, City or Tow			
5	Dorothy C. Berar							,,		
	20e. METHOD OF DISPOSITION		20b. PL	ACEANDDATE			altimore,	CATION - CIT	234 or Town, Sta	rte .
	t 🕏 Burial 2 🗆 Cremation 3 🗆 Rem 4 🗀 Donation 5 🗆 Other (Specify)	oval from State	MOS	ry, crematory or o	ther place) Redeet	ner Cem.	3/15 Bal			
	21. SIGNATURE OF POMERAL SERVICE LIC	CENSEE			22. NAME	AND ADORESS OF F	ICILITY		7 1315	
	* K. Hoye	(thinks	2				ERAL HOME, Rd., Balti		MD 01	214
	23. BART I. Enter the diseases, or shock, or heart fellure.	complications that	aused th	ne deeth. Do r	not enter the	mode of dying, suc	ch ss cerdiec or resp	ratory srres	, /	214 Approximete
	IMMEDIATE CAUSE (Finsi									nterval Batween Onset and Daath
- 1	disease or condition resulting in desth)	. B	rou	in Met	estori					
		DUE TO (C	R AS A CO	ONSEQUENCE OF	F):					
RTIFICATION	Sequentially list conditions,	b. DUE TO (C	R AS A CO	INSEQUENCE OF	I WOU	unona				
PAT	If any, leading to immediate cause. Enter UNDERLYING				,				İ	
Ē	CAUSE (Disesse or injury that initiated events	OUE TO (O	R AS A CO	NSEQUENCE OF	F):		· · · · · · · · · · · · · · · · · · ·			
ш	resulting in death) LAST	d								
LC	PART II. Other significent condition	a contributing to d	esth but	not resulting i	in the underly	ring csuse given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE	AUTOPSY FINDINGS
할	ortenasc	levitie co	4	avosa	Der di	rese	PERFOR		COMPL	BLE PRIOR TO LETION OF CAUSE
MEDICAL									OF DE	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	100		OTHER:	PLACE OF OEATH (C)	neck only one)			
PHYS	1 YES 2 JANO  27. MANNER OF DEATH	1 Inpatient 2 I i		ont 3 🗆 DOA	4 - Nursing H	ome 5 Avidence				
Y P	1 Natural 5 Pending	(Month, Day,	Year)		URY	INJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCUR	IED	
0	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF	INJURY —	At home, farm, s			261, LOCATION (Street )	and Number or	Rural Route No.	ımber
	4 Homicide determined	building, at	c. (Specify)				City or Town, State)		The state of the s	
E		CIAN: To the best of m	y knowledo	ge, death occurre	ed at the time. d	ate and place, and due	to the cause(s) and mer	mer sa stated		
ETE	29a. CERTIFIER 1 CERTIFYING PHYSI						me annual and uses	ataran:		
ETE	(Check only one) 2 MEDICAL EXAMINE			nd/or investigatio		, death occured at the	time, data and place, an	d due to the c	ause(a) and m	enner as stated.
COMPLETE	(Check only	R: On the basis of exam		nd/or investigatio		, death occured at the				
ETE	(Check only one) 2 MEDICAL EXAMINE	Our Me beats of example of exampl	mination an	Atts	n, In my opinion				SNED (Month,	

MIN, 381 S 32. REGISTRAR'S SIGNATURE

Boltimore MI 21202

.

30 70 2

ITEMS: 23 PART I, II, 27, PER MEO FILM G-709 3/18/94 t.t.

1 - STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH LAUREN FRANCES BROWN-MERCALDO FEB 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fo. July 10, 1 M 2 X F DAYS HOURS 3 1990 217-29-9621 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2592 DRUID PARK DRIVE Pages 1, 2, 3 BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 | NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 3509 Dennlyn Rd. use as the burial-transit 21215 USA retained by the hospital or attending physician. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: В Specify: 3 Widowed 4 Divorced Black 16e. DECEDENT'S USUAL OCCUPATION

The blind of work done during most of working ETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL N/A N/A N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Francis X. Mercaldo Tarrita Brown BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Tarrita Brown 3509 Dennlyn Rd., Baltimore, MD 20 must be 20e. METHOD OF DISPOSITION

1 X Buriel 2 Cremetion 3 Removal from State Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Arbutus Memorial Park Donation 5 Option (Specify) 3/4 Baltimore, MD 21. SIGNATURE OF FUNEFIAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY ALTENBURG FUNERAL HOME, P.A. 6009 Harford Rd., Baltimore, MD 21214 in and completely filled in by the to burial, cremation, or removal. medical 23. PAPT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel **Onaet and Death** the disease or condition\_ ACUTE PNEUMONIA event. reaulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate been signed by the attending physician it. of Health and Mental Hyglene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO shows any HYDROCEPHALUS STATUS POST MENINGITIS COMPLETION OF CAUSE 1 FYES 2 NO DF DEATH? 1 YES 2 NO PHYSICIAN: has b OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h Item HOSPITAL: OTHER: 1 X YES 2 □ NO 1 Inpatient 2 ER/Outpatient 3 DOA 4  $\square$  Nursing Home 5  $\square$  Residence 8 ot M Other (Specify) ATSCENE 6 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, INJUR 1 XX Natural М 1 YES 2 NO BΥ After Investigation 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28 ls 8 Could not be DIRECTOR: / COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end menner ee stated. NETAL I 2 X MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Klemin Chute no O.C.M.E MAR.01,1994 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dennis Chute Penn Street, Baltimore, Maryland 32. REGISTRAR'S SIGNATURE 31. DAT WAR 1"5"1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- - -

=-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

0 1	tending physician.	as the burial-transit permit. Pages 1, 2, 3 should		
	ifter death. Page 6 may be retained by the hospital or	I the funeral director, page 5 should be detached for u	oval.	cal examiner must be notified at once.
	0 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	Health and Mental Hygiene prior to burial, cremation, or rem	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requ	TO THE FUNERAL DIRECTOR: After this certificate has been	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 show

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		
	DECEDENT'S NAME (First, Middle, Lest)  LaVerne	Royce Bar	ttin		2. DATE OF DEATH MONTH DAY March 11,	3. TIME OF DEATH 7:00 P M	
	191 26 1336	1 DxM 2 □ F 63	yrs. last birthday) IF	UNDER t YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	e. BIRTHPLACE (State or Foreign Country) Penna.	
TOR	90. FACILITY NAME (If not institution, give street  Franklin Sq. H  RESIDENCE OF DECEDENT		9b.	Rossville	EATH 94	c. COUNTY OF DEATH Baltimore	
DIREC	10e STATE 10h COUNTY	timore	10c. CITY, TO	WHOR LOCATION		tod. INSIOE CITY LIMITS? 1 ☐ YES 2 1⁄2 NO	
FUNERAL DIRECTOR	100. STREET AND NUMBER  14 Marie A	ve.		101. ZIP CODE 21221	10	09. CITIZEN OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Olvorced	2. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DAKE KOrean	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic t YES 2 NO Specif	an, Puerto Ricen, atc.)	No- 14. RACE - American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION	16e. DECEDENT'S USU (Give kind of work life TOO NOT use re	done during most of working	16b. KIND OF BUSINE		
	17. FATHER'S NAME (First, Middle, Lest)	Rue Battin			AME (First, Middle, Meiden Surr	name)	
TO BE	19a. NFORMANT'S NAME (Type/Print)  Callie Battin.		2002	Ambe: PRESS (Street and Number or Rural  Arie Ave Bal			
	20e. METHOD OF DISPOSITION  CO Burlel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	al from State	PLACEANDDATEGED	sposition (Name of place) emorial Barder	OATE 20c. LOCAT	ION — City or Town, State  Baltimore Co., MD	
	21 SIGNATURE OF FUNERAL BERVICE LICEN	izken	de		n Ave. Balt	imore, MD 21221	
	25. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in desth)	nplications that caused it only one cause on ea	the death, Do not enter line.  CONSEQUENCE OF:	anter the mode of dying, such	th as cerdiac or reapirate	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A Arter	CONSEQUENCE OF	tie condis		Seese Sword	
١	PART II. Other significant conditions of	contributing to death bu	it not resulting in th	e underlying cause given in	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2	0? AVAILABLE PRIOR TO COMPLETION DE CAUSE	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (CI	neck only one)		
Y PHYSICIAN: MEDIC	1 VES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending	Inpetient 2 ER/Outpe 28e. DATE OF INJURY (Month, Day, Year)		HER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	6 ☐ Other (Specify)  26d. DESCRIBE HOW INJU	RY OCCUREO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— Af home, ferm, atree	i, fectory, office	261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)		
COMPLET				the time, date end piece, end dur my opinion, death occured at the		ee stated. ue to the ceuse(e) end menner ee atated.	
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	9		29c. LICENSE NU	MBER 29	Dd. DATE SIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO O	acid >	801 1365	to It ?	filts md 2	1224	
	MAR 15 1994	32. REGISTRAR'S SIGN	TURE				

1,023

191 26 1336 × 63

Aug. 25, 1930 Fermin.

9 \_ v . O

[38.38]

Franklin Sq. Hospital

grand entoring brefronk

. V. ains M

30

DEFECT:

James Tayer County County Coversant

Perch 13. 1994 V: CO :

midtal auffal biors

EGUTERAL TERM

Callie attin, wife | 24 | aris ave inftimore, | 21/221

dis ... remortal Seriens 3/15/94 sellitare va. dis

Al and Lerany Adantabase ISSIS JN . Frontfind .nvA masse. 7041

3. TIME OF DEATH

DHMH-16 Rev 1/89

2. DATE OF DEATH 3/13/94 MONTH

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Venius

DIVISION OF VITAL RECORDS, P.O. BOX 68760

2	1	N
	2	-
DALLINOIL, W	lay.	-
5	9	1
É	96	200
Ē	S	7
ī	ath.	-
(	9	9 4
2	the	40 .
	50	2
_	2	1
	ď	5117
ı	6	4
2	with	Alve
2	8	2
2	The second	7
	9	200
ì	2	Aine
)	ate	1
:	ţį	0
	3	die
-	ath	4400
5	de	9
)	#	
	that	4
Ś	S	000
į	dail	0
-	9	9
1	13	6
	E e	4 04
	Š	Soa
	3	200
,	¥3	-
,	65	4
	N	A 40.0
	EN	g
	A	E
	8	SUDE
1	7	-
	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re-	1815 B. F. DECTTO. Above this restification has been alread by the other sharining and exempletely filed to be formered discharge and
	8	10.11

	]	4. SOCIAL SECURITY NUMBE		5. SEX		yrs. lest birth	MON	THE DAY		MIN.	(Mon	OF BIRTH		a. BIRTHPLA Country)	ICE (State or Foreign
Pin		056-22-2442		-	6	3 "	RS.					/01/3	30	New	York
3 should	E	9e. FACILITY NAME (# not inst					96.		N OR LOCATI				9c. COUN	TY OF DEATH	Н
1, 2, 3	СТОВ	St. Agnes	HOSP	<u>ital</u>				E	Balti	more	e				
Pages 1	ı wı		10b. COUNTY			100	CITY, TO	WN OR LO	CATION					100	1. INSIDE CITY
≓. 23	DIR	Maryland		Balti	nore				С	ato	nsvi	11e		10	LIMITS?  YES 2 X NO
ling physician. the burial-transit permit.	AAL	10s. STREET AND NUMBER							101. ZIP COD				10g. CITIZ	EN OF WHAT	
lan. transi	FUNER	216 Shady	Nook								1228		L.,.	US	
physician. burial-trar	1 1	1 Never Married 2 X	lerried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES	2 NO		If yes,	specify Cube	m, Mexico	n, Puerto	N? (Specify Yes Rican, etc.)	s or No-	Black, Wi	Americen Indien, hite, etc.
se as the	BY	3 Widowed 4 Divorce	ed		45-1			1 L T	ES 2X NO	Specif	у:			Specify:	White
~ >	ETED	(Specify only i	DENT'S EDUC			16e. DECEDE	d of work o	done during	ATION most of worki	ng	16	. KIND OF BU	SINESS/INDL	JSTRY	
retained by the hospital or 5 should be detached for unotified at once.	PLE	Elementary/Secondary (0-1	2)	College (1-4 or 5	+)		OT use reti	,	off	ioo	_	Loor	n Don	+ /p	anking
detach once.	OMPL	17. FATHER'S NAME (First, Mid	dle, Last)			<u>r</u>	reco	very				Middle, Maiden		)t./D	anking
क दिव	E C	John	Ве	11							Emn	na Ro	senk	antz	
5 should notified	0 8	19e. INFORMANT'S NAME (Typ	e/Print)			19b. MA	ILING ADD	RESS (Street	et end Numbe	r or Rural i	Route Nun	ber, City or Tow	n, State, Zip	Code)	
y be ra		Thelma Vij		a Bell	_	_				Ct					D 21228
e b may ector, pa must b		1 X Burlel 2 Cremation 4 Donation 6 Other (S	3 🗆 Remo	val from State	ceme	PLACE AND D tery, cremator	v or other n	lace)		. +	DA1			Olty or Town,	
al dire		21. SIGNATURE OF FUTERAL	. ,,	DE M		llai		22. NAME	Ceme	SS OF FA	CILITY			lawn,	HD
oeam. Page funeral dire I. examiner n		Soer	7									Home			n 01000
		23. PART I. Enter the dis		MacNa		the death.	Do not e	3UI	red mode of dv	eri	CK I	COAC I	Salto	)., M	D 21228
ed in by the or remova		shock, or her	ert feilure. L	ist only one cer	ise on ee	ch iine.			,						Intervei Between Onset and Death
		disease or condition reaulting in death)		SE	27A	TA (	Mas	CRCO	ws (	FUR	JMG.	S AL	SAPS	15	
						CONSEQUEN									
at print	NO	Sequentially list conditio	ns, b	DUE TO	OR AS A	CONSEQUEN	CE OD.								
ysician a prior to traum	CATION	if any, leading to immedi cause. Enter UNDERLYIN	G	502 10	(01) A3 A	CONSEGUEIN	GE OF J.							İ	
nding phy Hygiene p or other	RTIFIG	CAUSE (Disease or injury that initiated events		DUE TO	(OR AS A	CONSEQUEN	CE OF):								
I H)	W	reaulting in death) LAST	d												
that the deam led by the attenth and Mental I any Injury, o	AL C	PART II. Other aignificen	conditions	contributing to	deeth bu	t not result	ting in th	e underiy	ing cause	given in	Part I.	24s. WAS AN			RE AUTOPSY FINDINGS
9 E 6	EDICAL	SEUR	16 C									PERFOR		COI	MPLETION OF CAUSE DEATH?
aw requires in as been signed lept. of Health 23 shows an	Σ	Cara	MANY	WILL	say.	DISP	ALC						2		YES 2 NO
	Ä.														
	ICIA	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO		HOSPITAL:	T 50 10 4		ОТ	HER:	PLACE OF C	200					
certification the the	PHYSI	27. MANNER OF OEATH		28e. DATE OF	INJURY	_	TIME OF	28c.	INJURY AT	eeldence		SCRIBE HOW I	NJURY OCC	UREO	
frer this coath with I	ВУ Р	1 Natural 5 Pr	ending veatigation	(Month, E	lay, Year)		INJURY		WORK? YES 2	NO					
R: Afte		3 Suicide 8 C	ould not be	28e. PLACE C building,	F INJURY -	Al home, fr	erm, street	, lectory, or	ffice		281. LOG	CATION (Street of Town, Stete)	end Number (	or Rural Route	Number,
OR ALLENDING PRESIDENCE. IN DIRECTOR: After this certificate hours after death with the State item 28 is marked, or item	ETE		rtermined												
AL DIRE AL DIRE 72 hours 11 item	MPLE	ana)		IAN: To the best of											
	Ö	2 MEDIC	$\Delta$	: On the beele of s	xamination	end/or Invest	igation, in	my opinior	n, death occu	red at the	time, dat	e end place, en	d due to the	ceuse(e) end	d manner as stated.
五 五 五 五 五 万 万 万 万	BE	296. SIGNATURE AND TITLE C	CERTIFIER	A					29c. LIC	ENSE NUI	MBER	$\sim$	29d. DATE	SIGNED (Mo	ntle, Day, Your
	2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEA	TH (ITEM 27)	(Type, Print	)		700	01	1		2119	
(6)		Scott Pour	non	mD 1		, WIL			WE.	Su	TR	,50	BAUT	7MO28,	WD 3133
1541		31. DATE FILED (Month, Day, Ye		22. REGISTRA	A'S SIGNA				/						
12		MAR 1 5 1	994	June de	rdeur-	Adoptem	٢								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Bell

P. Bell / Sylvenius Paul

CAL	
AND	
MAR	
E,	
Series .	
$\sim$	
$\overline{}$	
$\preceq$	
3	
ž	
ž	
M	
M	
MI	
TIM	
TIMO.	
-TIMC	
LTIMO	
LTIMO	
<b>ILTIM</b>	
ALTIMO	
ALTIMO	
MITTIM	
BALTIMO	
BALTIMO	
BALTIMO	
BALTIMO	
BALTIMO	

		1 - STATE REGISTRAR CERTIFICATE OF D	EATH	NENTAL HYGIEN REG. NO		
		1. OECEDENT'S NAME (First, Middle, Last)  Rustlet  Rustlet		2. DATE OF OEATH	YE O'A	
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF	UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
			DURS MIN.	(Month, Day, Year)	12	Country)
3 should		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR L	OCATION OF OE		9c. COUNTY	OF OEATH
, 3 8	OR	3014 MANNATTEN AUF BALT	10.	md		
<del>-</del>	בַּ	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION				10d, INSIDE CITY
Page	DIRECTOR	Md BRITO				LIMITS?
permit, Pages			P COOE		10g. CITIZEN	OF WHAT COUNTRY?
JS.	ERAL	3014 MANGETEN AVE 21	1215		U.	5. A
020 physician. bunial-transit	FUN	11. MARITAL STATUS 12. WAS OECEOENT EVER IN U.S. ARMEO 13. WAS OECENCES? 13. YES 2 NO If yes, specify	DENT OF HISPAN	IC ORIGIN? (Specify Years, Puerto Ricen, atc.)	a or No — 14.	RACE — American Indian, Black, White, atc.
6 d b	BY	TE ALL ON THE THE THE THE THE THE THE THE THE THE				Specify: BLACK
21215-0020 al or attending physician for use as the burial-tra	ED I	15. OECEOENT'S EQUCATION 16a. OECEOENT'S USUAL OCCUPATION		16b. KIND OF BU	SINESS/INOUST	
2 2		Elementary/Secondary (0-12) College (1-4 or 5-1)	f working			em Stech
AND the hospital detached to	COMPL	LAborer		5 21	neen	em steet
the hose detach	8		. MOTHER'S NAI	ME (First, Middle, Malden	Surname)	
RYL ed by uld be	BE	ROLAND BUILER	7 ENG	VA HU	ghes	
MARYLAND  retained by the hospit  should be detached  notified at once.	5	196. MAILING AOORESS (Street and A	Number or Rural F	Noute Number, City or Tow	vf. State, Zip Cod	(6)
Page		200, METHOO OF DISPOSITION / 200, PLACE AND OATE OF DISPOSITION / Name :	7 4	DATE 20c. LO	CATION — City	M. J. J. Z. D. Z. O. Z.
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		1 Burlel 2 Cremation 3 Removal from State complex, crematory or other place.	rast	e/ + m	later as at A	mill Md
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND A	AOORESS OF FAC	CILITY	may-	Dille Dille
		ough b. Lacke & Tak	2	and llen	1304	n. Cachel B.
B/ irs after on by the removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode	of dying, such	as cardiac or resp	iratory arrest,	Approximate
DO DO E		shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final				interval Between Onset and Death
with upletely fille cremation,		disease or condition SCPSIS				
68760, eccuted with and completely burial, cremati		OUE TO (OR AS A CONSEQUENCE OF):				
executed with and complet build, crer matic even	No.	Sequentially list conditions, OUE TO (OR AS A CONSCOUENCE OF):				
SOX te be ex ysician a prior to traum	AT	if any, leading to immediate cause. Enter UNDERLYING  Chrebrd Ussula	10000	tit		
certificate ding physical sygiene principle of the contract of	[일	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):				
C SET I	CERTIFICATION	resulting in death) LAST				
DS, P the death the atten d Mental b injury, o			ausa given in	Part i. 24a. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINGINGS
m = 55 -	MEDICAL		•	PERFO	RMEO?	MAILABLE PRIOR TO COMPLETION OF CAUSE
				1 _ YES 2	I GANO	OF OEATH?
L RECOF law requires that as been signed bept, of Health a						
AL has has	SICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE EXAMINER?	E OF OEATH (Che	ock only ona)		
F VIT.	1 672 1	HOSPITAL: 1 YES 2 NO 1 Input lant 2 ER/Outpatient 3 DOA 4 Nursing Home 5	5 Residenca	6 Other (Specify)		
PHYSICIAN: this certifical with the St riked, or it	РНУ		7	26d. OESCRIBE HOW	INJURY OCCURE	EO
ON OI DING PHYS After this death with	BY	2 Accident Investigation	2 NO			
S E S E		4 Homicide determined		281. LOCATION (Street City or Town, State)		lural Route Number,
DIVE	Ē					
로 로 로 또	<del> </del>	(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and one)  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death				use(s) and manner as eleted
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	8	29h SIGNATURE AND TITLE OF CERTIFIER	C. LICENSE NUM			
TO THE HOSPI TO THE FUNER be filed within	B	10,000 \$ 201.0	C. LICENSE NUM	2203	29d. DATE SIG	SNEO (Month, Day, Year)
₽₽2₹	입	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATHY (TEM 27) (Type, Print)	1 3 1	1		ी यसड
X		TETANCE LAMBAD GANWYN Moder	ch Ceta	Suto 1	04 3	altimono mo
0		31. OATE FILEO (Month, Dex. Year) 32. REGISTRAR'S SIGNATURE	-	<del>-</del>		
		MAR I 5 1994 Julie Meviden Bandall				

.

.

10.15

<

0	
0	
47	
O.	
7.7	
ò	
-	
Z	
d	
7	
~	
4	
<b>MARYLAND 21215-00</b>	
⋝	
-	
IMORE	
~	
$\overline{}$	
$\overline{2}$	
≥	
-	1
_	
BALT	
$\mathbf{\alpha}$	
	١
	ı
Ġ.	:

	San
2	Sign
0	by the hospital or attending physi-
9	fing
5	ene
Š	att
2	9
0	pita
Ħ	105
₹	e
_	y
~	P
₹	aine
Σ	E .
	2
<b>BALTIMORE, MARYLAND 21215-0020</b>	hours after death. Page 6 may be
ō	9
š	90
	S
5	ath.
4	8
91	the
	50
	20
Ų	鱼
8	W.
<u>~</u>	ted
89	noe
×	8
0	Ď
$\mathbf{m}$	cate
o.	=
Ž.	8
_	eath
S	9
	=
7	tha
$\ddot{\circ}$	60
	9
ш.	quire
æ	v require
IL RE	law require
TAL RE	The law require
ITAL RE	NN: The law require
- VITAL RE	ICIAN: The law require
OF VITAL RE	HYSICIAN: The law require
VOF VITAL RE	3 PHYSICIAN: The law require
ON OF VITAL RE	ING PHYSICIAN: The law require
SION OF VITAL RE	ENDING PHYSICIAN: The law require
ISION OF VITAL RE	ITTENDING PHYSICIAN: The law require
IVISION OF VITAL RE	IR ATTENDING PHYSICIAN: The law require
DIVISION OF VITAL RE	L OR ATTENDING PHYSICIAN: The law require
DIVISION OF VITAL RECORDS, P.O. BOX 68760	VITAL OR ATTENDING PHYSICIAN: The law require

		1 - STATE REGISTRAR		STATE OF MAR				HEALTH AND	MEN	TAL HYGIEN REG. NO.	E			
		1. OECEDENT'S NAME (First, A	fiddle, Last)						2. Da	ATE OF DEATH	w	YEAR	3. TIME OF DEATH	
		Harry							Ma	rch 11.	1994		6:30 P.	м
2		4. SOCIAL SECURITY NUMBER 176-14-7854		1.X M 2   F	AGE (In yrs. ia		IF UNDER 1 YEA		Ju	ne 29,		Country	sylvania	
phonic	-	9a. FACILITY NAME (If not Insti		et and number)			9b. CITY, TOW	N OR LOCATION OF D	DEATH		9c. COUN	TY OF DE	ATH	
. 2, 3	СТОВ	515 Baylor					Glen	Burnie			Ann	e Ar	unde1	
burial-transit permit. Pages 1,	DIREC	10a. STATE	10b. COUNTY	Arundel		10c. CITY,	Glen	cation Burnie	-				10d. INSIDE CITY LIMITS? 1 YES XX NO	
permit		10e. STREET AND NUMBER					T	101. ZIP CODE			10g. CIT12	EN OF W	HAT COUNTRY?	
ansit	FUNERAL	515 Baylor	Road					21061			Uni	ted	States	
e burial-tr	BY FUI	11. MARITAL STATUS  1 Never Married 2 M 3 Widowed 4 Divorce		12. WAS DECEDENT EV FORCES? 1-6-1 IF YES, GIVE WAR (	ER IN U.S. AT YES 2 D OR DATES	RMED NO	It yes,	DECENDENT OF HISPA specify Cuban, Mexic (ES 2 NO Speci	can, Pue	IGIN? (Specify Year to Rican, etc.)	or No-	14. RACE Black Specif	— American Indian, White, atc.	
as the	ED B		DENT'S EDUCA	WW II	10.00								White	
d for use			ighest grade co		(C)	idea kind of wo i. Do NOT use 255Ma.r	retired.)	ATION most of working		16b. KIND OF BUS		JSTRY		
detached once.	OMPL	17. FATHER'S NAME (First, Midd	dle, Last)		110	- Soliki		16 MOTHER'S N.	AME /El	Printi		-		_
ed at o	BE CO	Charles C		ley	1			Flore	nce	Robinso	n			
age 5 should be notified	2	Mrs. Jessi	e R. E	Brawley				et and Number or Rural Rd. Glen						
irector, pa		20e. METHOD OF DISPOSITIO DE Burial 2 Cremation 4 Donation 5 Other (S	3 🗌 Ramov (pecify)		cemetery, cre	matory or oth	oisposition of place)  Mem.		0		en Bui		m, State  Maryland	
he funeral di ral. I examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Local Charge  22. NAME AND ADDRESS OF FACILITY  Kirkley—Ruddick Funeral Home  421 Crain Hwy. S.E. Glen Burnie MD 21061												
the attending physician and completely filled in by the funeral director, page 5 should be Merial Hygiene prior to burial, cremation, or removal. and the prior traumatic event, the medical examiner must be notified at		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):												
sician and com prior to burial, traumatic ev	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
ending physical Hygiene pr or other t	RTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST										-		
y the atterd Mental	E	BADT II Other elevitions	an elletone											
and A	MEDICAL	PART II. Other significant	conditions	contributing to daa	th but not	rasulting in	the underly	ring cause given in	n Part I	24e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	S
been sign ft. of Heal									_				1 YES 2 NO	
e has te Dept	CIAN	25. WAS CASE REFERRED TO EXAMINER?					26.	PLACE OF DEATH (C	heck only	y one)				_
rtificati he Star or ite	S II	1 YES 2 NO		HOSPITAL:	Outpatient 3		OTHER:	lome 5 🗆 Residence	* □ 0	ther (Specify)				
ter this ce sath with the marked,	у РНҮ	27. MANNER OF OEATH  1 Netural 5 Pe 2 Accident Im	nding restigation	28a. OATE OF INJU (Month, Day, Ye		26b. TIME INJU	RY	INJURY AT WORK?  YES 2 NO	28d.	OESCRIBE HOW II	JURY OCC	UREO		
CTOR: Ath	ETED B	3 Sulcida 6 Co	ould not be termined	26s. PLACE OF IN. building, etc.	JURY — At he (Specify)	ome, term, at	aet, factory, o	ffice	28t. L	OCATION (Street a City or Town, Stete)	nd Number (	or Rural R	oute Number,	
UNERAL DIRECTOR: After this certificate has been signed thin 72 hours after death with the State Dept. of Health MT: If Item 28 is marked, or Item 23 shows an	MPL	anal .		AN: To the best of my I									and manner as stated.	
KTANE	E C0	29b. SIGNATURE AND TITLE O				_		29c. LICENSE NU					(Month, Day, Year)	_
2	O BE	mysea	Esle	DO					34		▶ 3	1 1	94	
0 1	- 1	30. NAME AND ADORESS OF F	PERSON WHO	COMPLETED CAUSE O	F DEATH (ITE	M 27) (Type, F	Print)							

7706 Quarterfield Rd. Glen Burnie, Md. 21061

DHMH-16 Rev 1/89

Dr. Marsha Blakeslee
31. DATE FILED (Month, Day, 1987)
MAR 1 5 1994

32.

BALTIMORE, MARYLAND 21215-0020	
BOX 68760.	
0	
RECORDS, P.	
F VITAL RE	1
DIVISION OF	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

							01.	07477				
	ITI	EM: 4. PER F.H. FILM G-70	09 3/15/94 t.t				94	0/4//				
			STATE OF MARYLAND /		OF HEALTH AND I	MENTAL HYGIEN REG. NO	_					
		1. DECEDENT'S NAME (First, Middle, Last)		- ITTI TOATE	OI DEATH	2. DATE OF DEATH		3. TIME OF DEATH				
		James	Branch	7		MONTH D						
		4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (In yrs. les	t birthday) IF UNDER		7. DATE OF BIRTH	8/811	ATHPLACE (State or Foreign				
P		127653	MM2 OF 3 C+	YRS. MONTHS	DAYS HOURS MIN.	1-30 -19	59 9	PARULAM!				
pinous		9a. FACILITY NAME (If not institution, give stree			TOWN OR LOCATION OF DE	ATH 1+	9c. COUNTY O	F DEATH				
2, 3	CTOR	RESIDENCE OF DECEDENT	1. Mrdical (x	ster B	A Stimore	e (plu	Bos/	time 14				
Jes 1,	ш	Da. STATE 10b. COUNTY		10c. CITY, TOWN C	OR LOCATION			10d. INSIDE CITY				
f. Pages	DIR	none/mor		BALI	more			1 YES 2 NO				
burial-transit permit.	AL	100. STREET AND NUMBER	1		101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?				
ansit	JER.	1300 Tennsulu	VANIA HUE	· Apt A-	1 2121	7	U	5,4,				
rrial-tr	FUNE	11. MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2		WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yas	or No- 14. R	ACE — American Indian, lack, White, etc.				
as the bu	D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		YES 2 NO Specify		1	SACK				
use a	ETEC	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted) (Gi	CEDENT'S USUAL Of the kind of work done	CCUPATION during most of working	16b. KIND OF BU	SINESS/INDUSTR					
pd for	4	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Do NOT use retired.)	: t.							
5 should be detached notified at once.	COM	17. FATHER'S NAME (First, Middle, Last)		1014011	18. MOTHER'S NA	ME (First, Mjddle, Maiden	Sumalne)					
at o	ш	William L. A	Branch SP.		Henr	jetta i	Bom o.	(AN)				
5 should notified	0 8	19a. INFORMANT'S NAME (Type/Print)	1 198	MAILING ADDRESS	(Street and Number or Rural I	Route Number, City or Tow	n, State, Zip Code)	/ 1				
page 5	F	Missacqueline	Branch 1	300 Ten	ns Wani	a Ave. BI	2//imo	o mos 1217				
ector, pa		20a. METHOD OF DISCOSITION  1 M Burlel 2 Cremation 3 Ramova		NO DATE OF DISPOS	ITION (Name of	3ATE 20c. LO	CATION - City of	Towar State				
		4 Donation 5 Other (Specify)	see - 1///	16107	NAME AND ADDRESS OF FA	117 13	A110,	Co. Ind.				
funeral director, I. examiner musi			T D.	U	seph Fi	PUSS FL	INGIA	Home				
the fu	_	Joseph J	· Kusa	2:	222W. NO	7th AUE	BAIL	md.21216				
d in by th or remove medical		23. PAST I. Enter the diseasee, pr con shock, or heert fellure. Lis	nplicetions thet ceused the de it only one cause on eech line	eth. Do not enter	the mode of dying, suc	h as cardiac or reapi	ratory srreat,	Approximate Intervel Between				
y filled tion, o		IMMEDIATE CAUSE (Finel disease or condition	ກ					Onset end Death				
ompletely il, cremat event, 1		resulting in death)  e.     M + U   M - O   P - D   P - D    DUÉ TO (OR AS A CONSCOUENCE OF):										
rial, c	7	AIN S										
sician and c rior to buris traumatic	CATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):								
prior trai	CA	ceuse. Entar UNDERLYING CAUSE (Disease or Injury	Anton	101								
ing phy giene other	Ţ	thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):								
attend rtal Hy <b>y, or</b>	CERT	d.										
ficate has been signed by the attending physician and completely filled in by the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Item 23 shows any Injury, or other traumatic event, the medical e	CAL	PART II. Other algnificent conditions of	contributing to death but not n	eculting in the un	derlying ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
or and but	EDIC					1 YES 2	~ .	COMPLETION DF CAUSE OF DEATH?				
of Heal	ME					_		1 TES 2 NO				
as bee Dept. c 23 sl	AN:											
State D	SICIA		OSPITAL:	OTHER	26. PLACE OF DEATH (Ch	eck only one)						
certificate the State 1, or item	HYS	1 YES 2 NO 1	Ninpatient 2 ☐ ER/Outpatient 3	□ DOA 4 □ Nun	eing Homa 5 - Rasidence		-					
this with	<u>a</u>	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED					
: After this or death with Is marked	ВУ	2 Accident investigation 3 Suicide & Could not be	28a. PLACE OF INJURY — At ho			281. LOCATION (Street of	and Number or Bur	al Boute Number				
after 28 i	TED	4 Homicide 6 Could not be	building, atc. (Specify)		(M.170	City or Town, State)		er route rearrant,				
DIRE hours	PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, de	ath occurred at the t	me, data and place, and due	to the cause(a) and mar	mer as stated.					
FUNERAL within 72 h	COMP		On the basis of examination and/or i					e(a) and manner as stated.				
THE FUNEF filed within	ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	MBER	29d. DATE SIGN	IED (Month, Day, Year)				
TO THE be filed	0 8	Kommitte	you M	<i>D</i>	#685	9		13/94				
	F	30 NAME AND ADDRESS OF PERSON WHO C	CARL TYPE CHIEF OF BEATH HITE									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

MAR 1 5 1994

		UR5-1/
3		213-26-74 90. FACILITY NAME (If not institute
1.2,3 sho	CTOR	HE SIDENCE OF DECEDI
mit. Pages	L DIRECT	106. STREET AND NUMBER
Cian.	FUNERAL	2/// GAR
5-0020 inding physiss the burtu	ВУ	1 Never Married 2 Merri
O 2121 ottsi or ette ad for use a	COMPLETED	15. DECEDEN (Specify only high Emmediary Secondary 46-12)
YLANE by the hose be describe at once.	E COM	12 FATHER'S NAME (First, MIGOR)
TIMORE, MARYLAND 21215-0020 in. Page 5 may be entained by the hospital or attending physical director, page 5 should be detached for use as the burian infere must be notified at once.	TO BE	INFORMANT'S NAME (Type/P)
MORE strector, pag r mant be		METHOD OF DISPOSITION)  Burling a Creentation  Donation a Conference
BALTII in dush. Pr the lowers! ons!		21. SIGHATURE OF FUNDINAL BET
tased in by n. or remore or medica		23. PART I. Enter the disease shock, of hear IMMEDIATE CAUSE (Final
760, not within completely al. cremats event, th		disease or capdition resulting in death)
RECORDS, P.O. BOX 6876/ mquies that the death certificate be senound w seen signed by the attending physician and comp or Health and Mental Hygiene prior to burial, or shows any injury, or other traumatic eve	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING
P.O. B th certificat tending phy at Hygiene ; or other	ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST
ORDS, nut the dea d by the at a and Menta	ICAL C	PART III. Other significent co
w inquires been signe pt. of Health	N: MED	7000
VITAL  JAR: The is reflicate has ne State De or Item 2	YSICIA	28. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO
ISION OF VITAL ATTENDINE PHYSICIAN: The is CIOR After this certificate has in after death with the State De 28 is marked, or item 2	ву РНУ	27. MANNER OF DEATH  1   Natural 5   Pendi 2   Accident Invest
HVISIC DR ATTEND REECTOR A Dury after d em 28 is	LETED	3 Suicide & Could 4 Mornicide deter
HOSPITAL C UNKERAL D WITHIN 72 NO ANTE: II THE	SOMPI	Check only 1 CERTIFYIN
G) HE SHOW	38 O.	The state of the s

STATE	<b>OF</b>	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENI
		-	EDTIEICATE	0	EDEAT	THE .		-	

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF CERTIFICATE O		NTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last		TER	2.	DATE OF DEATH DAY	3. TIME OF DEATH  9 1 5 PM  8. BIRTHPLACE (Spite or Foreign
R	213-24-7419 9a. FACILITY NAME (If not institution, give	1 1 H 2 X + ()	3 YRS. MONTHS DAY		(Mg/gr. Day. Jag) + 31	OUNTY OF DEATH
DIRECTOR	THE STATE 10b. COUN	TO TO TO TO TO TO TO TO TO TO TO TO TO T	10c. CITY, TOWN OR LO	CATION CATION	2	10d. INSIDE CITY LIMITS?  1 X YES 2 \( \text{\text{\text{N}}} \) NO
FUNERAL	10e. STREET AND NUMBER  2/11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ADMED 12 MARS	101, ZIP CODE  212-10	10g. C	CITIZEN OF WHAT COUNTRY?
BY	1 Never Married 2 Merried  Widowed 4 Diverced  15. DECEDENT'S ED	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	(NO If yes,	specify Cuben, Mexican, P ES 2 NO Specify:		Black, White, etc.
COMPLETED	(Specify only highest gradery (\$1-12)  12. FATHER'S NAME (First, Mighing, Last)	College (1-4 or 5+)	(Give kind of work done during ite. De NOT use retired.)  HOUGE W	IFE	First Michiga phadan Sumamu	
TO BE C	TO AN AUGH	The TO	19b. MAILING ADDRESS (Stre	MARI	Number City or Town, State,	4
	20s METHOD OF DISPOSITION 1 Durish 2 Greenstein 2 Greenst	movel from State confutry	EAND DATE OF DISPOSITION	(Name of	POATE 28CALOCATION	- City or Town, thata
	21. SIGNATURE OF FUNDIAL SERVICE L	Mout	22. HARD	TROOM!	THOSE HINGE	4/10ME TA. 21229
	shock, of heart failure IMMEDIATE CAUSE (Final disease or capalition resulting in death)	Jull car	der pul	monai	y arre	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO JOH AS A CONSTITUTE OF AS	St Chro	rosho	true wif	lelwyzsy Saj
4	PART II. Other significent condition	one contributing to death but no		ring cause given in Par	t i. 24s. WAS AN AUTOPS PERFORMED?  1 YES 2 NO	AMAILABLE PRIOR TO
PHYSICIAN: MEDIC	2E. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 MO  27. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2   ER/Outpetient	3 DOA 4 Nursing H	PLACE OF DEATH (Check one 5  Residence 6 INJURY AT 28		occinen
BY	1 Netural 5 Pending 2 Accident 3 Suicide 6 Could not b 4 Homiside	28a PLACE OF IN HIRV As	INJURY 1 [	WORK? YES 2 NO	1. LOCATION (Street and Num. City or Town, State)	
COMPLETED	MEDICAL EXAM	SICIAN: To the best of my knowledge,				
TO BE	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DEATH IN	TEM 27) (Type, Print)	D 24+	43 1	SATE BIGBRED (Moght, Day, Mayor)
	31. DATE MAR 1 5 1994	32 REGISTERA'S SIGNATURE	anda se			

1. 14

•	
9	
9	
2	
õ	
_	
BOX 68760	
0	
m	
_	
$\circ$	
0.0	
<u> </u>	
-	
S	
~	
=	
Ų	
RECORDS,	
ш	
0	
_	
VITAL RE	
_	
_	
$\circ$	
_	
_	
DIVISION	
-	
J)	
>	
-	
-	

ysician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1			
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	detached for use as the bu		once.	
be retained by ti	ige 5 should be		e notified at	
eath. Page 6 may	uneral director, pa		aminer must t	
ours after de	filled in by the fi	Jon, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
e executed within	in and completely	to burial, cremat	umatic event,	
eath certificate be	attending physicia	rtal Hygiene prior	y, or other tra	
quires that the di	n signed by the	Health and Mer	ows any injur	
CIAN: The law re-	ertificate has been	the State Dept. of	or item 23 sh	
<b>TENDING PHYSI</b>	TOR: After this co	after death with 1	28 is marked,	
HOSPITAL OR A	FUNERAL DIREC	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	TANT: If item	
TO PE	E	0 ling	MPOR	

1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF H		NTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle	aret O. Clark		2.	DATE OF DEATH	YEAR 3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	3 12 9	8. BIRTHPLACE (State or Foreign					
220-03-29	A	9 YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12-7-14	Brighton VA					
9e. FACILITY NAME (If not institution			OR LOCATION OF DEATH		TY OF DEATH					
RESIDENCE OF DECEDE		0,,-,	HORE	BAL	TO CITY					
	COUNTY	BAIT	More		10d. INSIDE CITY LIMITS?  1 YES 2 NO					
THE TOO. STREET AND NUMBER  A 9 A A  11. MARITAL STATUS  11. Never Married 2 Married	- PRAH S	Freek 10	2/221	10g. CITIZ	ZEN OF WHAT COUNTRY?					
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2	ARMED 13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yea or No-	14. RACE — American Indian,					
3 Midowed 4 Divorced	IF YES, GIVE WAR OR DATES		ecify Cuben, Maxican, P 2 NO Specify	uarto Rican, atc.)	Black, White, etc.  Specify: U. S. A -					
15. DECEOENT (Specify only higher	at grade completed)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during me	ON est of working	16b. KIND OF BUSINESS/INO						
15. DECEOENT (Specify only highest (Specify	College (1-4 or 5+)	ilfe. Do NOT use retired.)  Empl	over	Me Co.	Raciela					
	V. Weaver		18. MOTHER'S NAME	(First, Middle, Maiden Sumeme)	-/-					
19a. INFORMANT'S NAME (Type/Prin		19b. MAILING ADORESS (Street	and Number of Rural Route	Number, City or Town, Stete, Zip	Code) 21224					
20a METHOD OF DISPOSITION	CHARK SR	E AND DATE OF DISPOSITION IN	FRAT	Street 2	SA/80 Md					
1 Burlat 2 Cremetion 3 4 Donetion 5 Other (Specific		All more	1)	DATE 20c. LOCATION - C	Lo. Md					
21. SIGNATURE OF FUNERAL SERV	/ICE LICENSEE	22. NAME A	DADDRESS OF FACILITY	nnino Tr	Funeral Home					
Moscah Y	1- garner	263 S	. Conkli	ng Street,	Baltimore, Md.					
23. PART I. Eriter the disease shock, or heart fe	ea, or complications that caused the allure. List only one cause on each if	death. Do not enter the mo	de of dying, such a	a cardiac or respiratory arre	eat, Approximete interval Between					
IMMEDIATE CAUSE (Finel disease or condition	Vidage	F. China	1 Och , d	1. A.c.	Oneet end Death					
resulting in death)										
2	Sequentially the conditions to Strake 3 days									
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):	4-1-		10.					
CAUSE (Disease or Injury	C. COUNC  DUE TO (OR AS A CONS	INTOWNO (	cytosis		10 years					
resulting in death) LAST	d		U							
PART II. Other algolificant cor	nditiona contributing to death but no	t regulator in the underlyin	n acusa cluse in Das	t i. 24s. WAS AN AUTOPSY						
	- Contributing to death but no	t resulting in the underlyin	g cause given in Par	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
				1 TYES 2 NO	OF DEATH?					
2				-	1 YES 2 NO					
25. WAS CASE REFERRED TO MEDI EXAMINER? 1   YES 2   NO			ACE OF DEATH (Check	only one)						
1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA 4 Nursing Hori	e 5 🗆 Realdence 6 🗆	Other (Specify)						
27. MANNER OF DEATH D. 1 Pendin	28a. OATE OF INJURY (Month, Day, Year)	INJURY WO	RK?	d. OESCRIBE HOW INJURY OCC	URED					
2 Accident Investig	gation		YES 2 NO							
3   Suicide   8   Could determine   29a. CERTIFIER (Check only one) 2   MEDICAL E	not be building, etc. (Specify)	home, term, street, factory, offic	28	t. LOCATION (Street and Number City or Town, State)	or Rural Route Number,					
29a. CERTIFIER (Check only	PHYSICIAN: To the beat of my knowledge,	death occurred at the time, data	end piece, end due to t	he cause(a) and manner as state	od.					
One) 2 MEOICAL E	XAMINER: On the basis of examination and/o									
296/SIGNATURE AND TITLE OF CE	RTIFIER		29c. LICENSE NUMBER	R 29d, DATE	SIGNED (Month, Day, Year)					
Caraca.	AIMPERIE	)	735170	)   3	-14-94					
	SIMPUEN MD	TEM 27) (Type, Print) S()S - 010 S	CONKI	1116 57	BALTO MD) 21274					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	000 810 3		1100 811	CACIO III)					
MAR 1 5 19	32. REGISTRAR'S SIGNATURE	Pandelle.			21274					

CTATE JO

BALTIMORE, MARYLAND 21215-0020	#ICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	retificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF ATTENDED PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR ATTEMPTS INSTITUTED IN THE STATE DEPT. OF HEATH AND METAL Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO						
2	1. DECEDENT'S NAME (First, Middle, Lest)	Cov	way			2. DATE OF DEATH MONTH D.	AY	VEAD	5:30 P. M			
	4. SOCIAL SECURITY NUMBER	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		9 BIDTHOLA	ACE (State or Foreign				
	219-07-0960	1½ M 2 □ F 78	YRS.	MONTHS DAYS	HOURS MIN.	August 25	1915	Penns	sylvania			
	Se. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	OR LOCATION OF I			NTY OF DEATH	all.			
8	Northwest Hospita	l Center		Randal	lstown		Ba1	timore	e County			
5	RESIDENCE OF DECEDENT											
2	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA				100	d. INSIDE CITY LIMITS?			
0		more County		Pikesvi					YES 2 NO			
A I	100. STREET AND NUMBER				of. ZIP CODE			ZEN OF WHAT	COUNTRY?			
FUNERAL DIRECTOR	123 Brightside Av	12. WAS DECEDENT EVER			21208		U.S					
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 XNO	If yes, s		ANIC ORIGIN? (Specify Yer can, Puarto Rican, etc.) :/fy:	or No—	Speq#y:	American Indian, hita, atc.			
		0471014	T			1		White	3			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)		WORK done during re		16b. KIND OF BU	SINESS/IND	USTRY				
2	Elementary/Secondary (0-12)  11th Grade	College (1-4 or 5+)	Barber	as remou.		Self E	moloss	bor				
N N	17. FATHER'S NAME (First, Middle, Lest)		Darber		10 MOTHED'S N	IAME (First, Middle, Malden	_	eu				
	Harry Conway					ne Stecker	Surnemej					
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		I Poute Number, City or Tow	rn State Zin	Codel				
2	Eileen Conway					, Pikesvil			nd 21208			
	209. METHOD OF DISPOSITION 12 Burlal 2 Cremation 3 Rem	20	b. PLACE ANO DATE	OF DISPOSITION //	ame of	DATE 20c. LO		City or Town,				
	4 ☐ Donation 8 ☐ Other (Specify)	oval from State	metery, crematory or cardens of	Faith	Cemeterv	3/16 Ba	ltimo	re. Ma	aryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC		,	22. NAME	ND ADDRESS OF F	ACILITY	-					
	mole	m 126	hed	John 6415	C. Mille Belair R	er, Inc. Boad, Baltin	more,	Mary]	land 21206			
	23. PART I, Enter the diseases, or about, or heart fallure.	complications that cause	ech line	nDt anter the m	ode of dying, su	ch as cardiac or resp	Iratory arr	oat,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final Onset and Daeth											
	disease or condition resulting in death)	Inno	m to a	1 to p.	enia							
	DIE TO (OR AS A CONSECUENCE OR)											
Z	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  CALLSE (Places or John).  L. Due to do as a consequence of Respiral Fair (Live											
F	If any, leading to immediate cause. Enter UNDERLYING	AC A	A CONSEQUENCE O	Donas	a fee	1 to 7	116	2				
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	D:	a jaca	1 Facilo		_				
E	resulting in death) LAST				1							
		G										
NA I	PART II. Other algnificant condition	Claro to deeth	but not resulting		ig ceuse given l	n Part i. 24a. WAS AN PERFOR			RE AUTOPSY FINDINGS ALLABLE PRIOR TO			
EDICAL	Africa	curre	- Cyca	9 01	rease	Y 🗆 YES 2	X NO		MPLETION OF CAUSE			
M						_ /		1 [	YES 2 NO			
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. I OTHER:	LACE OF DEATH (C	Check only one)						
X	1 TYES 2 NO	1 10 Inpatient 2 - ER/Ou				6 ☐ Other (Specify)						
	27. MANNER OF SEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIN	JURY W	JURY AT ORK?	28d. DEŞCRIBE HOW I	INJURY OCC	CURED				
B	2 Accident Investigation	28a. PLACE OF INJUR	W. At home from		YES 2 NO			0.10.1				
8	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp	ecify)	street, factory, off	E-0	281. LOCATION (Street City or Town, State)	and Number	or Hural Houte	) Number,			
<u> </u>	29a. CERTIFIER											
P I	(Check only	CIAN: To the best of my kno										
COMPLET	2 MEDICAL EXAMINER: On the basis of auministion and a investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
8	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Your)  29d. DATE SIGNED (Month, Day, Your)  29d. DATE SIGNED (Month, Day, Your)											
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)											
	31. DATE FILED (Month, Day, Year)	22. REGISTIAR'S SIG	NATURE									
	MAR 1 5 1994	The state of the s	Russel									
	111011 ± 0 1007											

DHMH-16 Rev 1/89

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH NON/ n/a MARY 94 W DAVIS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. nth, Day, Year) 4–28–1889 104 HOURS 1 M 2 F n/a YRS. VIRGINIA should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH n/a BALTIMORE CITY DIRECTOR Pages 1, 2, 3 SAINT AGNES HOSPITAL RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE N/A TYPES 2 | NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 408 E. BIDDLE STREET 21202 U.S.A. burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If was specify Cuban, Mexican, Puerto Rican, stc.) 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify: 1 Never Merried 2 Married Specify: BY 3 Widowed 4 Divorced page 5 should be detached for use as the BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY mosi of worldna Give kind of work done to NOT use retired.) intary/Secondary (0-12) College (1-4 or 5+) 6th N/A n/a laborer once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Surname) n/a Ħ FRANCES JOHNSON BE notified 19a. INFORMANT'S NAME (Type/Print) 19h, MAILING ADDRESS (Street and Number of Rural Bouts Number City of Town, State, Zin Code) 0 ETHEL HEARTWELL 408 BIDDLE STREET/BALTIMORE, MD 21202 Page 6 may be be 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must illed in by the funeral director, 4 Donation 5 Other (Specify) BALTIMORE NATIONAL CEMETERY BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY M.C.MARCH F.H./1101 E. NORTH AVENUE medicai 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death 5 IMMEDIATE CAUSE (Final cremation. the disease or condition neumoner wees event. resulting in desth) complete DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): HASCVD prior to burial, traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate the attending physician Mental Hygiene prior to Ceregro Vasaular Accellut csuse. Enter UNDERLYING CAUSE (Disesse or Injury ono other TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAII ARLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? Health a 1 YES 2 NO Shows 1 | YES 2 | NO has been s PHYSICIAN: ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h item EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY After death 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is a 6 Could not be determined DIRECTOR: / COMPLETED Hem DR 29a. CERTIFIER

(Chack not)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h (Check only one) FUNERAL Within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29h SIGNATURE AND TITLE OF CERTIFIER. 29c. LICENSE NUMBER 29d, DATE SIGNED (Mo BE 30555 0 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 767 21230 X 31. DATE FILED 7Mg

DHMH-16 Rev 1/81

\*\* The last

ITEMS: 10f, 19b, PER F.H. FILM G-709 3/29/94 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

41 41

9	4	0	1	4	b	4

**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATN HENRY DAVIS :15 A 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTNPLACE (State or Foreign 220-56-7986 4 YAS. NEW YORK Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c, COUNTY OF DEATN UNIVERSITY OF MARYLAND HOSPITAL DIRECTOR BALTIMORE BALTIMORE COUNT RESIDENCE OF DECEDENT 10d. INSIDE CITY
V LIMITS?
YES 2 NO 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND n/a BALTIMORE permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? **AVENUE** 3416 MAYFIELD <del>21207</del> 21213 UNITED STATES be detached for use as the burial-transit attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/1/NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY Specify: BLACK 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) the hospital or Elementary/Secondary (0-12) College (1-4 or 5+) n/a n/a 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Surname HENRY DAVIS REBECCA ROACH retained by 1 BE funeral director, page 5 should notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 REBECCA DAVIS 3416 MAYFIELD AVENUE, BALTIMORE, MD <del>21207</del> 21213 be 20a METNOD OF DISPOSITION
1 Nauriel 2 Cremetion 3 Removal from State Раде 6 тау 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must KING MEMORIAL RANDALLSTOWN, MD 4 Donation 5 Dother (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. WM. C. MARCH FH.- 1101 Ε. **AVENUE** NORTH completely filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one ceuse on each line intervai Between 0 Onset and Death **IMMEDIATE CAUSE (Final** disease Dr Condition the SEPSIS 5 days event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): e death certificate be executed wi he attending physician and compli Vental Hygiene prior to burial, cre IMMUNODEFICIENCY SYNDROME RS ACQVIRED traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST ö signed by the atter Health and Mental PART il. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO апу COMPLETION DE CAUSE 1 YES 2 NO OF DEATN? Shows 1 YES 2 NO has by Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate t HOSPITAL: OTHER OR ATTENDING PHYSICIAN: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ing Nome 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 26c, INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, this INJURY 1 Natural М 1 YES 2 NO BY After 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) -00 COMPLETED 6 Could not be DIRECTOR: / 4 Nomicide 28 29a, CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the ceuse(s) and manner as stated. FUNERAL ( HOSPITAL -TO THE FUNERAL
De filed within 72
IMPORTANT: II basis of axamination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 20b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Pay, Year) 29C. LICENSE NUMBER D. THE BE again 94 12 10#6799 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BALTIMORS 22 SOUTH GREENE ST. 19512 A. MAGALONG M.D. 21201 32. AEGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 1 5 1994 evidson

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DNMH-18 Ray 1/89

SCHTU #2

mn.

150

P(

1 - L

FMS: 23 PART I. 27, 28a-f, PER MEO FILM G-709 3/18/94 t.t

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the state death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

0

		STA	TE (	0F	MARYLAND	1	DE	EPARTI	MENT	0F	HEAL	JH	AND	MENTAL	HYGIENE
I LEMP:	23	PARI	وا	41	, 200-1,	٢	CR	ME.U	TELL	u-	703	J/.	ro/ 2.	7 6 6 6	

	REGISTRAR			CERTIF	ICALI	E OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF MONTH	DA	YEAR	3. TIME OF DEATN					
	MTCHAEL  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE						MAS	MAR	80		4:10A M		
			6. AGE (In yrs	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	lay, Ybar)	Cou		HPLACE (State or Foreign ry)		
	213-56-5539  9e. FACILITY NAME (If not institution, give	1 M 2 F	41	YRS.	A1. O(T)			Apr. 2	28, 1			nsylvania	
R		,					on Location of D Ore City			9c. COU	NTY OF E	PEATH	
5	MARYLAND GENERAL RESIDENCE OF DECEDENT				111			•					
FUNERAL DIRECTOR	Maryland Ann	ne Arundel	L		y, town		TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
AL	10e. STREET AND NUMBER					10	1. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
빌	8183 Armiger La	ane					211:	22			USA		
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1			13.	WAS DEC	CENDENT OF NISPA	NIC ORIGIN?	Specify Yes	or No-	14. RAC Blac	E — American Indian, k, White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE W				1 TYES	2 NO Speci	ily:	,,			"White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16a	DECEDENT'S	USUAL O	CCUPATIO	ON ost of working	16b. KI	ND OF BUS	INESS/INI	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5 +	)	(Give kind of life, Do NOT u					12 - 1				
MP	12			Meci	nanio				Auto	:domc	ile		
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA			Surname)			
BE	George Demas							is Gar					
2	19a. INFORMANT'S NAME (Type/Print) George Demas						and Number or Rural			n, State, Zij	p Code)		
	20a. METHOD OF DISPOSITION		0.0000				., Town		T				
	1 Denation 5 Other (Specify)	noval from State	cemetery	CEANDDATE Cremetory or C Spri	of DISPOS ther place	SITION (N	ame of	DATE	1	CATION -		110	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	COTO	a Spri			OLY ADDRESS OF FA	3/11	I Co	Id S	ld Spring, NJ		
	× 1/11	00			ALTENBURG FUNERAL HOME, P.A.								
	23. PART I. Enter the diseases, or	Attuthe			60	009 1	Harford	Rd., B	altir	nore	MD	21214	
NO	ahock, or heert fallure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  IMARCOTIC, COCAINE AND DRUG INTOXICATION  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,												
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
	PART ii. Other significant conditio	ns contributing to	deeth but n	ot resulting	in the U	nderlyin	g ceuse given in	Part i. 24	la. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	PERFORMED?  1 YES 2 NO CC OF									AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
¥	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF DEATH (C	heck only one)					
Sic	EXAMINER?	HOSPITAL:	ER/Outpatien	R 3 DOA	OTHE		na 5 🗆 Residence	6 Other (S	pecify)				
٦	27, MANNER OF DEATH	28a. DATE OF (Month, De	INJURY IV Year)	28b. TIN	E OF		JURY AT	28d. DESCR	IBE HOW I	NJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	UNKNOWN		UNKN	. M		YES 2 XX NO	UNKNOW	IN.				
3 Suicide 6 (C) Could not be detarmined detarmined detarmined detarmined								Route Number,					
COMPLET	000)											a) and manner as stated.	
II 796 SIGNATURE AND TITLE-OF CERTICIES (1/)									F SIONE	(Month Day Year)			
OCME MAD OR 1994													
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	T.La			†. F	Baltimore		zland			132	
	MAR I 5 1994	32. REGISTRAL				- , L	AL CHIOL	, IIII	LUIU	40.1.60	<b>Δ</b> .1.0		
	MINIT TO 1997		No. 10 10 10.	and the state of t									

urs after death, Page 6 may be retained by the hospital or attending physician. In the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

S, P.O. BOX 68760, e death certificate be executed within

	\$
O.B.	that
RECO	requires
AL	SW.
TA	he
NOFV	G PHTSICAN
DIVISIO	SPITAL OR ATTENDA

5 5		not
age		9
0, p		te
recti		Ē
al G		ner
ner		E
he fi	<u></u>	ex
9	MON.	Ca
2	or re	ned
filled	Ju.	9
ely	natic	#
polet	Crer	ven
00	nal.	9
and	2	nati
Sian	07 TO	Jine.
ly Si	E Di	H T
00	gien	otho
endi	Ŧ	0
att a	enta	Z.
th (	M	Ē
D D	h an	SITY
sign	lealt	22
Hen:	10	100
Spe	ept.	23
# ha	te D	E
3	Sta	Te
ă	the	0
d	With	ked
6	ath	Har.
R. A.	r de	69
Ē	affe	28
JE I	Ours	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
AL C	2	=
NER	Pi-	Ë
3	Wit	M
품	filed	8
2	8	Σ
	TO THE FUNERAL DIRECTOR: A program of the base of the attending physician and completely filled in by the funeral director, page 5 s	TO THE FUNERAL DIRECTOR: A the funeral director, page 5 s filed in by the attending physician and completely filled in by the funeral director, page 5 s be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAF ERTIF					MENT		YGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	-								TE OF	DEATH			3. TIME OF OEATH
1	Audrev	М.	Den	nis					MON M:	ar ar		1 1	994	1549
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER		IF UNDE		7. DAT	E OF	HTRIE		0. BIRT	HPLACE (State or Foreign
	217-26-9991	1 □ M 2χ□χF	64	YRS.	MONTHS	DAYS	HOURS	MIN.			y, Year) 8 – 2	9	MAR	YLAND
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D				_	JNTY OF	
DIRECTOR	810 W. Lanvale S				Ba	ltim	ore	ci	ty			N	IONE	
		ONE		10c. CIT	BA:		MORE	CI	TY					10d. INSIDE CITY LIMITS? 14 YES 2 NO
FUNERAL	810 W. LANVAL	E STREE	Т	_		10	f. ZIP COD		121	7			ITE	WHAT COUNTRY? D STATES
5	11. MARITAL STATUS		T EVER IN U.S. AR		13.	WAS DEC	ENDENT	OF HISPAI	NIC ORIG	SIN? (S	pecify Ye	e or No	14. RAC	E - American Indian, ck, White, etc.
BY F	Never Married 2 Married  3 Widowed 4 Divorced		MAR OR DATES	NO			ecify Cubi			O Rice	1, etc.)		Spe	olfv:
												AFR	1	N AMERICAN
ш	15. DECEDENT'S EDU- (Specify only highest grade		(G	CEDENT'S ilve kind of . Do NOT u	work done	during me	ON ost of world	ng	.10	6b. KIP	D OF BU	ISINESS/IN	DUSTRY	
ا لا ا	Elementary/Secondary (0-12)	College (1-4 or 5	+)							JA	NIT	ORIA	L M	AINTENANCE
COMPLET	17. FATHER'S NAME (First, Middle, Last)	NONE	(	JSTO	DIA	Ŋ								
-	JOHN CEPHAS											Surname)		
B	19a. INFORMANT'S NAME (Type/Print)		1.00					EN			-			
임	VIRGINIA GIBSO!	NI.										vn, State, Z		01015
	20a. METHOD OF DISPOSITION	.V						υ.			_			21215
	XXBuriel 2 Cremetion 3 Rem	oval from State	20b. PLACE					2/	1	ATE		OCATION -	•	
	4 Donetion 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE ALC	ENSEE	_ M1. A	LON	-	_	ND ADDRE			94	BA	L.T.W	ORE	, MARYLAND
	Falun B	V	wako	S	C	ALV.	IN B	. S	CRU			UNER BAL		HOME MD. 21213
П	23. PART I. Enter the diseases, or o	complications the	it caused the de	ath. Do	not enter	the mo	de of dy	ing, suc	h aa ca	erdiac	or reep	iratory a	rreat,	Approximeta
	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in death)	Hyperter			oscle	erot.	ic C	ardio	ovas	SCU	lar	Dise	ase	intarval Between Onset and Death
	rounting in abacity		(OR AS A CONSE											
z	la constituidad de la constituid	b												
	Sequentially flat conditions, if any, leading to immediate	OUE TO	(OR AS A CONSE	OUENCE O	F):									
2	Cause. Enter UNDERLYING CAUSE (Disease or injury	с												
발	that initiated eventa	OUE TO	(OR AS A CONSE	OUENCE O	F):									
CERTIFICATION	Todaling in dealing and	d												
ایا	PART ii, Other significent condition	e contributing to	deeth but not i	reculting	In the u	nderlyin	g ceuse	given in	Pert 1.	24	. WAS A	N AUTOPSY	24	b. WERE AUTOPSY FINDINGS
MEDICA												RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
											_			OF DEATH?
					_					1.	Inqu	шу		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF E	DEATH (Ch	eck only	one)				
1 20	EXAMINER?	HOSPITAL:	ER/Outpetient 3	C DOA	OTHE	A:								
ΙžΙ	27. MANNER OF DEATH	28e. DATE Of		28b. TIA			IURY AT	asidenca				INJURY O	CCURED	
	1 Netural 5 Pending	(Month, I	Day, Year)	IN	JURY M	W	DRK?	□ NO			DE 11011		0001120	
, ,	2 Accident Investigation 28. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,									Route Number.				
	□ Sulfding, etc. (Specify)  4   Homicide determined   City or Town, State)													
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI													
S S	2 MEDICAL EXAMINE	R: On the besis of	examination end/or	Investigation	on, In my	opinion, o	death occu	rad at the	time, de	eta and	place, e	nd due to t	the cause	(a) and manner ee stated.
l m l	296. SIGNATURE AND TITLE OF CERTIFIE	R / *					29c. LIC	ENSE NU	MBER			29d. DA	TE SIGNE	O (Month, Day, Year)
100	Theodore U. T	Luci 1	4.0.					O.C.N	A F			► M	ar 1	2 1994
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	ISE OF DEATH (ITE	М 27) (Туре	e, Print)			7 a 1 a 1	مالما			- 191		c_1774
	Theodore M. King.	MD.	111 1	Penn	Stre	œt	Rali	imo	re	Mar	ryl =	nd 2	1201	
	31. DATE FILED (MONTH, Day, Year) MAR 1 5 1994		AR'S SIGNATURE	<b>L</b>		همامه	Jer	الهسب	-	HO.	בייער			
								_						

19

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Josephine Deutsch Mar 11 1994 2100 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign (Month, Day, Year)
May 16, 216-30-7548 1 M 2 X F 77 DAYS Italy YRS. 1916 9e. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5518 Commerfield Avenue DIRECTOR permit. Pages 1, 2, 3 Baltimore City N/A 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore City 1 X YES 2 NO FUNERAL 10a STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? be detached for use as the burial-transit 5518 Summerfield Avenue 21206 U.S.A. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify: BΥ 3 Midowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 6th Grade Cafeteria Worker Baltimore City School 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Raphael Cumpus Elizabeth BE funeral director, page 5 should notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Louis Deutsch 5518 Summerfield Avenue, Baltimore, Maryland 21206 Pe 20e. METHOD OF DISPOSITION

1 X Burlel 2 Cremetion 3 Removal from State 20h PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Gardens of Faith Cemetery 3/14 4 Donetion 5 Other (Specify) Baltimore, Maryland 21. SIGNATURE OF MINERAL SERVICE DIENSEE examiner 22. NAME AND ADDRESS OF FACILITY after death. John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 n and completely filled in by the to burial, cremation, or removal. that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, such as cardiac or respiratory arrest, medical 23. PART I. Enter the diseases or compile shock, or haart failure. List only one Interval Batween Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease event. DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the death certificate be e the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST 0 PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS n signed by the Health and N AMILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? any Alzheimer's Diseas 1 TYES 2 NO 1 - YES 2 - NO t. of h Inquiry has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF DEATH (Check only one) certificate I EXAMINER? OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e, DATE OF INJURY this c. with t. 28b. TIME OF 26c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO ВҰ After death Investigation 2 Accident OR ATIL..
DIRECTOR: Atte 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, lactory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 18 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

//Check only

1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date end plecs, end due to the cause(s) end menner ee stated. 2 😿 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE hight Mar 13 1994 9 O.C.M.E 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Wright MD. 111 Penn Street, Baltimore, Maryland 21201

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	urs after death. Page 8 may be required the death certificate be executed within urs after death. Page 6 may be retained by the hospital or attending physician.	URECTOR: After this certificate has been signed by the attending physician and completely minuril in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
	P	y miller tion, or
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	recuted within	and completely burial, cremat
XOX	ate be ea	prior to
0.	certific	nding pl Hyglene
S, P	he death	the atte Mental
ORD	s that ti	afth and
REC	require	been sig
/ITAL	AN: The law	State Dep
OF V	HYSICIA	his certi
NO	VOING P	t: After t
INIS	ATTE	ECTOR S after
	OC.	E 3

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTMENT		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  EWALD;		HELEN C.		2. DATE OF DEATH MONTH DAY		
		SEX 6. AGE (In yrs. I	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-1904 CO	RTHPLACE (State or Foreign unity) ILLINOIS
TOR		Place	The section of the se	Itimore C	ITY	9c. COUNTY O	F DEATH
DIRECTOR	MARYLAND 10b. COUNTY		10c. CITY, TOWN O	R LOCATION LTIMORE C	ITY		10d. INSIDE CITY LIMITS? X1X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE			F WHAT COUNTRY?
NE		Oth. STREET		21211	MO 00101112 1011- V		S.A.
BY	1 Never Married 2 Married 3 Widowed XX Divorced	WAS DECEDENT EVER IN U.S. FORCES? 1 YES XX IF YES, GIVE WAR OR DATES	NO II	yes, specify Cuben, Mexico	nn, Puarto Ricen, atc.)	B Si	ACE — American Indian, lack, White, atc. pecify: WHITE
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	oleted)	Give kind of work done of	CUPATION luring most of working	16b, KIND OF BUS	INESS/INDUSTR	Y
PLE	Elementary/Secondery (0-12) Co	Hece (1-4 or 5 +)	HOUSEWIF	E	OWN	HOM	E
BE COMPL	17. FATHER'S NAME (First, Middle, Leat) HERBERT S	. CROCKER			NA MITCH		
TO BE	19a. INFORMANT'S NAME (Type/Print)	A STATE OF THE SAM		(Street and Number or Rural			
90	SUSAN WAGNER (			OZLIN, PAR		7500 ATION - City of	
E E	20a. METHOD OF DISPOSITION  1 General Comments C	from State GREE	place)	CREMATORY			
ехашие	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE		NAME AND ADDRESS OF FA			SONS
	> R. G. Rui	tin	4	905 YORK			
medical	23. PART I. Enter the diseesea, pr com- ahock, or heart feliure. Liet			the mode of dying, suc	ch aa cerdiac or respir	atory arrest,	Approximate interval Between
event, the m	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Pulmonau  Due to (or as a cons  Carnay	Edema	us Asp	siration		Onaet and Daath
		Caman	EQUENCE OF):	. Dicea	20		
ATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OH AS A CONS	EUGENCE OF):	1			
<u>S</u>	CAUSE (Disease or Injury	Athensel					
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE OF):				
	d						
MEDICAL	PART II. Other aignificant conditions or	and Bluch	- Doc p	derlying cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
snows any : MEDIC/	DAD	35 (1. 5.0.0	TIA		1 TYES 2	KNO	OF DEATH?
N Suc	Hickry He	inic	HO AAA	+	_		1 723 2 100
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTHER	26. PLACE OF DEATH (C	heck only one)		
YSI	1 VES 2 NO 1	Inpetient 2 ER/Outpetient		sing Home 5 - Residence	,		
PH /	27. MANNER OF DEATH  1 Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURE	
Z8 Is marked, TED BY PH	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, fact		28f. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,
PLETED	4 Homicide determined	building, etc. (Specify)			City or lown, State)		
OMPLE	cool only	: To the best of my knowledge, n the beels of examination and/o					se(a) and manner as atated,
1	296. SIGNATURE AND TITLE OF CERTIFIER			D371			NED Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETEO CAUSE OF DEATH (IT	1EM 27) (Type, Print) 830 W.	40 thst.	Bultimen	re M	71211
4/	31. DATE FILED (Morith, Day, Year)	32 REGIST WAYS SIGNATURE	andell				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (MONTH) Day, Well 1994

	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
	1.2		
	Pages		
	permit.		
an.	bransit		
physici	burial		
Bullou	as the		
or atte	H USE		
ospital	thed fo		-d
the h	e detac		1 onc
ned by	d bino		Red a
e retai	e 5 sh		noti
may t	or, pag		ust be
Page 6	I direct		ner m
death.	funera		exami
s after	by the	emova	dical
JOUR .	illed in	n, or r	e me
- ungi	letely f	ematio	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
w pain:	Сотр	ırial, cr	ic eve
e exec	an and	r to bu	nmat
ficate t	physici	ne prio	ner tra
h certi	ending	Hygie	or oth
ne deat	the aft	Menta	Juny.
that th	ed by	th and	amy in
equires	en sign	of Heal	hows
e law r	has be	Dept	1 23 \$
AN: Th	incate	State	r iten
HYSICIAN; The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician	his cert	with th	ked. o
DING P	After ti	de	s mar
ATTEN	CTOR:	be filed within 72 hours after	28 is
AL OR	L DIRE	2 hours	f Item
OSPITA	UNERA	ithin 72	NT: I
THEH	THE FI	filed w	PORT
0	P	92	Œ

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICATE U	F DEATH	REG. NO.		3. TIME OF DEATH	
	Ford, 7	oseph	Jos	seph A.	. Ford		3	-	4138P	
	4. SOCIAL SECURITY NUMBER 216 202443	5. SEX   6	69	est birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 09 - 20 2-4		BIRTHPLACE (State or Foreign Country) MARYLAND	
	9e. FACILITY NAME (If not institution, give st GOOD SAMAR		PITAL			N OR LOCATION OF I	CITY	9c. COUNTY	n/a	
DINECION	100. STATE 100. COUNTY MARYLAND	n/a		10c. CIT	Y, TOWN OR LO	CATION TIMORE			10d. INSIDE CITY LIMITS?  A YES 2 NO	
	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?	
ייייייייייייייייייייייייייייייייייייייי	5203 EASTBURY A	VENUE				21206		UNIT		
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X	YES 2	NO NO	If yes,	DECENDENT OF HISPI , specify Cuban, Mexic (ES 2 NO Spec	ANIC ORIGIN? (Specify Yes en, Puerto Rican, atc.) //y:	1 or No- 14	RACE — American Indian, Black, White, etc. Specify: BLACK	
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(1	Give kind of the Do NOT u		most of working	16b. KIND OF BUS		TRY	
	12 TH  17. FATHER'S NAME (First, Middle, Lest)			TRUC	CK DRI	18. MOTHER'S N	AME (First, Middle, Melden			
	JOHN BRAXTON  19e. INFORMANT'S NAME (Type/Print)		11	9b. MAJLING	ADDRESS (Stre	ALIC	E FORD  Anoute Number, City or Town	n, State, Zio Co	ode)	
	LILLIAN D. FOR	D		5203	EAST				0.,MD 21206	
	26a. METHOD OF DISPOSITION  VX Burlet 2 Gremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of compating or other place)  20c. LOCATION — City or Town, State									
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 3Wlla	nd		22. NAME	. C. MARC	H FH 1101	l E.		
	21. SIGNATURE OF FUNERAL SERVICE LIC 23. PART F. Enter the diseases, or c ahock, or heart fellure. I IMMEDIATE CAUSE (Finel	SULIA omplications that clist pnly pne cause	not caused that do no and line	leath. Do i	22, NAME WM	AND ADDRESS OF F	H FH 1101	l E.	NORTH AVENU	
	21. SIGNATURE OF FUNERAL SERVICE LIC.  23. PART I. Enter the diseases, or cahock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	ENSEE  3000 Carrow Complications that carrow	caused that de Dn aach lin	S GUEOUENCE O	22. NAME WM not enter than	AND ADDRESS OF F	H FH 1101	l E.	NORTH AVENU	
	21. SIGNATURE OF FUNERAL SERVICE LIC.  23. PART F. Entar the diseases, or cahock, or heart fallure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	omplications that clist pnly pne cause  DUE TO (0)  THE TO (0)	caused that de Dn aach lin	S OU EOUENCE O	22. NAME WM not enter the i	AND ADDRESS OF F	H FH 1101	l E.	NORTH AVENU	
	21. SIGNATURE OF FUNERAL SERVICE LIC.  23. PART I. Entar the diseases, or cahock, or heart failure. It immediates or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O	caused that do n aach lin OY OV CA OR AS A CONSI	S CHU EOUENCE O	22. NAME WM not enter the clay C F): fer U F):	E AND ADDRESS OF F . C. MARC mode of dying, su acciden	H FH 1101 ch as cardiac or reapi	L E.	NORTH AVENU	
	21. SIGNATURE OF FUNERAL SERVICE LIC.  23. PART I. Entar the diseases, or cahock, or heart fellure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	caused that do n aach lin OY OV CA OR AS A CONSI	S CHU EOUENCE O	22. NAME WM not enter the clay C F): fer U F):	E AND ADDRESS OF F . C. MARC mode of dying, su acciden	H FH 1101 ch as cardiac or respi	L E.	NORTH AVENU t, Approximate Interval Betwee Onset and Daa	
	21. SIGNATURE OF FUNERAL SERVICE LIC.  23. PART / Entar the diseases, or cahock, or heart failure. It immediates or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (O	caused that do n aach lin OY O V CA OR AS A CONSI	S CHU EOUENCE O	22. NAME WM not enter the interpretation of the underly 26.	E AND ADDRESS OF F . C. MARC mode of dying, su acciden	Part I. 24e. WAS AN PERFOR	L E.	NORTH AVENU t, Approximate Interval Betwee Oneet and Daard  24b. WERE AUTOPSY FINDING MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART I. Enter the disease, or cahock, or heart failure. It immediates cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 September 2 NO  27. MANNER OF DEATH  1 Return 5 Pending	DUE TO (O	caused that de pn aach iin  OY OVA  OR AS A CONSI  OR AS A CONSI  eath but not  ER/Outpetlent	S COUENCE O  EOUENCE O  TOTAL TIME TO THE TENT TO THE	22. NAME WM not enter the interpretation of the underly  25. OTHER: 4   Nursing H SURY   26. SURY	AND ADDRESS OF F.  C. MARC mode of dying, su  C.C. den  C. den  Ling cause given in  PLACE OF DEATH (C.  Home 5 - Residence in  NJURY AT  WORK?	Part I. 24e. WAS AN PERFOR	AUTOPSY MED?	NORTH AVENU	
	21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART /. Entar the diseases, or cahock, or heart failure. It immediates to condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 SE 2 NO  27. MANNER OF DEATH	DUE TO (O	caused that de p on sach lin  OY OVO  OR AS A CONSI  OR AS A CONSI  OR AS A CONSI  ER/Outpatient  JURY  Year  INJURY — At h	S CHUENCE O  EOUENCE O  FOUENCE O  TO THE STATE OF THE ST	22. NAME WM not enter the interpretation of the underly  25. OTHER: 4   Nursing H SURY   26. SURY	AND ADDRESS OF F.  C. MARC  mode of dying, su  C.C. clan  C.C. clan  Ving cause given in  PLACE OF DEATH (C.  Home 5   Residence INJURY AT  WORK?  YES 2   NO	The Part I. 24e. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?  NO  NJURY OCCUP	NORTH AVENU	
	23. PART /. Entar the diseases, or cahock, or heart failure. It immediates condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (O)  DUE TO	caused that de p on each lin  Of OVO  OR AS A CONSI	SOURCE O  COURNEE OF THE TENT	22. NAME WM not enter that  Lay C F):	AND ADDRESS OF F.  C. MARC  mode of dying, su  C.C. den	Part I. 24e. WAS AN PERFOR 1 YES 2  Check only one)  1 Other (Specify)  28d. DESCRIBE HOW in the City or Town, Siete)	AUTOPSY IMED?  NO  NJURY OCCUP	NORTH AVENU  t, Approximate interval Between Onset and Dass  24b. WERE AUTOPSY FINDING MALABLE PRIOR TO COMPLETION OF CLUSE OF DEATH?  1 YES 2 NO	

1881 T 1884 TO 1884

MAR 1 5 1994

	1 - STATE REGISTRAR	SIAIE UF M	CE	RTIF	ICATE	OF	DEAT	ANU N	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	G. Fo.	eney		IIA.				2. DATE OF DEATH MONTH	MY 12	YEAR 9 Y	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER / 219-28-4793	6. SEX	6. AGE (In y/s. leat	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	.930	6. BIRTHE Country	Maryland
OR	9a. FACILITY NAME (If not inetitution, give a Francis Scott		. Cen.				MOTE		АТН	9c. COUN	TY OF DE	ATH
DIRECTOR	residence of decedent  10a. STATE  10b. COUNT  Maryland	Y			y, TOWN C		ION			M		10d. INSIDE CITY X LIMITS?
	100. STREET AND NUMBER Bessemer Aven	ue 611	7			101	. zip codi					11 YES 2 NO HAT COUNTRY? States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT		IED O		WAS DEC	ENDENT C	F HISPANI	C ORIGIN? (Specify Ye, Puerto Rican, etc.)		14. RACE Black,	- American Indian, White, etc.
	3 Wildowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON .		16b. KIND OF BU	ISINESS/INDU		wnite
APLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	We.	Do NOT u	Pac		st or workir		Esskay	Mea	t P]	Lant
BE COMPLETED	17. FATHER'S NAME (First, Middle, Lest) John	Forney	1					nes	NE (First, Middle, Maider	Surname)	Glad	cken
TO B	Marie Trayno	r							oute Number, City or To. 07 Balto			21224
	20a. METHOD OF DISPOSITION  \$\tilde{	noval from State	20b. PLACE A				ma of		3/14 Ba	ocation - c		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE A. Chay	neck	,	W	. D	abro	wsk	i - Cho	jnack	i F	.H. P. A.
	23. PART I. Enfar the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause	caused tha date on anch line.	04	not enter	the mo	de of dy	ng, such	ee cerdlec or reep	piratory erro	ot,	Approximate Interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  b. Xex / [5] (Devos + 1											
MEDICAL	PART II. Other eignificant condition	na contributing to	death but not re	aulting	in the ur	nderlyin	g cause (	given in i		RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	EB/Outpatient 3	DOA.	OTHE	R:			ck only one)  Other (Specify)			
ву РНУ	27. MANNER OF GEATH  1 Netural 5 Pending	26a. DATE OF (Month, Da	NJURY	28b. T#		29c. INJ WO			28d. OESCRIBE NOW	INJURY OCC	URED	
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE Of building, o	INJURY — At horetc. (Specify)	ne, farm,	street, fec	tory, offic			281. LOCATION (Street City or Town, State	and Number	or Rural Ru	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS											
9 1												and menner as stated.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIE	M	MD					ENSE NUM	BER	29d. DATE		and menner as stated.  (Month, Day, Year)

3. TIME OF DEATH

1 YES 2 NO

6:00

BIRTNPLACE (State or Foreign Country)

Maryland

YEAR

94

9c. COUNTY OF DEATH

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

·
0
Ö
~
00
46
9
BOX 68760
0
m
-
0
- 0
0.
S
-
0
_
0
()
111
w
œ
OF VITAL RECORDS, P.O.
_
•
_
-
LL.
$\overline{}$
0
_
2
0
$\leq$
10
97
DIVISION
~

PETER FREY 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 1 M 2 F YRS. 2/28/94 6 Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR Greater Baltimore Medical Center Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE MARYLAND CARROLL WESTMINSTER permit. FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 326 MARY AVE. burial-transit 21157 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced If yes, specify Cuban, Maxican, Puarlo Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY funeral director, page 5 should be detached for use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last) T JOHN W. FREY BE notified 19a. INFORMANT'S NAME (Type/Print) 2 ELIZABETH FREY 2 20s. METHOD OF DISPOSITION
1 Surial 2 Commation 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must GREEN MOUNT CREMATORY 3/94 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE completely filled in by the 1 rial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition Multi-organ system failure resulting in death) executed within event, DUE TO (OR AS A CONSEQUENCE OF): burial, Immaturity or other traumatic CERTIFICATION and Sequentially list conditions, DUE TO (QR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL signed by t shows any Health a has been 0 PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL:
1 \( \text{D} \) Inpetient 2 \( \text{D} \) ER/Outpetient 3 \( \text{D} \) DOA OTHER:
4 Nursing Nome 5 Rasidence 6 Other (Specify) 1 YES 2 NO 50 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF SNJURY 28c. INJURY AT WORK? marked, 1 Netural
2 Accident 8 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death w BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 28 Hem 1 XCERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) FUNERAL WITHIN 72 P HOSPITAL IMPORTANT: II 2 EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

U.S.A. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY 16. MOTNER'S NAME (First, Middle, Maiden Surname) ELIZABETH JESUKIEWICZ 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 326 MARY AVE WESTMINSTER, MD. 21157. 20c. LOCATION - City or Town, State BALTO., MD. 22. NAME AND ADDRESS OF FACILITY
HENRY W. JENKINS & SONS CO. 4905 YORK RD. BALTO., MD. 21212. Approximate interval Between **Onset and Death** 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 NO OF DEATH? 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D00875 3/8/94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GBMC 6701 N. Charles St. Baltimore, MD DHMH-18 Rev 1/80

REG. NO

2. DATE OF DEATH

31. DATE FILED (Month, Day, Ybar) MAR 1 5 1994

Rudiger Breitenecker, M.D.

withere

296. SIGNATURE AND TITLE OF

TO BE

NEED & J. STAME

E, MARYLAND 21215-0020	or death Wans & may be retained by the bosonies or offending the elicina
9	Sand
215	offen.
2	Par Are
S	Popula
LA.	and the
AR	Sinan L
Σ	and and
RE	266
0	٤
BALTIMORE	9000
4	TEST
0	20

DIVISION OF VITAL RECORDS, P.O. BOX 68/60	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with control and a state death. Page 6 may be retained by the hospital or attending physician.	
TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State hear of Health and Mental Hydiene prior to burial, cremation, or remova	
IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE	0F	MARYL	AND /	DEPART	MENT	0F	HEALTH	AND	MENTAL	HYGIEN	1E
			C	ERTIFIC	CATE	OI	F DEAT	ГН		REG. NO	).

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last). Meghan Eli	zabeth Frey				2. DATE OF DEATH DO 7	AY 94		
	4. SOCIAL SECURITY NUMBER	5. SEX B. AGE /	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		4:55 PM M	
	TO THE SECOND PROPERTY OF THE SECOND PROPERTY	1 🗆 M 2 💢 F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2/28/94	Cou	THPLACE (State or Foreign nity) Maryland	
1	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN C	R LOCATION OF D		9c. COUNTY OF		
DIRECTOR	Greater Baltimor	e Medical Ce	nter	Baltim	ore		Balti	more	
Ä	10a. STATE 10b. COUNTY	7	10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY	
	MARYLAND CARR	OLL	WI	ESTMIN				1 YES 2 NO	
FUNERAL	326 MARY AVE.			10f	. ZIP CODE 2115	. 7	10g. CITIZEN OF	WHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	n or No- 14. RA	CE — American Indian.	
BY F	1 Nover Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specif	in, Puerto Rican, etc.)		ick, White, atc.	
	15. DECEDENT'S EDU		16a, DECEDENT'S U	SUAL OCCUPATION	ON .	16b, KIND OF BU	SINESS/INDUSTRY	WHITE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during mo retired.)	st of working				
O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden	Sumame)		
BE C	JOHN W. FREY					BETH JES	· ·	77	
	19e. INFORMANT'S NAME (Type/Print)	-	19b. MAILING A	DDRESS (Street a		Route Number, City or Tow			
2	ELIZABETH FREY					STMINSTE		21157.	
- 1	20a. METHOD OF DISPOSITION 1 G Burlel 2 Cremation 3 G Rem	20b	PLACE AND DATE OF	DISPOSITION /Na	me of	OATE 20c.10	CATION - City or	Town State	
	4 Donation 6 Other (Specify)	G]	REEN MOU	INT CRI	EMATORY	3/94 BA	LTO.,MI	).	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AN	D ADDRESS OF FA	CILITY			
	William.	Li love-	1/1_			ENKINS & RD. BALT			
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on e	the desth. Do no	t enter the mo-	de of dying, suc	h as cardiac or respi	iratory arrest,	Approximata	
	IMMEDIATE CAUSE (Finel							Onset and Death	
	disease or condition resulting in death)	. Intraventr			e of bra	in			
_		Immaturity	CONSEQUENCE OF):						
OF I	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):								
SA	CAUSE, Enter UNDERLYING CAUSE (Disease or Injury								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE OF):						
		0.							
EDICAL	PART II. Other aignificent condition	a contributing to death b	ut not resulting in	the underlying	cause given in	Part I. 24s. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ă						1X YES 2	□ NO	OF DEATH?	
						_		1 X YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL								
PHYSICIAN: M	EXAMINER? Y	HOSPITAL:		OTHER:	ACE OF OEATH (Ch				
HYS	27. MANNER OF DEATH	28a. DATE OF INJURY	atlent 3 DOA 4			6 Other (Specify)  28d, DESCRIBE HOW I	N HOW OCCUPED		
	1 Natural 5 Pending	(Month, Day, Year)	INJUI	RY WO	PK?	280, DESCRIBE HOW I	NJOHY OCCUMED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY building, etc. (Spec	At home, farm, str	eet, factory, office		281. LOCATION (Street	and Number or Rura	l Route Number,	
COMPLETED	4 Homicide determined	bulleting, etc. (Spec	,			City or Town, State)			
P	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowl	edge, death occurred	at the time, data	and place, and due	to the cause(a) and mer	nner as stated.		
8 ∥	One) 2 MEDICAL EXAMINE	R: On the basis of exemination	and/or investigation,	In my opinion, d	eath occured at the	time, data and place, an	id due to the cause	(s) end manner as stated.	
	296. SIGNATURE AND TYPE OF CERTIFIES	5 //			29c. LICENSE NUI	MBER	29d. DATE SIGNE	(Month, Day, Year)	
D BE	Brung	Mulu	_		D00875		▶ 3/8,		
٩	30. NAME AND ACCRESS OF PERSON WH	O COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, P	rint)	, .	5			
	Rudiger Breitene			N. Cha	ries St.	Baltimore	, MD 2	1204	
	MAR 1 5 1994	32. HEGISTRADIA SIGN.	ATURE Mandall						

John Harmon Morrison

PRET O I STAM

-	e.	3
, ניס	deat	4.0
3	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death.	CHRECAL DIDECTION Star this partitions has been signed by the attendion shackings and completely filled in by the disease
	60	2
	2	3
	2.7	6110
	je.	tah
2	菱	plan
	B	9
3	20	2
,	8	0
,	28	N. S.
5	ate	976
	띒	5
?	9	dia
-	듶	40.00
5	e	
)	the	4
	Jat	2
9	S	9
,	uje	
	8	99
ï	MP	o he
	2	N.
	=	900
•	A	416
	Sic	0
)	궂	phie
	9	100
)	â	8.6
)	E	9
	A	Ę
	K	Dig.
	A	A
	SPIT	03
	충	CLIA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) CLARENCE, DAVID FLOER, JR. 3. TIME OF DEATH 240 larence 3-11 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year 69-20-8094 1 M 2 - F MICHIGAN page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Med Balt: Baltimore RESIDENCE OF 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 NO FUNERAL 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7612 MARCY DRIVE 21060 U.S.A. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, etc. If yes, specify Cuben, Mexican, 1 YES 2 140 Specify: FORCES? 1 VES 2 1 Never Married 2 Marrie BY 3 Widowed 4 Divorced WWII, KOREAN, VIETNAM Wh COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highes Elementary/Secondary (0-12) College (1-4 or 5+) STANDARD MEDICAL SYSTEMS 12 th SERVICE ENGINEER NONE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surna MILDRED WE WEST CLARENCE DAVID FLOER SR. notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7612 MARCY DRIVE GLEN BURNIE, MD 21060 EMMA JANE FLOER 90 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State HUST director, VETERANS CEM MARYLAND CROWNSVILLE, MD examiner 21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON anne SECOND AVE. S.W. GLEN BURNIE, MD medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between ö IMMEDIATE CAUSE (Final Onset and Death cremation, item 23 shows any injury, or other traumatic event, the disease or condition resulting in death) erebrovesenlar DUE TO (OR AS A CONSEQUENCE OF) to burial, Chroniz Cerebrovasenlar PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING Hygiene prior t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Signed by the after Health and Mental PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? insufficiency 1 TES 2 NO OF DEATH? Aphesia 1 TYES 2 TONO 6 Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE DF DEATH (Check only one) State OTHER: 1 YES 2 7 NO 1 Minpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, with 5 Pending Investigation Natural 1 YES 2 NO death v BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be determined hours after o 4 Homicide TO THE HOSPITAL DR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Itom 2 1 🔀 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 94 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) cff Greenwood MO Julia de la lancia 1994

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It lies 28 is marked or them 23 shows any injury or other traumatic event the medical exeminer must be medical as and
HE HOSPIT	HE FUNERA	ed within 7	DRITANT !
TO TH	E P	De file	MPC
		-	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Blueford	GREE	N	2. DATE OF DEATH MONTH DAY	YEAR 9 U	3. TIME OF DEATH
	0.10	5. SEX 8. AGE (H		UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	a. BIRTH	PLACE (State or Foreign
TOR	I make the same to be a second or the same to be	NURSING HOM		BALTIMORE		COUNTY OF DI	
DIRECTOR	10a. STATE 10b. COUNTY	IOC. CITY, TOWN ON EDGATION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10c. STREET AND NUMBER 2904 COLBOURNE	ROAD 101. ZIP CODE				UNITED	
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	SCEDENT EVER IN U.S. ARMED  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No. 1) TYES 2 NO. Specify:  14. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No. 1) TYES 2 NO. Specify:			lo— 14. RACE Black Specif	- American Indian, , White, etc.
ETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)	life. Do NOT use re	done during most of working tired.)	16b. KIND OF BUSINES	SS/INDUSTRY	
COMPLET	n/a 17. FATHER'S NAME (First, Middle, Laet)		labore		n/a AME (First, Middle, Maiden Surns		
BE	JOHN BLUEFORD  190. INFORMANT'S NAME (Type/Print)		I	EMMA	BLUEFORD		
2	ROBERT PATTERSON	1	P.O. BO	DRESS (Street and Number or Rural DX 236, HAYE	S, VIRGINIA	23072	
	20e. METHOD OF DISPOSITION  1)C)Buriel 2 Cremation 3 Remov  4 Donation 5 Other (Specify)	ral from State ceme	PLACEAND DATE OF D MORE TIMORE	ISPOSITION (Name of NATIONAL CEN		IMORE,	
	21. SIGNATURE OF FUNDRAL SERVICE LICE	(liron)		WM. C. MARCH	FH 1101	E. NOR	TH AVE.
ON	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OR AS A C	CONSEQUENCE OF):	enter the mode of dylng, aud	ch as cerdiac or respirator	ry arrest,	Approximate interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
MEDICAL	PART II. Other algorificent conditiona  Support  25. WAS CASE REFERRED TO MEDICAL	contributing to death by	t not resulting in the	a underlying cause given in	PERFORMED?	10	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:    I   Inpatient 2   ER/Outpet    28a. DATE OF INJURY		HER: Nursing Home 5 - Residence	6 Cher (Specify)		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Morith, Day, Year)	INJURY	M YES 2 NO	28d, DEŞCRIBE HOW INJUR	Y OCCURED	
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY – building, etc. (Specifi	– Al home, farm, street	i, factory, offica	281. LOCATION (Street and Nu. City or Town, State)	umber or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the bast of my knowle On the basis of examination	dge, death occurred at and/or investigation, in	the time, data and place, and due my opinion, death occured at the	tio the cause(a) and manner a	is atated.	and manner as stated.
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Jeva 6	88Mg	29c. LICENSE NUI	MBER 29d. ▶	DATE SIGNED	Month, Day, Year) 4 910
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	. Me	d. Direc	Ar - Ac	iceM	array Not

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATN 3. TIME OF DEATH 145 A s. lest birthday)

2 YRS. 4. SOCIAL SECURITY 7. DATE OF BIRTN IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 M 2 Pages 1, 2, 3 should W. Belvel 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 10a. STATE 10b. COUNTY 10c. CITY/TOWN OR LOCATION 10d. INSIDE CITY 8 1 👺 YES 2 🗌 NO permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF 10f ZIP CODE WHAT COUNTRY? 5500 Haddon 21207 funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexicen, Puerte Rican, atc.) BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 1 🗌 YES 2 🌃 NO Specify: Specify. BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY th once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme) notified at ames BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nu 2 pe 2010 PLACE AND DATE OF DISPOSITION (Ne 204 METHOD OF DISPOSITION DATE must 2 Cremetion 3 Removal from State ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY after death. 0 \$ rem, ,al. medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, completely filled in I **Approximata** shock, or heart failure. List only one cause on each line interval Between 6 **Onset and Daeth** IMMEDIATE CAUSE (Fine) cremation, the disease or condition event, resulting in death) executed within DUE TO (OR AS burial, or other traumatic CERTIFICATION and Sequentially list conditions, Sequentially inst contacting if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS prior to the attending physician Mental Hygiene prior to THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL OHECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and item 28 is marked, or Item 23 shows any In Lecera 1 | YES 2 | NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 25 PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DEŞCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. (Check only one) NER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(s) and m 29b. SIGNATURE AND 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 194 2 30. NAME AND AUDIT LETED CAUSE OF DEATN (ITEM 27) (Type, Print) nun 31. DATE FILED (Mc he beviden

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DNMN-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760

s that the death certificate be executed within the hours after death. Mage 6 may be retained by the hospital or attending physician.	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
law requires that the death certificate be exe	as been signed by the attending physician ar	State Dept. of Health and Mental Hygiene prior to t	23 shows any Injury, or other trauma
SPITAL DR ALLENDING PHYSICIAN: The	THE FUNERAL DIRECTOR; After this certificate ha	be filed within 72 hours after death with the State D	.NT: If item 28 is marked, or item
DIE K	TO THE FU	be filed wit	IMPORTA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEOENT'S NAME (First, Middle, L						2. DATE OF DEATH MONTH DA	AY YEAR	3. TIME OF DEATH
	Charles H. Hor	ner, Sr.						2, 1994	2:57 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. last b		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
	216-09-7706	1 XM 2 F	81	YRS.	NTHS DAYS	HOURS MIN.	APR. 12, 1		ryland
DIRECTOR	99. FACILITY NAME (If not Institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DE  HOWARD  HOWARD								
<u> </u>	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
DIR	Md.	Howard		F1kı	ridge				LIMITS?
AL	10e. STREET AND NUMBER			E I K		Of. ZIP CODE		10g. CITIZEN OF	
FUNERAL	6058 Hunt Clu	b Rd.				21	1227	USA	
5	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. ARME YES 2 NO	D			NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No.— 14. RAC	E — American Indian, k, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAS	OR OATES			S 2 NO Specify		Spec	effy:
	15. OECEDENT'S	EDUCATION	18a, DECE	DENT'S USI	JAL OCCUPAT	ION	165 KIND OF BUI	SINESS/INDUSTRY	white
COMPLETED	(Specify only highest s Elementary/Secondary (0-12)	rade completed)  College (1-4 or 5+)	(Give		done during n	nost of working	loo. Kino or Bo	311123371110031711	
PL	10	College (I-4 of 5+)	Too	1 & C	Oye Ma	ker	Amer	ican Can	
Š	17. FATHER'S NAME (First, Middle, Last				7.5	_	ME (First, Middle, Maiden		
BE 0	Charles E. Ho	rner				Wilhe]	Lmina Schre	eck	
0	19e. INFORMANT'S NAME (Type/Print)		19b. I	MAILING AD	DRESS (Street	and Number or Rural I	Route Number, City or Tow	n, State, Zip Code)	·····
۲	Alma E. Horner		60	058 Hu	unt Cl	ub Rd., E	Elkridge, N	1d. 2122	27
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3	Removel from State	20b.PLACE AN	ODATE OF D	ISPOSITION (F	Name of	OATE 20c. LO	CATION — City or To	own, State
	4 Donation 5 Other (Specify)	LICENSES	Mead	dowri	ige Me	MORIAL PA	ark 3/16 F	Elkridge,	Md.
	21. SIGNATURE OF PURE SAL SERVICE	J L					nan Funeral	Homas	
	23. PART I. Enter the diseases,	12-60	ufme	~	5695	Main St.	. Flkrida	e My 2	1227
	23. PART i. Enter the diseases, shock, or heert falls	or complications that one. List only one couse	ausew the deet	h. Do not	enter the m	ode of dying, suc	h ss cardiac or resp	iretory arrest,	
	shock, or heart fallure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel Onset and Death								
	disease or condition reaulting in deeth)		erwu	w	un.	fre w	DIMUM		
		DUE TO (O	R AS A CONSEOU	ENCE OF):	ala:	A. d.	00000		
ON	Sequentially list conditions,  Due to (or as a conscouence of):								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING			U.		0			
빌	CAUSE (Disease or Injury that initieted events	C. DUE TO (O	R AS A CONSEOU	ENCE OF):					
F	resulting in deeth) LAST	d							
Ö	PART II. Other eignificent cond	tions contributing to d	eath but not rea	ulting in t	ho undodul	an anuas absorba	Post I as una su		
MEDICAL	order organization	mitral	100		n k I	ng cause given in	PERFOR	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE
ED		Ma Droto	Man	MAT.	10000	7 7 7	1 TES 2	I NO	OF DEATH?
		Canno	3 11 00	NAV			—		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICA	Come			28. 1	PLACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3		THER:	me 5 🗆 Raaldenca			
PHYSICIAN:	27. MANNER OF OEATH	28a. OATE OF IN (Month, Day,	JURY	28b. TIME O	F 28c, II	JURY AT	28d. DESCRIBE HOW I	NJURY OCCUREO	
ВУ	Netural 5 Pending 2 Accident Investigat		10817	INDOM		YES 2 NO			
ED B	3 Suicide 8 Could not	building, et	NJURY — At home	, term, etro	et, factory, off	Ica	281. LOCATION (Street City or Town, State)		Route Number,
	4 Homicide determine	d							
COMPLET	29a. CERTIFIER CERTIFYING P	HYSICIAN: To the best of m	y knowledga, death	n occurred a	t the time, de	ta and place, and due	to the cause(a) and ma	nner as stated.	
OM	One) 12 MEDICAL EXA	MINER: On the basis of axes	minetion and/or inv	restigation, i	n my opinion,	death occured at the	time, data and place, ar	nd due to the cause(	a) and manner as stated.
H	29b. SIGNATURE AND TITUS OF CENT	FIE Y AU	M	MI	)	29d LICENS NU	909	29d, DATE SIGNED	12290
T0	30. NAME AND ADDRESS OF WERDON	YNO COMPRETED CAUSE	OF DEATH (ITEM	(Type, Pri	JLO	ANN	Aporus	RO	EULLOT
	MAR 15 1994	32. REGISTRAFF	9 SIGNATURE						City
		V							DHMH-18 Rev 1/89

~	
BOX	
2	
ш	
<u>.</u>	1
Ö	
٦.	
III.	
S	
$\alpha$	
O	1
$\tilde{c}$	* * *
RECORDS	
*	
OF VITAL	
V	i
⊢	i
7	
_	
щ	i
0	1
-	1
=	1
MINISION	į
C/S	j
200	1
2	ń
~	ú

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND INCERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH
CAROLYN	MAE HORN	MONTH /5/94

	стоя	CAROLYN MAE HORN VEAR 10:							3. TIME OF DEATH 10:05 p M
P		218- 72-6360 1□ M 2 ∑	35 35		NTHS DAY		7. DATE OF BIRTH (Month, Day, Year 7/3/58	, 8	BIRTHPLACE (State or Foreign Country) MISSOURI
2, 3 should		96. FACILITY NAME (If not institution, give street and number)  SETON HILL MANOR  BALTIMORE  PESIDENCE OF DECEDENT							
t. Pages 1,	DIREC	10a. STATE 10b. COUNTY MD	· · · · · · · · · · · · · · · · · · ·	10c. CITY, TOWN OR LOCATION BALTIMORE				10d. INSIDE CITY LIMITS?  1 X YES 2 NO	
nsit permit.	FUNERAL	100. STREET AND NUMBER 5513 GWYNN OAK AVE				101. ZIP CODE 21207	10g. CITIZEN OF		N OF WHAT COUNTRY?
-0020 ing physician. the burial-transit	BY FUN	11. MARITAL STATUS 12. WAS DEC	EDENT EVER IN U.S. 1 YES 2 IVE WAR OR DATES	ARMED ND	If yes,	ECENDENT OF HISPAN specify Cuben, Mexicar ES 2 Z.ND Specify	, Puerto Ricen, etc.	Yes or No — 14	i. RACE — American Indian, Black, White, atc. Specify:
or attend	G	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4		DECEDENT'S USI (Give kind of work life. Do NOT use re	done during	TIDN most of working	16b. KIND OF	BUSINESS/INDUS	FR.AMERICAN
the hospital detached	COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Mai	den Surname)	
MARYL retained by 5 should be notified at	TO BE	GEORGE HORN  190. INFORMANT'S NAME (Type/Print)		MILDRED HORN  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					ode)
g be		MILDRED HORN  209. METHOD OF DISPOSITION  (X) Burlel 2 Cremetton 3 Gemovel from State 4 Gonetton 5.9 Other (Specify)	20b. PLA	CEANDDATEQED	MSPOSITION	DAK AVE BA	DATE 20c.	LOCATION — CH	
ALTIMOR death. Page 6 ma e funeral director, is examiner must		21. SIGNATURE OF PERAL SERVICE LIPERS	(A)	A L	EST	AND ADDRESS OF FACEP BROTHER	S FUNERA		P.A.
urs after in by the r remova		23 PART Enter the diseases, or complication anock, pr heart fallure. List pnly on	s that caused the cause on each I	death. Do not	antar tha	O EUTAW PL	ACE BALT	o. MD 2	t, Approximate interval Between
ompletely filled all cremation, or event, the m		IMMEDIATE CAUSE (Final disease or condition resulting in death)	JE TO (OR AS A BON	Res ISEQUENCE DE	oira	tery p	Failur	e_	Onset and Dasth
Security and c buria	HTON	If any, leading to immediate	JE TO (DR AS A CON	VS	10x	plasm	osis		
certificate of tygiene progresses of the certificate of the certificat	CERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	JE TO (DR AS A CDN	ISEDUENCE DF):	>				
the deaty the att	- 1	PART II. Other significant conditions contribution	ng to death but no	ot resulting in t	ha undariy	ing cause givan in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
RECOR requires that een signed by of Health an shows any	MEDICAL	Seizures					1 ( YE	NO	COMPLETION DF CAUSE DF DEATH? 1  YES 2 NO
The law the has by ate Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA		0	26. THEP:	PLACE DF DEATH (Che	ock only one)		
PHYSICIAL THE CERTIF	РНҮ	27. MANNEP DF DEATH 26s. DA (Mo	TE OF INJURY	28b. TIME D	F 26c.	ome 5 Residence INJURY AT WDRK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HD	W INJURY OCCU	RED
SIC STEND	TED BY	2 Accident Investigation 3 Suicide S Could not be determined	ACE DF INJURY — Alding, atc. (Specify)	t home, ferm, atre-			28f. LOCATION (Str City or Town, S		Rural Route Number,
SPITE DIE	COMPLE	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the beautiful one) 2 MEDICAL EXAMINER: Dn the beautiful one of the control of the control one of the control							
TO THE TO THE De filed WORTANT:	O BE C	296 EIGNATURE AND TITLE OF CEPTIFIER	~, N	10		29c. LICENSE NUM 043	959	29d. DATE S	SIGNED (Month). Day, Year)
4		30. NAME AND ADDRESS OF PERSON WHO COMPLETED Adult HIV Pro	gram		of 1	UD, B	ox 165	22:	s.Greene
_ ′		MAR 1 5 1994	STRAR'S SIGNATUR			/	,		

_6
0
68760,
œ
9
ВОХ
2
O
m
_
0
ب
P.0
ເກົ
~
Œ
0
$\sim$
RECORDS
ш
Œ
-
Q.
⊢ .
-
L
OF VITAL
7
7
VISION
70
97
>
_
_

31. DATE FILEO (Month, Day, Year)
MAR 1 5 1994

iit. Pages 1,	
ysician. ırial-transit perm	
hospital or attending placehed for use as the bu	
may be retained by the or, page 5 should be de-	
ed within 24 frours after death. Page 6 may be retained by the hospital or attending physi- ompletely filled in by the funeral director, page 5 should be detached for use as the buria al, cremation, or removal.	
thin 2 rtely fi	
eath certificate attending phys ital Hygiene pi	
CE 197 01	
ITAL DR ATTENDING PHYSICI: 3AL DIRECTOR: After this cert 72 hours after death with the	
TO THE HOSPITAL DR ATTENDING PHYSI TO THE FUNERAL DIRECTOR: After this c be filed within 72 hours after death with	

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)  FELIX A. HORVATT  2. DATE OF DEATH MONTH 03-13-94  7:30 A. M							
	4. SOCIAL SECURITY NUMBER 213-14-3803  S. SEX XX M 2  F  8. AGE (In yrs. last birthday) YRS.  S. SEX XX M 2  F  8. AGE (In yrs. last birthday) YRS.  S. SEX XX MONTHS DAY'S HOURS MIN.  7. DATE OF BIRTH (Month, Day, Wear) 03-31-06  RUSSIA							
TOR	98. FACILITY NAME (If not institution, give street and number)  1928 RUXTON ROAD  PESIDENCE OF DECEDENT  96. CITY, TOWN OR LOCATION OF DEATH  RUXTON  96. COUNTY OF DEATH  BALTIMORE							
DIRECTOR	10d. INSIDE CITY  MARYLAND BALTIMORE  10c. CITY, TOWN OR LOCATION  RUXTON  10d. INSIDE CITY LIMITS?  1 □ YES ★XNO							
FUNERAL	1928 RUXTON ROAD  101. ZIP CODE 21204  102. CITIZEN OF WHAT COUNTRY? U.S.A.							
ВУ	11. MARITAL STATUS  1  Never Married XX Merried  3  Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. RACE — American Indian, If yes, specify Cuban, Mexican, Puerto Rican, etc.)  15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)  16. RACE — American Indian, If yes, specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)  17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  2 YEARS  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired.)  HEAD OF SALES  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired.)  SHIP BUILDING COMPANY							
BE CON	17. FATHER'S NAME (First, Middle, Lest) ALEXANDER HORVATT BOJECHKO  18. MOTHER'S NAME (First, Middle, Melden Surname) MARIA BERGOTT							
TO E	19a. INFORMANT'S NAME (Type/Print)  CATHERINE C. HORVATT (WIFE)  1928 RUXTONROAD, RUXTON, MARYLAND, 21204							
	20e. METHOD OF DISPOSITION 1 Grant State 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetory or other piece) DULANEY VALLEY M.GAR.3-94 TIMONIUM, MD. 21093							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS 4905 YORK ROAD, BALTIMORE, MD. 21212							
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deeth but not recuiting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 YES XX NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
ву РНУ	1   Inpatient 2   ER/Outpettent 3   DOA   4   Nursing Home   Aresidence 6   Other (Specify)    27. MANNER OF DEATH   28s. DATE OF INJURY (Month, Day, Year)   28b. TIME OF INJURY WORK?   28d. DESCRIBE HOW INJURY OCCURED   1   YES 2   NO   Nursing Home   1   YES 2   NO   Nursing Home   Nursin							
8	2 Accident Investigation 3 Suicide 6 Could not be datermined 4 Homicide Could not be datermined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)							
COMPLET	29a. CERTIFIER XX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  One)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)  > 03-14-94							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							

ALAN L. KIMMEL M.D., 222 COLD SPRING LANE, BALTIMORE, MARYLAND, 21210

32. REGISTRAR'S SIGNATURE
Sunia Muridson-Randall

DHMH-16 Rev 1/89

-	
OX 68760	
10	
40	
6876	
-	
œ	
40	
9	
~	
BOX	
450	
()	
B	
200	
- 644	
_	
-	
_	
P.0.	
_	
DS	
$\sim$	
_	
-	
LX.	
ECOI	
$\sim$	
$\sim$	
4.6	
REC	
-	
111	
100	
00	
1	
TAL	
_	
AL	
401	
. "	
_	
VIT	
_	
-	
September 1	
11	
-	
OF	
0	
_	
Com	
~	
_	
$\mathbf{\mathcal{C}}$	
-	
CD	
_	
-	
Separate Sep	
DIVISION	
0	
_	

hospital or attending physician.	etached for use as the burial-transit permit. Pages 1, 2, 3 should		***************************************
The state of the s	the attending physician and completely filled in by the funeral director, page 5 should be d	wal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at on

MAR 1 5 1994

	500								-		
	1 - FOR STATE REGISTRAR	STATE OF MARYL				MENT	AL HYGIEN				
Í	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH 3. TIME OF OFATH				Ή.	
	KATHARINE H. HARLAN					_	3 - 9 -1994			6:15	QM
	220-50-1903	1 🗆 M 2 🍂 F	ln yrs. lest birthday) 80 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	9 -	E OF BIRTH 1th, Day, Year) -3-191	3	Country	YLAND	reign
TOR	9a. FACILITY NAME (If not institution, give street end number)  4300 NORTH CHARLES ST.  RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE					ATH		
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND			LTIMOR						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		101. ZIP CODE				1 YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?			NO	
FUNERAL	4300 NORTH CHA			21218 U.S.A.					•		
BY FU	11. MARITAL STATUS  1  Never Merried 2  Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AB FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES			13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Caben, Maxicen, Puerio Rican, etc.)  1 — YES 2 NO Specify:  Specify:  ITIT:				White, etc.	in,		
ED	15. DECEDENT'S EOUCAT (Specify only highest grade co	TION	18e. DECEDENT'S	USUAL OCCUPATION	ON .	16	b. KIND OF BU	SINESS/IND	USTRY	MUTIE	
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) HOUS										
CO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	NAME (First, Middle, Meiden Surneme)					
BE	ALFRED C. HAT(	СН					AULT				
5	KATHARINE YEAG		202	SACRED	HEART					WN,MD.	21
	20c. METHOD OF DISPOSITION  1 Duriel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Competent Cremetion 5 Other (Specify)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  2794 PIKESVILLE, MD.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	HENRY W. JENKINS & SONS CO. 4905 YORK RD. BALTO., MD. 21212.										
	23. PART I. Enter the diseases, or con- ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	Smal	ach iina.	Caro	de of dying, su	ch sa ca	rdiac or raapi	ratory arn	eat,	Approxims interval Ba	itween
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b.  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?							24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
MEDICAL	Eater Lambert Syn			rome	THE 1 □ YES					COMPLETION OF CO	
: ME	SIADH									1 NES 2 N	10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
SIC	EXAMINER?  1 DISES 2 NO 1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Needle Or Geath (Check only one)										
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	Pending 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK?				28d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide a Could not be determined  28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)					28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the Ilme, date end place, and due to the cause(e) and menner se stated.										
BE CC	290. SIGNATURE CONTINUE OF CENTIFIER			29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yes							
TO B	M			183897 > 3/9/94							
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)  ROBERT J. VISSING M.D. 4300 N. CHARLES ST. BALTO., MD. 21218.										
- 1	MAR 1 5 1994	STATE SEIGH	- 14 ·		DI.		-0./11	J . Z	- 4 - 1		

and Johnson House

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the control of the contro BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

						94	01430		
	FOR 1 STATE	STATE OF MARYLAND /	DEPARTMEN	IT OF HEALTH AND	MENTAL HYGIEN	E			
	REGISTRAR			E OF DEATH	REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH MONTH D	AY YE	3. TIME OF DEATH		
	RANDOLPH Henri				MAR. 08				
	218-12-6841	6. SEX 8. AGE (In yrs. las.	YRS. IF UND	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MARCH 10,	1910	BIRTHPLACE (State or Foreign Country)		
E E	90. FACILITY NAME (If not institution, give street end number) MERCY MEDICAL CENTER E.R.  90. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY  91. CITY TOWN OR LOCATION OF DEATH BALTIMORE CITY								
5	RESIDENCE OF DECEDENT								
DIRECTOR	MD Balt	more	Baltin	10PC			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER	Allenue		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
S	11. MARITAL STATUS	12. WAS DECEDENT EVEN IN U.S. AR	MED 1:	. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No 14.	RACE — American Indian,		
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced  FORCES? 1 Fes 2 NO If yes, specify Cutan, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify:						Black, White, etc. Specify: Plack		
8	15. DECEDENT'S EOUCA (Specify only highest grade of		CEDENT'S USUAL	OCCUPATION a during most of working	16b, KIND OF BU	SINESS/INDUST	TRY CONTRACTOR OF THE PARTY		
COMPLETED	Elementary/Secondary (0-12)		20 NOT use refined	a during most or working	Ship	PING-	-		
	17. FATHER'S NAME (First, Middle, Last)	111(1007)	Julia	1 10	AME (First, Middle, Malden				
띪	190. INFORMANT'S NAME (Type/Print)			Julia	- 100	auga			
유	Model Jones 1917 N. Fulton Avenue - Baltimore, Md								
	20a, M5PHOD OF DISPOSITION 1 Deurlei 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify)								
	THE BIGHATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND A ODRESS OF FACILITY FOOKS FUNERAL SERVICE								
	Sussell G. Fooke 917 W. Isabella St-Salisbury, Md								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate Interval Between								
1 1	immediate cause (Finel disease or condition )								
	a. Dull TO (OR AS A CONSEQUENCE OF):								
2									
RTIFICATION	Sequentially list conditions, if any, leading to immediate  b.  DUE TO (OR AS A CONSEQUENCE OF):								
I S	CAUSE. (Disease or Injury  CAUSE (Disease or Injury  OUE TO (OR AS A CONSEQUENCE OF):								
E	that initiated events resulting in death) LAST								
2	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
MEDICAL	PERFORMED?						24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	1 YES 27 NO OF DEATH?								
			·				1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINED: 28. PLACE OF OEATH (Check only one)								
SIC	EXAMINER?  HOSPITAL:  OTHER:  OTHER:  Nursing Home 5   Residence 6   Other (Specify)								
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED				
D BY	Accident Investigation  3 Suicide 8 Could not be	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
LETE	9   nomicios determined								
COMPL	(Check only one)    CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner ee stated.    MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) and manner ea stated.								
ш	291. JOHATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)								
TO B	30 MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF SEATH OF THE COMPLETE CAUSE OF SEATH OF THE COMPLETE CAUSE OF SEATH OF THE COMPLETE CAUSE OF SEATH OF THE COMPLETE CAUSE OF SEATH OF THE COMPLETE CAUSE OF SEATH OF THE COMPLETE CAUSE OF THE CAUSE OF THE C								

111 Penn Street, Baltimore, Maryland 21201

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

YEAR

9c. COUNTY OF DEATH BALTO

VA

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

NORTHWEST HOSPITAL CE

29d. DATE SIGNED (Alanth, Day, Year)

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? XX YES 2 NO

**Black** 

Approximata Interval Between **Onset and Death** 

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO

14. RACE — American Indian, Black, White, atc.

B. BIRTHPLACE (State or Foreign

REG. NO.

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Month, Day, Year)

01-30-

BALTIMORE, MARYLAND 21215-0020	y the hospital or attending physicia	be detached for use as the burial-tr
MARY	retained t	5 should
BALTIMORE,	pertificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physicia	ing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr
O. BOX 68760,	ertificate be executed within	ing physician and completely

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)
RAYM

RAYNOLD

MAR 1 5 1994

4. SOCIAL SECURITY NUMBER

144-09-1700

AYMOND

5. SEX

1 XM 2 - F

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STOCK   STATE   STAT	OF DEATH		
TOP STREET AND NUMBER  3 102 BRIGHTON ST.  10, MAINTAL STATUS  11, MANTAL STATUS  11, MANTAL STATUS  11, MANTAL STATUS  11, MANTAL STATUS  11, MANTAL STATUS  11, MANTAL STATUS  11, MANTAL STATUS  11, MANTAL STATUS  11, MANTAL STATUS  11, MANTAL STATUS  11, MANTAL STATUS  12, MAG DECOBENT EVER IN U.S. ARMED  12, MAG DECOBENT EVER IN U.S. ARMED  13, DECEDENTS URBAN CONSIGNITY (Bayesity Yee or No			
106. STREET AND NUMBER 3 10 2 BRIGHTON ST.  11. MANTAL STATUS 12. WAD DECORDER FYER IN U.S. ANNED FORCEST 1 1 YES 2 () NO SHOOLY 11. WAS DECORDER OF INSPANCE ORIGINITY Especify Yes or No— 14. PY SECRET STATUS 1 1 YES 2 () NO SHOOLY 11. WAS DECORDER OF INSPANCE ORIGINITY Especify Yes or No— 14. PY SECRET STATUS 1 1 YES 2 () NO SHOOLY 11. WAS DECORDER OF INSPANCE ORIGINITY Especify Yes or No— 14. PY SECRET STATUS 1 1 YES 2 () NO SHOOLY 11. YES 2 () NO YOUR 11. YES 2 () NO SHOOLY 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO YOUR 11. YES 2 () NO	10d. INSIDE LIMITS XX YES		
Security   Security			
Towns and   Divorced   Divorced   Towns and   Towns	U, S.A.		
Elementary (Po-12) College (1-4 or 5 +)  12TH  2YRS  18. MOTHER'S NAME (First, Micolin, Last)  DANIEL JENERSON  199. INFORMANT'S NAME (First, Micolin, Last)  DANIEL JENERSON  190. MOTO use military  190. MAILING ADDRESS (Street and Number or Pural Poulin Number, City or Raws, Sells, Zio Cool  200. METHOD of Disposition  XX Burist 2: Commentary 13	14. RACE — American Black, White, atc. Specify:		
BETHLEHEM   2YRS   BETHLEHEM   12   BETHLEHEM   BETHLEHEM   17, PATHER'S NAME (First, Mickin, Last)   DANIEL JENERSON   ELIZABETH RUFFIN	RY		
DANTEL JENERSON  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cook  ### State	STEEL		
DANIEL JENERSON  198. INFORMANT'S NAME (Type/Print)  HELEN JENERSON  200. METHOD OF DISPOSITION XX Burst 2   Cremation 3   Removal from Stata 4   Denestion 5   Denestion			
HELEN JENERSON  3102 BRIGHTON ST BALTO, MD 212  20s. METNOD OF DISPOSITION XXSurial 2   Cremation 3   Ramoval from State 4   Donation 6   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  MARCH F/H-WEST 4300 WABA  23. PART I. Enter the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List prity pre cause on each line.  IMMEDIATE CAUSE (Final March 1996)  Sequentially list conditions, if any, iseding to immediate cause. Brief UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  SEQUENTIAL CAPACINO MARCH OF LUNCE CAPACINO CA			
20a. METNOD OF DISPOSITION  XX Burlal 2   Cremation 3   Ramoval from State   Densition 5   Other (Specify)			
XXBurlal 2   Cremation 3   Ramoval from State   Coapering Country   Coapering Country   Coapering Country   Coapering Country   Coapering Country   Coapering Coaperin	.10		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  MARCH F/H—WEST 4300 WABA  23. PART I. Enter the diseases, pr complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List brily one cause on each line.  IMMEDIATE CAUSE (Final disease or condition)  a	_		
23. PART I. Enter the diseases, or compileations that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition)  a.	SH AVI		
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.   24a. WAS AN AUTOPSY PERFORMED?   1	5		
27. MANNER OF DEATN  28a. DATE DF INJURY (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 ND  28d. DESCRIBE HOW INJURY OCCURE (Month, Dey, Year)  28d. DESCRIBE HOW INJURY OCCURE (Month, Dey, Year)  28d. DESCRIBE HOW INJURY OCCURE (Month, Dey, Year)  28d. DESCRIBE HOW INJURY OCCURE (Month, Dey, Year)  28d. DESCRIBE HOW INJURY OCCURE (Month, Dey, Year)	24b. WERE AUTO MAILABLE COMPLETIC OF DEATH? 1 YES		
Accident   Signature   Signatu			
2 Pulation — 1 288, PLACE OF INJURY — At home farm street factory office 1 26/ 1 OCATION (Street and Number of Street)	iD .		
29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and the in the causa(a) and manner as stated	lural Route Numbe		
(Check only MEDICAL EXAMPLE). On the best, of examination end/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cau	use(a) and menr		
296. SIGNATURE AND TITLE OF CHITIFOR 29d. DATE SIG	SNED (Alanth, Day		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

JENERSON

6. AGE (In yrs. lest birthday)

74

DHMH-18 Rev 1/89

HAMPLE THE THEFTH

-
90
9/
9
ВОХ
Ö
40
o.
$\sim$
4
DS,
$\alpha$
RECORI
C
ш
7
4
ITAL
>
L.
ō
Z
IVISION
70
~
2

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Johnson 30 A 03 4. SOCIAL SECURITY NUMBER 2/5-32-96. AGE (In IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH 94 1 M 2 N 19 bama burial-transit permit. Pages 1, 2, 3 should 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH NUr Home DIRECTOR alto RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 40 1211 И 5 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If was assetty Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cube

1 | YES 2 | NO 1 - 9 2 Married IF YES, GIVE WAR OR DATES Specify ΒY 4 Divorced page 5 should be detached for use as the BE COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) USB WIFE be notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Surname) LQUI HUNTINGLON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and No 2 Mrd 21213 54 MORENE 40 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATI must this certificate has been signed by the attending physician and completely filled in by the funeral director, with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal. 4 ☐ Donation 5 ☐ Other (Specify) a medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. N och Funeral De 23. RART I. Enter the discesses, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. **IMMEDIATE CAUSE (Final** Onset and Death event, the Rementa disease or condition , excepy undefermined reara resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury requires that the death certificate be other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II, Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY Candisususular disease 23 shows any 1 YES 2 PHO OF DEATH? 1 YES 2 NO PHYSICIAN: MB 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER 1 YES 2 100 HOSPITAL OR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA 4 PM ie 5 🗆 Residence 6 🗆 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, death with 1 Natural 1 YES 2 NO BY FUNERAL DIRECTOR: After within 72 hours after death 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 500 4 Homicide TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29a. CERTIFIER

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(Chack only

(C 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de occured at the time, data and place, and due to the cause/s) and menner as stated 296. SIGNATUBE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 표를 the are MD 13657 Tae March 10, 1994 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGREGOR M. IS ABBLLE , KESWICK 700 W. 40% ST. BALTIMORE, MD 21211 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Swidson Pandelle 5 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

\*\*